

Bundle Board Meeting 26 September 2019

Agenda attachments

00 - Agenda v5.docx

- 1 PATIENT STORY - TBC
Welcome and Introductions
Charles Janczewski
- 2 Apologies for Absence
Charles Janczewski
- 3 Declarations of Interest
Charles Janczewski
- 4 Minutes of the Board meeting held on 25 July and 29 August 2019
Charles Janczewski
4 - Board Mins 25.07.19NF reviewed - final.docx
4.1 - CAJ - Board Notes 29.08.19 minsv2 NF reviewed - final.docx
- 5 Action Log - 25 July 2019
Charles Janczewski
5 - Action log public July 2019v2.docx
- 6 Chair's Action taken since last meeting
Charles Janczewski
- 7 ITEMS FOR REVIEW AND ASSURANCE
- 7.1 Chair's Report
Charles Janczewski
7.1 - CAJ - Chairs Report updated.docx
- 7.2 Chief Executive Report
Len Richards
7.2 - Chief Executive Report.docx
- 7.3 Patient Safety, Quality and Experience Report
Ruth Walker
7.3 - Integrated Board Report for Sept 19 FINAL.docx
- 7.4 Performance Report Including:
Steve Curry
(a) Detailed report on Cancer Performance
(b) Baseline assessment of compliance with part 1b measure of the Mental Health Measures
7.4 - Performance Report Sept 19 - bd final z.pdf
- 7.5 Board Assurance Framework and Corporate Risk Register
Nicola Foreman
7.5 - Board Assurance Framework covering report - September 2019.docx
7.5.1 - BOARD ASSURANCE FRAMEWORK (SEPTEMBER).docx
- 7.6 Primary Care Milestones and Delivery against them
Steve Curry
7.6 - Paper for Board on PC Milestones - Sep 2019 Final.docx
7.6.1 - Annex 1 - Delivery milestones Final Sept 19.docx
- 7.7 CAMHS - Response to Mind Over Matter Report including Delivery Unit Report and Action Plan
Steve Curry
7.7 - CAMHS Paper for UHB Board_260919_SMcL_v4 z.pdf
7.7.1 - Delivery Unit CAMHS Report (FINAL 160719) z.pdf
- 7.8 Winter Plan
Steve Curry
7.8 - Winter Board Paper Sept 2019.docx

- 8 ITEMS FOR APPROVAL / RATIFICATION
- 8.1 Sexual Assault Referral Centre
Abigail Harris
[8.1 - SARC cover paper C&V UHB 050819.docx](#)
[8.1.1 - final version summary report recommendations 050819.docx](#)
[8.1.2 - Change in Contribution over 3 years.docx](#)
[8.1.3 - final report v0.9 080819 z.pdf](#)
- 8.2 Strategic Clinical Services Plan
Stuart Walker
[8.2 - Strategic Clinical Service Plan.docx](#)
[8.2.1 - Cardiff and Vale UHB CSP - Final Draft UHB Board 26.09.19 z.pdf](#)
[8.2.2 - Clinical Services Plan Engagement Plan Sept 2019 \(13.09.19\).docx](#)
- 8.3 Annual Medical Education Report
Nicola Foreman
[8.3 - Annual Medical Education Report.docx](#)
- 8.4 Digital Health and Information Committee Terms of Reference
[8.4 - DHIC Terms of Reference - report.docx](#)
[8.4.1 - Digital and Health Intelligence Committee Draft terms of reference.final draft.doc](#)
- 8.5 COMMITTEE MINUTES:
- 8.5.1 Quality, Safety and Experience Committee - June 2019
[8.5.1 - Confirmed QSE Minutes 18.06.19 final version for NF 2.docx](#)
- 8.5.2 Finance Committee - August 2019
John Antoniazzi
[8.5.2 - UNCONFIRMED MINUTES OF THE FINANCIAL COMMITTEE 31st July 2019.docx](#)
- 8.5.3 Strategy and Delivery Committee - June 2019
Charles Janczewski
[8.5.3 - June Minutes_S&D0919.docx](#)
- 8.5.4 Charitable Funds Committee - June 2019
Akmal Hanuk
[8.5.4 - cfc Minutes -June_2019.docx](#)
- 8.5.5 Stakeholder Reference Group - July 2019
Richard Thomas
[8.5.5 - Confirmed Minutes of SRG Meeting 24 July 2019.docx](#)
- 8.5.6 Local Partnership Forum - 5 June 2019
Martin Driscoll
[8.5.6 - LPF 05.06.19.docx](#)
- 8.5.7 Emergency Ambulance Services Committee - March and May 2019
[8.5.7 - Confirmed EASC minutes 14 May 2019.doc](#)
[8.5.7b - Confirmed EASC minutes 26 March EASC 14 May 2019.docx](#)
- 9 ITEMS FOR NOTING AND INFORMATION
- 9.1 NHS Wales Collaborative Leadership Forum Minutes
Charles Janczewski
[9.1 - Minutes of Collaborative Leadership Forum 130519 v1 - Approved.docx](#)
- 9.2 REPORTS FROM COMMITTEE AND CHAIRS
- 9.2.1 Quality, Safety and Experience Report - September 2019
Susan Elsmore
[9.2.1 - Chair's QSE Report for Board.docx](#)
- 9.2.2 Finance Committee - July 2019
John Antoniazzi
[9.2.2 - Finance Committee Chairs Report.docx](#)
- 9.2.3 Strategy and Delivery Committee - September 2019
Charles Janczewski

9.2.3 - Strategy & Delivery Chair's Report 26.06.19.docx

9.2.4 Charitable Funds Committee - September 2019

Akmal Hanuk

9.2.4 - Charitable Funds Committee Chair's Report 26.06.19.docx

9.2.5 Stakeholder Reference Group - July 2019

Richard Thomas

9.2.5 - SRG Chairs Report for UHB Board - July 2019.docx

9.2.6 Local Partnership Forum

Martin Driscoll

9.2.6 - LPF briefing (August 2019) for September 2019.docx

10 AGENDA FOR PRIVATE MEETING

11 REVIEW OF THE MEETING

12 DATE AND TIME OF NEXT MEETING

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD
BOARD MEETING**

Thursday, 26 September 2019 at 1.00pm

WOODLAND HOUSE, GROUND FLOOR, NANT FAWR 1, 2 & 3 HEATH

AGENDA

PATIENT STORY - TBC		
1	Welcome & Introductions	Charles Janczewski
2	Apologies for Absence	Charles Janczewski
3	Declarations of Interest	Charles Janczewski
4	Minutes of the Board Meeting held on 25 July 2019 and 29 August 2019	Charles Janczewski
5	Action Log – 25 July 2019	Charles Janczewski
6	Chairs Action taken since last meeting	Charles Janczewski
7	Items for Review and Assurance	
7.1	Chair's Report	Charles Janczewski
7.2	Chief Executive Report	Len Richards
7.3	Patient Safety, Quality and Experience Report	Ruth Walker
7.4	Performance Report including: (a) detailed report on Cancer Performance (b) Baseline assessment of compliance with Part 1b measure of Mental Health Measures	Steve Curry
7.5	Board Assurance Framework & Corporate Risk Register	Nicola Foreman
7.6	Primary Care Milestones and Delivery against them	Steve Curry
7.7	CAMHS- Response to Mind Over Matter Report including Delivery Unit Report and Action Plan	Steve Curry
7.8	Winter Plan	Steve Curry
8	Items for Approval / Ratification	
8.1	Sexual Assault Referral Centre	Abigail Harris
8.2	Strategic Clinical Services Plan	Abigail Harris
8.3	Annual Medical Education Report	Stuart Walker
8.4	Digital Health and Information Committee Terms of Reference	Nicola Foreman
8.5	Committee Minutes: i. Quality, Safety and Experience Committee – 18 June 2019 ii. Finance Committee – 31 July 2019 iii. Strategy and Delivery Committee - 25 June 2019	Susan Elsmore John Antoniazzi Charles Janczewski

	iv. Charitable Funds Committee – 11 June 2019 Advisory Group Minutes: v. Stakeholder Reference Group – 24 July 2019 vi. Local Partnership Forum – 5 June 2019 The Joint Committee Minutes: vii. Emergency Ambulance Services Committee – 26 March and 14 May 2019	Akmal Hanuk Richard Thomas Martin Driscoll
9	Items for Noting and Information	
9.1	NHS Wales Collaborative Leadership Forum Minutes	Charles Janczewski
9.2	Reports from Committee Chairs: i. Quality, Safety and Experience Committee – September 2019 ii. Finance Committee – July 2019 iii. Strategy and Delivery Committee – September 2019 iv. Charitable Funds Committee – September 2019 Reports from Advisory Group Chairs: v. Stakeholder Reference Group – July 2019 vi. Local Partnership Forum – August 2019	Susan Elsmore John Antoniazzi Charles Janczewski Akmal Anuk Richard Thomas Martin Driscoll
10	Agenda for Private Meeting:	
11	Review of the meeting	
12	Date and time of next meeting	
	Thursday, 28 November 2019 at 1.00pm Woodland House, Ground Floor, Nant Fawr 1, 2 and 3	

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 ON 25 JULY 2019
NANT FAWR ROOM 1, 2 AND 3 WOODLAND HOUSE,
HEATH, CARDIFF**

Present:

Maria Battle	MB	Chair
Charles Janczewski	CJ	Vice Chair
Len Richards	LR	Chief Executive Officer
John Antoniazzi	JA	Independent Member - Estates
Professor Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and OD
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AH	Independent Member – Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member – Finance
Dawn Ward	DW	Independent Member – Trade Unions
Ruth Walker	RW	Executive Nurse Director

In attendance:

Stephen Allen	SA	Chief Officer, Community Health Council
Indu Deglurkar	ID	Chair, Senior Medical Staff Committee
Nicola Foreman	NF	Director of Corporate Governance

Secretariat:

Glynis Mulford	GM	Corporate Governance Officer
----------------	----	------------------------------

Apologies:

Richard Thomas	RT	Care and Repair
----------------	----	-----------------

Observers:

Joanne Brandon
Anne Beegan, WAO

19/07/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting and confirmed that it was quorate.	
19/07/002	Patient Story – Independent Living Service	
	The Executive Director of Strategic Planning presented a film showcasing the work of the Get Me Home Project directed by Cardiff Council in partnership with the UHB. This was also supported by the Regional Partnership Board.	

The service was predominantly run by third sector services to help people get home quicker and to be more resilient and independent living in their own communities.

A paper was circulated detailing the work of the Age Connects Community Support Project and highlighted the story of Mr T with terminal cancer and who had multiple complex health issues. It demonstrated how those involved in the project provided him with the support he needed and how he could have periods of relief from stress and worry. It also demonstrated how his day to day needs were met through a dedicated team of volunteers.

The Board were informed about the number of volunteer staff (*known as the 'Pink Army'*) who worked on a number of wards. It was envisaged that this service would be expanded across the entire Health Board.

As part of the discussions Board Members asked:

- How the project had transpired and it was confirmed that the work had evolved over several years. It had been built upon the work which had taken place on discharge planning and the work undertaken between the UHB and Local Authority. The 'Pink Army' received resources from across a multiple range of services.
- What the level of involvement was with the third sector and it was confirmed that the Third Sector sat on the Regional Partnership Board and played a key role when making final decisions. The Third Sector also played a considerable role in providing care delivered into people's homes. They were moving into a joint commissioning endeavour and would play a greater role in the next phase of development.

The Board resolved that:

- a) The Patient Story be noted.

19/07/003 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

19/07/004 DECLARATIONS OF INTEREST

The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declarations of interest were received and noted:

- Charles Janczewski, Vice Chair declared his interest as the Chair of the Quality and Patient Safety Committee of the Welsh Health Specialist Care Committee (WHSSC).
- Michael Imperato, Independent Member (Legal) declared his interest as the Chair of the Blood Inquiry
- Sara Moseley, Independent Member (Third Sector) declared her interest as Executive Director of Mind.

<p>19/07/005</p>	<p>The declarations were formally noted by the Board.</p> <p>MINUTES OF THE BOARD MEETING HELD ON 30 MAY 2019</p> <p>The Board reviewed the Minutes of the meeting held on 30 May 2019, and confirmed them to be a true and accurate record.</p> <p>The Board Resolved that:</p> <p>a) the minutes of the meeting held on 30 May 2019 be approved as a true and accurate record.</p> <p>19/07/006 BOARD ACTION LOG</p> <p>The Board reviewed the Action Log and noted that it was a much improved action log with clear timescales for actions to come back to the Board. The Board also noted the following:</p> <p>19/03/059 - Performance Report: This item would be deferred to a future meeting of the Strategy and Delivery Committee.</p> <p>The Board Resolved that:</p> <p>(a) the action log from the meeting held on 30 May 2019 was reviewed and noted.</p>	
<p>19/07/007</p>	<p>REPORT FROM THE CHAIR</p> <p>The Chair introduced her report and stated that it provided an update on key issues to be brought to the attention of the Board since it last met.</p> <p>The Chair updated members of her attendance at the Infected Blood Inquiry which had taken place over the last three days. The Chair paid tribute to the courage and dignity of those providing oral evidence publicly.</p> <p>The Chairs report also read out to the Board meeting a summary of discussions which had taken in the private session of the Board meeting held on 30 May 2019.</p> <p>The Board resolved that:</p> <p>(a) the Chair's report be noted.</p> <p>(b) the affixing of the Common Seal be endorsed.</p> <p>(c) the Chair's actions for signing legal documents be approved.</p> <p>19/07/008 REPORT FROM THE CHIEF EXECUTIVE</p> <p>The Chief Executive introduced his report and provided an overview of the content and highlighted that:</p> <ul style="list-style-type: none"> A review was being undertaken to improve pathways of care for 	

frail older people supported by early intervention and rehabilitation to enable people home earlier. The piece of work would be launched with the Community Health Council. The work may have an impact on some of our health and wellbeing services and it was stated that there could be a reduced reliance on beds in Barry Hospital. It was recognised that people were focusing on the closure of the ward rather the development of Barry Hospital and what its future purpose would be. It was confirmed that it was important to make best use of the health centres and that this was in line with Shaping Our Future Wellbeing and Barry Hospital had a significant place in the plan. A consultation would run for eight weeks and as part of the engagement process a workshop would also be run. This would mark the start of engagement for better service provision.

The Chief Executive informed the Board that a meeting was recently held with Welsh Health Specialised Services Commission (WHSSC) looking at a number of services. The following comments were made regarding Thoracic Services:

- In previous meetings discussions had taken place around different models but the Committee had not been able to come to an agreement. Approval had been secured to appoint a thoracic surgeon to coincide with the Major Trauma Centre (MTC) in April 2020 thereby ensuring sufficient thoracic surgical cover would be provided for the MTC. The plan would be to move thoracic services from UHB to Swansea Bay.
- There was recognition that the workforce needed to be increased to eight consultants across the patch, which would include cover for daytime services Monday to Friday. This would enable a thoracic surgeon to respond on site if and when required. This met the caveat in the original paper from November 2018 and was considered to be a significant step forward.
- Funding of additional staff would come from the MTC case rather than a thoracic surgical reconfiguration case. The additional staff would respond to major trauma rather than thoracic surgery in its capacity. This would be reflected in the MTC business case. The MTC business case had been through various stages of iterations and would be cascaded to the relevant directorates and relevant personnel. A fuller picture of the workforce relating to the MTC would be presented to a future meeting of the Strategy & Delivery Committee. The Chair informed Members that a Special Board meeting would be held as soon as possible to enable the papers which had been received by the Chair and Chief Executive from the WHSSC Chair the previous evening to be considered.
- The Chief Executive gave a fond farewell to the Chair and commended her for the amount of work, support and leadership she had shown to Cardiff and Vale over the past eight years.

NF

The Board Resolved that:

- (a) the Chief Executives report be noted.
- (b) That a Special Board Meeting be convened as soon as possible in

order to consider the papers received from WHSSC in relation to Thoracic Surgery.

Independent Member, local Authority left the meeting at 2.00pm

19/07/009

PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Executive Nurse Director introduced the report and responded to the questions which had been raised by Independent Members prior to the Board:

- There had been a reduction in Serious Incidents (SIs) and this was due to streamlining the way pressure damage was being reported; namely healthcare acquired damage.
- There had been an increase in concerns and patients had been encouraged to share their experiences of accessing Cardiff and Vale services. There were no themes and trends to report.
- A trend had started to emerge regarding missing mental health patients. The police were using social media as a route to find missing mental health patients therefore alerting the Health Board quicker.
- In relation to SIs, eight unexpected deaths had been reported in mental health services. All incidents of this nature were reviewed through the Root Cause Analysis (RCA) to identify whether or not there was any learning. This would be reviewed in the October Quality, Safety and Experience Committee where trends and themes would be considered.
- In response to a question on ESSURE it was described as a system of permanent birth control /sterilisation.
- In regards to three patients that fell, it was confirmed that one lady had since died but the death was not directly related to the fall.
- In regards to the use of beds for two adolescents on two consecutive months within an adult setting, it was confirmed that this was the normal process whilst looking for an appropriate adolescent bed.
- In regards to two missing patients one patient had been found and was now an inpatient. The other patient was deceased.
- In response to patients who swallow cutlery, Members were informed cutlery was not counted in and out of an adult setting but there was a bespoke care plan provided for that patient.
- In order to provide context to the Board, 15,000 patient safety incidents were reported which was around one million contacts. It was explained by the Nurse Director that if all of these incidents had been related to harm this would equate to less than 1.5%. More work would be undertaken on benchmarking these incidents to provide the Board with a better comparison. As required there were monthly reports submitted into the NRLS data system. A number of cases which had gone to the coroner's inquest would take longer to report. Formal reporting was submitted on the deadline which was in October and May. A high increase was

seen at this point but emphasised no more incidents were being seen in those months.

- In response to the question raised regarding what was a ward client; it was explained this was new terminology, moving away from using the word '*patient*' to '*client*'.
- A question had been raised querying if information regarding car parking could be sent out with patients appointment letters. It was confirmed that the Clinical Board Director for Clinical Diagnostics and Therapeutics had agreed to look at all patient communication with a view to standardising the information being sent out. There had been good feedback on social media regarding the extended park and ride service to UHW and how the LHB were reaching our community via this route. Communication and signage across all the sites had increased and the communications team would continue to spread the message via the various social media fora.
- Patients Experience satisfaction scores remained at 95%.

Further comments were received as follows:

- Steve Allen, Community Health Council stated that he was happy to work with the Health Board in relation to sign posting the park and ride service.
- Independent Member, ICT, stated that in conversation with the other Independent Members it would be helpful to see the number of incidents that had occurred correlated in one place against the type of harm that had come out from those incidents. The Executive Nurse Director confirmed that she would review whether this could be done and provided assurance that currently there was no concern to note.
- The Chair raised a question on the falls data and asked whether Lightfoot was being used to plan a trajectory for when all the work on falls would show a decrease. In response the Executive Director for Therapies and Health Sciences stated that Lightfoot data was being used where available, although acknowledged this was not accessible across our whole system. More work needed to centre on the finite detail of the data with Lightfoot.

RW

The Board resolved that:

- (a) The Patient Safety, Quality and Experience report was considered
- (b) The areas of current concern were noted and agreed that the actions being taken were sufficient.

19/07/010 PERFORMANCE REPORT INCLUDING ADULT MENTAL HEALTH COMPLIANCE RATES

As the Finance Committee would be held after the Board meeting the Director of Finance provided an overview of the current financial position

and informed the Board that :

- The month three financial position had deteriorated and was £1.3m adrift from our profile to break even. In place was a full CIP target with corporate savings. This was being achieved with a number of non-recurrent schemes but needed to be replaced with recurrent schemes as it would have an impact on the 2020/2021 financial plan.
- Three Clinical Boards were currently in escalation. The Chief Executive, Director of Finance and Chief Operating Officer would meet with the three Clinical Boards to look at recovery actions to improve the position.
- The Executive Directors had discussed the issue regularly at Management Executives Meeting to identify alternative measures to offset the overspending trends.

The Board Members raised the following questions:

- When would there be an improvement in the financial position and could the end of year balance still be achieved? The Director of Finance responded that improvements were expected with stabilisation of the position around month 4. Recurrent savings would be reviewed once back on target.

The Chief Operating Officer provided an overview of the performance position:

- The challenges to the mental health services had resulted in a significant impact upon performance and effected adult and children's services and referrals in mental health adult services had risen across Wales.
- Regarding the adult position patients were to be seen within 28 days but were being seen at 30 days. There was some additional capacity in the short term and this would have to be resized to meet the demand. New models of care would be put in place to revise the pathway and improve the service going forward.
- Work was being scaled around primary care mental health and MSK at a GP level. It was expected to filter through and improve the position as it had in the test area.
- The first three months of this year had seen a 69% increase in referrals to the CAMHs Service and the year on year position rose by 97%. Last year there had been 177 referrals and this year had received 348 referrals to date.
- A Delivery Unit (DU) report was published last week and the Health Board had commissioned an independent review of the specialist CAMH Service. There had been agreement with the DU to bring both reports together in order to develop a plan to meet demand.

	<p>Board Members raised the following questions:</p> <ul style="list-style-type: none"> • Was there a reactive and preventative programme in place to build up the resilience of young people when mental health issues arose? The Chief Operating Officer responded that there was a Mental Health Improvement Fund and the biggest proportion would be spent in the CAMH Service. Two thirds of the allocation would go to provision at school level. This would be for pupils to access methods of increasing their resilience. • The UHB Vice Chair stated he sat on a Ministerial Task Force who were looking at the work undertaken in secondary and primary schools and would be happy to feedback to the Board on the outcomes. • In response to a query on using services in England the Chief Operating Officer emphasised that this was about accessing skilled capacity which could not be accessed in Wales. This was a temporary measure in order to support the services in the Health Board. • In response to secondary and primary care services the DU report reinforced that where there was no integration of services, it was realised the whole service suffered. Therefore, integrating to a single service was the way forward. • The Independent Member, Third Sector declared an interest as the Director of Mind Cymru and asked when it would be appropriate for schools to link into health and other agencies in the community and third sector provision. It was agreed that this would be discussed in more depth with the Chief Operating Officer. • The Director for Public Health confirmed that the children's partnership within the Regional Partnership Board had agreed that the emotional health for young people would be of high priority. • The Independent Member, ICT asked that she could be appraised of progress and involved on any work going forward. • The Chair asked for a report to be provided at the next Board meeting on the cancer performance. <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The current level of performance and the actions been taken where the level of performance was either below the expected standard or where progress had not been made sufficiently quickly was reviewed and considered. 	<p>SC/SM</p> <p>SC</p> <p>SC</p> <p>SC</p>
19/07/011	<p>TRANSFORMATION REPORT INCLUDING AMPLIFY 2025</p> <p>The Board left the meeting room to look at the Amplified 25 presentation. Members walked around the space reviewing the outcome from the two day meeting. Amplify 2025 was a programme of events that sought to break down organisational barriers and bring representatives from across the system together with a shared vision of improvement. This</p>	

	<p>was to learn and share ideas for a whole-systems approach to culture and leadership transformation. A short film covering the two day event was also shown.</p> <p>Amplify 2025 would be showcased on 1 October 2019 and would reflect what was happening across the board and how this could be adopted by the UHB as a whole. The programme would involve staff across the organisation presenting the vision of the Health Board and what they would like to do in the future.</p> <p>The Board resolved that:</p> <p>a) The presentation delivered by the Transformation Team be noted.</p>	
19/07/012	<p>BOARD ASSURANCE FRAMEWORK</p> <p>The Director of Corporate Governance introduced the report which had now been presented five times to the Board. Therefore a tracker of the risks would be introduced for the next meeting to show movement in the management and mitigation of the risks on the BAF. The Corporate risk register was a work in progress and despite the Clinical Boards and Corporate Directorates having risk registers there needed to be an element of consistency in approach introduced into the management of risk. The Director of Corporate Governance explained that this would be done on a phased approach due to the amount of work which needed to take place but something would be brought to the next Board meeting in September.</p> <p>The Board resolved that:</p> <p>a) The progress which had been made on the BAF be approved in relation to the actions which had been taken.</p>	<p>NF</p> <p>NF</p>
19/07/013	<p>INTEGRATED MEDIUM TERM PLAN PROCESS AND PRIORITIES FOR 2022/21</p> <p>The Executive Director of Strategic Planning stated that they had produced the work prior to Amplify 2025 and would like to strengthen the area around priorities in the IMTP particularly around the work relating to outcomes from primary care access and GP diagnostics.</p> <p>The Vice Chair asked for an addition to the paper that assurances were also provided by the Strategy and Delivery Committee as part of the scrutiny process.</p> <p>The Board resolved that:</p> <p>a) The process for the refresh of the IMTP be noted</p> <p>b) The initial set of organisational priorities for 2020-21 were discussed</p> <p>c) The Strategy and Delivery Committee also be included to provide</p>	<p>AH</p>

assurance as part of the scrutiny process.

19/07/014 MAJOR TRAUMA CENTRE REPORT

The Executive Director of Strategic Planning stating that the MTC business case would be circulated to the wider Consultant Body. The following comments were made:

- Work was being undertaken on the business case which was likely to go to a Special meeting with WHSSC in August. This would be prior to it going to WHSSC in order to gain early decisions.
- The business content was based on Clinical Boards leading the work. The Programme Lead was testing and challenging the clinical need for Major Trauma. There was an internal MTC Programme Board to provide assurance and scrutiny.
- It was suggested that a patient engagement event should be undertaken and for the Clinical Boards to provide the sessions.
- The importance of obtaining approval for key posts in April 2020, securing critical care beds and theatre capacity was raised and asked a question as to how this was being progressed. The Executive Director of Strategic Planning stated that the business case described how we would respond in the shorter term in relation to theatres. The medium term was to have the Major Trauma in place. An agreement was in place with the Surgery Clinical Board on freeing up the capacity of other theatres.
- Regarding critical care the Network Board, WHSSC and the UHB had engaged with professional advice to help scrutinise and challenge what was in the business cases. There were other capital components and this was being worked through with the Network Board and WHSSC. It had been indicated to WG the amount of funding needed to enable the work to happen in a timely way.
- Currently the network bid for the Transformation Fund significantly outstripped the monies available to do so. However, work was being undertaken in a couple of areas and was challenging internally some of the previous plans.

The Board resolved that:

- a) The Board noted the contents of the paper and that reports would be submitted as the work progressed

19/07/015 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK STRATEGY

The Director of Corporate Governance informed the Members that the Risk Management and Board Assurance Framework Strategy should be presented to the Board on an annual basis. An improvement plan would be developed for Risk Management to ensure that it progressed in a consistent way across the Health Board.

19/07/016	<p>The Board resolved that:</p> <p>a) The Risk Management and Board Assurance Framework Strategy 2019-2022 be approved</p> <p>WELSH LANGUAGE POLICY</p> <p>The Assistant Director of Organisational Development provided the Board with a summary of the key elements within the report stating this was in line with Welsh Language Standards with over 20 challenges. There was other documentation being published and positive a framework being introduced.</p> <p>The Independent Member (Third Sector) stated this provided an opportunity to be positive and would like to see it referenced that we had two official languages in Wales and for this to be embedded in the Welsh Language Policy.</p> <p>The Assistant Director of Organisational Development was asked to engage and work closely with the Independent Member (Third Sector) regarding this matter.</p> <p>The Board resolved that:</p> <p>a) The Welsh Language Policy be approved.</p>	RG/SM
19/07/017	<p>THE DIRECTOR OF CORPORATE GOVERNANCE REPORT</p> <p>The Director of Corporate Governance presented the report, providing an overview of the key points set out therein, in particular the open consultations which the Management Executive Meeting had agreed to take forward. She also reported that the Management Executive had agreed that they would not respond to all consultations</p> <p>The Board resolved that:</p> <p>a) The updates provided in this report be noted. b)</p>	
19/07/018	<p>BOARD DEVELOPMENT PROGRAMME</p> <p>The Director of Corporate Governance introduced the report stating that the Board Development Programme had originally been circulated to Board Members in April 2019 to check that they were happy with the direction of travel. She explained that it was a fluid document and sessions would be added and deferred depending upon up and coming priorities.</p> <p>The Board Development Programme was now being presented for final sign off.</p> <p>The Board resolved that:</p>	

	<p>a) The Board Development Programme for 2019/20 was reviewed and approved.</p>
19/07/019	<p>QUALITY, SAFETY AND EXPERIENCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Quality, Safety and Experience Committee held in April 2019 be ratified.</p>
19/07/020	<p>FINANCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Finance Committee held in May 2019 be ratified</p>
19/07/021	<p>STRATEGY AND DELIVERY COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Strategy and Delivery Committee held in April 2019 be ratified.</p>
19/07/022	<p>HEALTH AND SAFETY COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Health and Safety Committee held in May 2019 be ratified</p>
19/07/023	<p>CHARITABLE FUNDS COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Charitable Funds Committee held in March 2019 be ratified</p>
19/07/024	<p>MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The minutes of the Mental Health and Capacity Legislation Committee held in February 2019 be ratified.</p>
19/07/025	<p>STAKEHOLDER REFERENCE GROUP</p> <p>The Board resolved that:</p> <p>a) The minutes of the Stakeholder Reference Group held in May 2019 be ratified.</p>
19/07/026	<p>LOCAL PARTNERSHIP FORUM</p>

	<p>The Board resolved that:</p> <p>a) the minutes of the Local Partnership Forum held in April 2019 be ratified.</p>	
19/07/027	<p>AUDIT COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) the report of the Chair of the Audit and Assurance Committee be noted.</p>	
19/07/028	<p>QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Quality, Safety and Experience Committee be ratified. Due to the meeting not being quorate the decisions made by the Committee (which were included within the Chairs report) were ratified.</p>	
19/07/029	<p>FINANCE COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Finance Committee be noted.</p>	
19/07/030	<p>STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report from of the Chair of the Strategy and Delivery Committee be noted.</p>	
19/07/031	<p>HEALTH AND SAFETY COMMITTEE CHAIR'S REPORT TO THE BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Health and Safety Committee be noted.</p>	
19/07/032	<p>STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Stakeholder Reference Group be noted.</p>	

19/07/033	LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD The Board resolved that: a) The report of the Chair of the Local Partnership Board be noted.
19/07/034	AGENDA OF THE PRIVATE BOARD MEETING ▪ There were no items to discuss
19/07/035	ANY OTHER URGENT BUSINESS No other business was raised.
19/07/036	DATE OF THE NEXT MEETING OF THE BOARD: Thursday 26 September 2019, 1.00pm Woodlands House, Heath, Cardiff CF14 4HH.

**UNCONFIRMED MINUTES OF THE BOARD MEETING
THURSDAY, 29 AUGUST 2019 AT 12.30PM
NANT FAWR ROOMS 1 & 2, WOODLAND HOUSE, HEATH**

Present:

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
Gary Baxter	GB	Independent Member – University
Eileen Brandreth	EB	Independent Member - IT
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley		
Ruth Walker	RW	Executive Nurse Director
Dawn Ward		Independent Member – Trade Union

In Attendance:

Stephen Allen	SA	Community Health Council
Indu Deglurkar		Chair, Senior Medical Staff Committee
Nicola Foreman		Director of Corporate Governance

Secretariat

Glynis Mulford	GM	Corporate Governance Officer
----------------	----	------------------------------

Apologies:

John Antoniazzi	JA	Independent Member – Estates
Akmal Hanuk	AH	Independent Member – Community
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance

UHB 19/08/001 WELCOME AND INTRODUCTIONS

ACTION

The UHB Chair welcomed everyone to the meeting and explained that the Special Board Meeting had been called regarding the Thoracic Centre to be based at Morriston Hospital Swansea and the need to discuss the final recommendations set out with the report provided by Welsh Health Specialised Services Committee (WHSSC). As part of the bundle of papers received from WHSSC a letter was enclosed from the Chair. The Interim Chair of the Board asked for the letter from the Chair of WHSSC to be noted.

The Board resolved that:

- a) The letter from the Chair of WHSSC be noted.

UHB 19/08/002 APOLOGIES

Apologies for absence were noted.

UHB 19/08/003 DECLARATIONS OF INTEREST

There were no declarations of interest.

UHB 19/08/004 THORACIC SURGERY

The Chief Executive Officer introduced the Thoracic Surgery report highlighting the issues and the background to previous discussions. He confirmed that the consultation process had been held and the biggest issue that arose from the review was the separation of thoracic surgery from the major trauma centre and the impact this would have to deliver a safe service to major trauma patients. The following was confirmed:

The outcome from the discussions resulted in what was required to run a safe, effective Major Trauma service. Additionally, the discussions identified the need for there to be an onsite presence of a thoracic surgeon to form part of the trauma service.

The Medical Directors of Cardiff & Vale and Swansea Bay had worked together and made recommendations that suggested the requirements to support the service would be for two additional thoracic surgeons making an overall total of 8. Meetings had been held to provide a commitment for the extra surgeons.

Due to the uncertainty regarding the future consultant workforce the paper proposed that additional funding for the two post be allocated with the MTC Business Case. This would be additional to the establishment of the existing six posts. It was recognised that learning and understanding would be achieved once the Major Trauma Centre (MTC) was established in April 2020. The CEO stated that the proposal would stand its ground and recommended to the Board to support it.

The new Medical Director stated he supported his predecessors work and commented that :

The proposal provided MTC cover and there were a number of further opportunities that could be obtained, such as the benefits for non MTC patients with lung cancer, which currently had poor outcomes compared to other areas in the UK.

The Chair of the Senior Medical Staff Committee commented:

That major reconfigurations in South Wales were vital and when this took place compromises would always happen. She stated that she represented and had attended every review meeting and repeatedly reflected on the representations but did not feel she had been effective in terms of the end results which had been achieved. She acknowledged that the Executive Directors, Board and Community Health Council had been supportive of the comments made by Senior Medical Staff and only as a result of this support had the day time cover had been achieved. When the MTC opened in April 2020 there would be a need to have a robust rota in place to cover the MTC and it would be important to review what lessons had been learned. The decision made needed to be revisited after a period of time taking into account any clinical or patient safety concerns that may arise before the move to Morriston.

Mr Stephen Allen from the South Glamorgan Community Health Council (SGCHC) stated:

The biggest concern that arose from the consultation was the interlink between the MTC and Thoracic Surgery relating to the out of hours service. Although the workforce issue did not come under the remit of the SGCHC there were reservations about the way forward and the ongoing monitoring of the service. There would need to be robust monitoring processes in place. The SGCHC was content with the decision the Board was recommending be made.

The Chief Executive Officer further commented that there would be a Service Level Agreement (SLA) in place between Cardiff and the Vale UHB and Swansea Bay UHB which would outline the commitments which had been made. In addition, a Partnership Board would be created with Senior Executives to continuously review the effectiveness of the Cardiff and Vale UHB Tertiary Services. The SGCHC would be informed of any lapses. The direct assurance which would be received from these services was the involvement of the clinicians who would work across the whole network who would receive direct input from staff at Cardiff and Vale.

Independent Member - ICT, raised a number of concerns such as the length of time it took to get to the Morriston site; the severity of the case to attend; the need to understand the implication of travel time; the number of times there was a response required; monitoring the time required and if longer what risks this would create.

The Chair of SMSC confirmed that she and other clinical staff had made repeated requests to have sight of the papers that went to the Independent Panel from Cardiff and Vale and stated that these had not been reviewed by any single service providers. This made it difficult to understand how the

decision had been made by the Independent Panel. It was important to note that the papers and the agreements in terms of what the thoracic service was providing should have been more accessible to staff. This was a weakness in the process.

The Independent Member – Legal, asked whether monitoring of the service would be undertaken by the Quality, Patient Safety and Experience Committee and whether it would be a regular item on the agenda. He also commented on the public engagement process and the fact that a review of the lessons learnt was required as it seemed there were a few issues highlighted that were critical, which had been discussed, but not highlighted in the WHSSC papers. In response it was stated that there was a concern that the process had not been as transparent as it could have been.

The Executive Director of Therapies and Health Science stated that Thoracic Surgery had also been discussed at the Health Systems Management Board and the Board had listened to a range of representations from staff. Although, she confirmed that she was unsure that other Health Boards understood the implications regarding the level of cover required. She stated that there may be a need to revisit this in light of suggested monitoring through the QSE Committee.

The Independent Member – University, asked that as there were only 100 thoracic surgeons and 27 MTCs, were the Board confident that any additional posts could be recruited to in the timeline proposed? The Chief Executive stated that number of Thoracic Surgeons were small but was confident that the numbers required could be achieved. The development of the service and Thoracic Surgery and the Single Centre would be viewed as a positive option and would be more attractive to Surgeons than the current set up. The fourth post was an interim position but the Chief Executive recommended to the Board that this should be a substantive post.

In summary the Chair reiterated the key themes:

- Board members had identified a requirement for robust monitoring mechanisms to be established;
- Close monitoring of patient safety issues would need to be monitored
- The distance between the MTC and the Thoracic Centre and associated travel issues that may be relevant to be monitored
- Resource levels required to deliver the service to also be monitored.

It was agreed to reflect back to WHSSC the need to gain learning in terms of how to conduct their consultations.

The Board also agreed to consider the locum post being a

substantive position.

The interim Chair thanked everyone for their participation in the discussion and previous discussions and in particular the SSSC Chair.

The Board resolved that:

- a) The work that had been undertaken by the Medical Directors of CVUHB and SBUHB as well as the WHSSC Team to develop workforce proposals for the consultant thoracic surgical services be noted.
- b) The appointment of an additional consultant thoracic surgeon funded through the MTC work stream to support implementation of the MTC from April 2020 initially on an interim basis pending clarity of the level of need be supported;
- c) The allocation of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morriston Hospital is opened – the funding release for which will be dependent on consideration by the Joint Committee of the real world experience of the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres be supported;
- d) The information set out in the May Joint Committee paper which provided assurance around the caveats identified by the affected health boards and the requirement for a report on the lessons learned (which would include how engagement would be more meaningful going forward). from the engagement and consultation exercises be noted;
- e) The recommendations going forward to the six affected health boards for a single adult Thoracic Surgery Centre based at Morrison Hospital, Swansea would be supported but not ‘unconditionally’ and would be subject to ongoing monitoring and review.
- f) The locum post should be filled as substantive position was approved.

UHB 19/08/005

Date, Time & Venue of Next Board Meeting:

Thursday 26 September 2019, 1.00pm, Nant Fawr Rooms 1 & 2, Woodland House, Heath, Cardiff

**ACTION LOG
FOLLOWING BOARD MEETING
25 JULY 2019**

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
19/07/008	Chief Executive's Report	A Special Board Meeting to be held to agree the papers received from WHSSC in relation to Thoracic Surgery	29.08.2019	C Janczewski/ N Foreman	COMPLETE – Board meeting held on 29 th August after Board Development Session
UHB 18/053	R&D Implementation	Bring clinical innovation work to a Board Development Day	29.08.19	A Harris	COMPLETE - The Clinical Innovation Work was discussed at the Board Development Day on 29 th August 2019.
18/154	RCS Review of Paediatric Surgery	Review how situation was handled from 2013 to learn lessons.	26.09.2019	L Richards	COMPLETE – Lessons learned will be taken forward by the Executive Directors.
19/03/055	Board Action Log 19/01/006 – Patient Walkarounds	An outline of the revised approach to be taken to the Quality, Safety and Experience Committee	29.08.2019	R Walker	COMPLETE - Patient Safety Walk arounds were discussed at the Board Development Day to be held on 29 th August 2019.
19/03/059	Performance Report	CAHMS Performance 'deep dive' to be undertaken due to a fall in performance.	03/09/2019	S Curry	COMPLETE - This action has been superseded due to the feedback on the Independent Review and the DU Report
19/03/051	Presentation of the Canterbury Study Tour	The Canterbury Team be invited to present to the Board again in six months' time to provide an update on progress	26.09.19	N Foreman	COMPLETE - This action has been superseded by Amplify 2015 which was presented to Strategy and Delivery Committee on 3 September 2019.
19/03/009	Performance Report	Deep dive into the appraisal rates	03.09.19	M Driscoll	COMPLETE – A report was presented to the Strategy and Delivery Committee on 3 September 2019.
19/07/013	IMTP – Process and	Assurances regarding scrutiny to the	26.09.2019	A Harris	COMPLETE – built into timetable

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
	Priorities	plan from the Strategy and Delivery Committee to be added			
19/07/010	Performance Report Including Adult Mental Health Compliance Rates	(a) Sara Moseley to discuss with Steve Curry schools linking into health and other agencies in the community and third sector	26.09.2019	S Curry/ S Moseley	COMPLETE
		(b) Eileen Brandreth to be appraised of progress and involved in work in relation to Mental Health going forward	26.09.2019	S Curry/E Brandreth	COMPLETE. Meeting has taken place
		(c) A further report to be brought to Board on cancer performance	26.09.2019	S Curry	COMPLETE. On agenda for 26 th September under Performance Report
19/07/009	Patient Safety, Quality and Experience Report	(a) The Executive Nurse Director to undertake a review as to whether the number of incidents could be correlated against the type of harm.	26.09.2019	R Walker	COMPLETE
19/07/17	Welsh Language Policy	Rachel Gidman to work closely with Sara Moseley on the Welsh Language Policy	26.09.2019	R Gidman/S Mosely	COMPLETE. Met on 13 August 2019 with Keithley Wilkinson and Alun Williams also in attendance
Actions In Progress					
19/07/009	Patient Safety, Quality and Experience Report	(b) Steve Allen, CHC to work with the Health Board in order to help improve signage in relation to Park and Ride	26.09.2019	A Harris/ S Allen	Meeting to be arranged with CHC to follow up.
19/07/010	Performance Report Including Adult Mental Health Compliance Rates	A further report to be brought to Board on cancer performance	26.09.2019	S Curry	On agenda for 26 th September under Performance Report
19/07/012	Board Assurance Framework	(a) Tracker showing movement in risk on the BAF to form part of BAF report	26.09.2019	N Foreman	On agenda for 26 th September
		(b) Progress on corporate risk register to be presented to the Board	26.09.2019	N Foreman	On agenda for 26 th September

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
19/01/005	18/119- Relocation of the Links Centre	The Capital Estates and Facilities team is working with PCIC and Mental Health Clinical Boards	26.03.2019	A Harris	The works required for the LINKS team in CRI have commenced, due to be completed in October 2019.
19/03/05	Quality and Safety Experience Report	A further update on the approach to prioritisation and management of maintenance requests be scheduled for six months' time	28.11.2019	A Harris	To be presented to the Board Meeting to be held on 28 th November 2019.
19/03/059	Performance Report – Part 1b of the Mental Health Measure	A Baseline Assessment of compliance with Part 1b of the measure to be brought back to the Board in 6 months' time	25.09.19	S Curry	On agenda for 26th September Board Meeting under Performance Report
19/05/010	Community Mental Health Services	A progress report would be provided to the Board in six months' time	28.11.2019	S Curry	A report will be presented to the Board Meeting to be held on 28 th November 2019
Actions referred to Committees of the Board/Board Development					
19/03/012	Winter Resilience Programme	Steve Curry, Chief Operating Officer would take the programme back to PCIC	26.09.19	S Curry	To be discussed with PCIC Clinical Board Update as at 23.08.19 – It has been agreed that 'signals from noise' will now be extended to use data from a number of out of hospital systems including PARIS. This wider system data will inform transformational change. This work is being driven by the signals from noise steering group (inaugural meeting 22.08.19)

Report Title:	INTERIM CHAIR'S REPORT							
Meeting:	CARDIFF AND VALE UHB BOARD MEETING					Meeting Date:	September 2019	
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 the following:

- Relevant meetings and events,
- Where the Chair has been required to affix the Common Seal of the UHB and,
- When Chair's Action has been taken in line with Standing Orders which requires ratification of the Board
- Documents which require Board approval for the Common Seal of the UHB to be used.

BACKGROUND

Following my appointment as Interim Chair of Cardiff and Vale University Health Board from 6th August 2019, this is my first report to the Board.. I am really looking forward to undertaking the role over the coming months and working closely with colleagues on the Board.

1. Ministerial Meeting with Rebecca Evans AM

On the 6th August, my first official day in post, I attended a Ministerial Visit session with Rebecca Evans, AM Minister for Finance and Trefnydd at the Independent Living Service based at Wilcox House, Cardiff. Also in attendance were other colleagues from Welsh Government, Cardiff and Vale Regional Partnership Board, the Independent Living Service and Ymbarel.

The afternoon included an overview of the Independent Living Service, an introduction to the Ymbarel Service and an overview of the service with general discussions and the opportunity to make comments, observations and ask questions

2. Barry Hospital Visit

On the 7th August I visited Barry Hospital and was accompanied by Simone Joslyn, Head of Cardiff and Vale Charity. The Charity has been able to provide support to the hospital in a number of areas with further plans being developed to improve the environment for patients and staff. Simone updated me on the following:

The Paediatric Phlebotomy Service had started in the newly decorated and refurbished area on Wednesday 31st July. This was a much needed service for families

living in the Vale of Glamorgan and Cardiff and Vale UHB are delighted to be able to offer this to patients at Barry Hospital.

Criw Celf Projects would be commencing at Barry Hospital on Wednesday afternoons in October 2019. Criw Celf is a national programme supported by the Arts Council of Wales that offers young people opportunities to develop their artistic talent by working with professional artists in a variety of different galleries and inspirational locations. The sessions will start with a textile course with Claire Cawte, Claire's work is all about sustainability and creating garments ethically. All work will culminate in an exhibition opening event in early 2020 at the Barry Hospital site, as part of the 25th anniversary of the hospital.

3. Meeting with Councillor Ben Gray

On 8th August I met with Councillor Ben Gray who is Cabinet Member for Social Care and Health with the Vale of Glamorgan County Council. He represents the Vale Independents Party

4. Visit to Ninian Park Primary School

On the 14th August I undertook a visit to Ninian Park Primary School. The school participate in the School Holiday Enrichment Programme which is project jointly funded by the Health Board and Cardiff Local Authority. It aims to improve the children's understanding of the benefits of a healthy diet and exercise. I was joined by Judith Gregory, Senior Client Officer who manages and delivers the scheme to schools across Cardiff and by Ali Gunn from the Health Board's Nutrition and Dietetics team. The scheme is expanding each year and is proving to be very successful I thoroughly enjoyed the visit and it was a pleasure to see such positive benefits being derived by the children at the school.

5. All Wales NHS Chairs Group Meeting

On 27th August 2019 I attended my first All Wales NHS Chairs Meeting.

6. Special Board Meeting – Thoracic Surgery

On 29th August I Chaired a Special Meeting of the Board to discuss the final proposal in relation to Thoracic Surgery. I am pleased to report that the Board supported the recommendations put forward by WHSSC subject to certain conditions including ongoing monitoring and review of the situation as it developed.

7. NHS Confederation Management Board

On 2nd September I attended my first NHS Confederation Management Board meeting

8. Care and Repair

On 4th September I had the pleasure of a meeting with Maggie Berry, Chair of Care and Repair. Care & Repair Cardiff and the Vale is a registered charity (1162083). The charity was set up in July 2015 due to a merger between Care & Repair in the Vale and Care & Repair Cardiff.

Their mission is to support older people to repair, adapt and maintain their homes. They do this so that all older people are able to live in safe, secure, warm and comfortable homes which suits them and their lives and maximises their independence.

They provide a number of services that support and help older people complete repairs, improvements and adaptations to their homes, through the provision of expert advice, support and practical assistance. They help older people with works ranging from very small items such as the repairing of a small water leak or the installation of handrails through to major jobs such as bathroom conversions or replacing a roof.

Key to their success in delivering their services is the commitment to providing and delivering holistic, problem-led services that are tailored according to the individual needs of older people

9. Meeting with Councillor Graham Hinchey

On 5th September I met with Councillor Graham Hinchey who is the Cabinet Member for Children & Families he is a Member of the Labour Parity and his ward is the Heath.

10. Meeting with Darren Hughes

On the 9th September, Len Richards Chief Executive and I had an introductory meeting with Darren Hughes, Director of Welsh NHS Confederation. Darren Hughes has recently been appointed as Director and joins the Welsh NHS Confederation from the General Pharmaceutical Council where he has been Director for Wales since 2012.

He comes with a wealth of experience having previously held a senior role at the General Medical Council in Wales. His career to date has meant he has worked extensively with the NHS, healthcare professionals, Government and the National Assembly.

He has also conducted research at Cardiff University looking at how organisations can work to campaign for legislative change.

Mr Hughes took up his post on the 27th August 2019.

11. Welsh NHS Confederation – Roundtable with Sir Sam Everington, Bromley by Bow

On the 12th September I attended the Welsh NHS Confederation roundtable discussion with Sir Sam Everington, at the Rowe Beddoe Studio, Royal Welsh College of Music and Drama. Sam also presented at the plenary session of the National Social Care Conference on the same day.

Professor Sir Sam Everington has been a GP in Tower Hamlets since 1989. He is chair of Tower Hamlet's CCG and a Board member of NHS Clinical Commissioners. He is part of the Bromley By Bow GP partnership, with over 100 projects under its roof supporting the wider determinants of health. He is governor of a local primary school and was one of the founders of THEDOC – the Tower Hamlets GP Out of Hours Service.

12. St Isan Road GP Surgery Opening

On Friday 13th September I attended an evening event for the opening of the St Isan Road Surgery. The new premises was officially opened by Julie Morgan AM. It was pleasing to learn

from the senior partner, Noel Mcloughlin, that some 18 months ago both the Chair and Chief Executive had been very helpful to the surgery when they surgery's neighbouring practice folded resulting in an unprecedented number of patients joining the St Isan Road GP Surgery. There were, at the time, major concerns about the stability of General Practice in Cardiff, and they informed us that our interest and listening exercise raised awareness of the issues they were facing. The practice has now completed its significant improvement with a grant from Cardiff and Vale LHB and a party was held on 13th September where they all felt very optimistic about the future with such a significant development.

13. 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. Approval to affix the UHB Common Seal

The common seal of the LHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important key contracts. The seal may only be affixed to a document if the Board or a Committee of the Board has determined it shall be sealed or if a transaction to which the document relates has been approved by the Board or a Committee of the Board.

The following documents require approval from the Board that they may be sealed:

	Documents to be sealed/approved	Background Information
1.	Treforest Unit 2 In 2016, the LHB purchased the lease of Unit 2, Treforest as part of the Whitchurch decommissioning programme.	A licence was required from the Landlord to alter the premises. Shortly after signing the lease, the landlord sold his interest to another party. Despite the terms being agreed, there had been a hold-up with the superior landlord's consent to the UHB's direct landlord. Now, three years later, we are now in a position to sign engrossments. The UHB has been advised throughout this process by NWSSP SES and NWSSP L&R. The work itself has already been completed.
2.	Amy Evans	There are currently some last minute negotiations with the buyer, but anticipate the sale contract very soon. This will need the UHB seal.

		The UHB has been advised throughout this process by NWSSP SES and Hugh James.
3.	Whitchurch Bowls Club	<p>The current lease agreements for the Whitchurch Bowls Club are in the process of being renewed. They are currently waiting for the Bowls club to renew planning consent for their cabin. Once ready, these will need the UHB seal.</p> <p>The UHB has been advised throughout this process by NWSSP SES and NWSSP L&R.</p>
4.	UHW Concourse – Books+	<p>We are currently in talks with Books+ for their relocation to another unit within the UHW Concourse. A Deed of Surrender and new Lease will be drawn up.</p> <p>The UHB has been advised throughout this process by NWSSP SES and Hugh James. Peter Cockburn is the lead on this matter.</p>
5.	Western Services Building	<p>The UHB is currently in talks with Cardiff Council regarding a lease of the Western Services Building. This will provide accommodation for services displaced from Park View until the new HWBC on the Park View site is complete. A Licence to Alter and Lease will be drawn up.</p> <p>The UHB has been advised throughout this process by NWSSP SES. NWSSP L&R will finalise the legals.</p>
6.	Rowan House, Tredegar Way	The use of the seal is required to be affixed to a Wayleave Agreement between South Wales Fire and Rescue Authority and CAV UHB for gas mains to Rowan House

b. Documents where the UHB Common Seal has been affixed

The UHB Common Seal has been applied to 22 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.

Seal No.	Description of documents sealed	Background Information
889	Lease (Rhiwbina Rugby Football Club)	Relating to Land at Whitchurch Hospital, Whitchurch Cardiff.
890	Lease (Whitchurch Cricket Club (2)	Relating to Land at Whitchurch Hospital, Whitchurch, Cardiff.
891	Lease (A.F.C Whitchurch Football Club)	Relating to Land at Whitchurch Hospital, Whitchurch, Cardiff.
892	Underlease (Relating to an Alcohol Treatment Centre)	Relating to an Alcohol Treatment Centre, Bridge St, Cardiff and Great Western & Cardiff and Vale UHB.
893	Deed of Variation, Agreement for the Grant of Leases of Alcohol Treatment Centres	South Glamorgan Estates Limited & Great Western Estates Limited & Ivor Holdings & Cardiff and Vale University Health Board.
894	Deed of Surrender Relating to Under lease of Premises at Ivor House, Bridge St, Cardiff	South Glam Est & Cardiff and Vale University Health Board.
895	Collateral Warranty from Contractor, the Design and Construction of the Development at Bridge St & Charles St, Cardiff	Watkin Jones & Son Limited & Cardiff and Vale University Health Board & Superscheme Limited.
896	Collateral Warranty or Architectural Services in connection with a development at Bridge St & Charles St, Cardiff	Rio Architects Limited & Cardiff and Vale University Health Board & Watkin Jones & Son Limited.
897	Collateral Warranty for Principal Designer in connection with a Development at Bridge St & Charles St, Cardiff	Watkin Jones & Son Limited & Cardiff and Vale University Health Board & Superscheme Limited
898	Collateral Warranty for Employer's Agent Services in connection with a Development at Bridge St & Charles St, Cardiff	Newmark Developments and Cardiff and Vale University Health Board & Superscheme Limited
899	Collateral Warranty for Acoustic Consultant Services in connection with a Development at Bridge St & Charles St, Cardiff	Philip Dunbain Acoustics Limited & Cardiff and Vale University Health Board & Watkin Jones & Son Limited.
900	Collateral Warranty for Cladding and Curtain Walling Consultant Services in	Cladtech Associates Limited & Cardiff and Vale UHB & Watkin Jones & Son Limited.

	connection with a development at Bridge St and Charles St, Cardiff	
901	Collateral Warranty for Civil and Structural and Geo Environmental Engineering Services in connection with a Development at Bridge St, Charles St, Cardiff	Clarkebond UK Limited & Cardiff and Vale UHB & Watkin Jones & Son Limited.
902	Collateral Warranty for Fire Safety Consultant Services in Connection with a Development at Bridge St & Charles St, Cardiff	Exova UK Limited & Cardiff and Vale UHB & Watkin Jones & Son Limited.
903	Collateral Warranty for Bream Assessor Services in Connection with a Development at Bridge St and Charles St Cardiff	Ensphere Group Limited & Cardiff and Vale UHB & Watkin Jones & Son Limited.
904	Collateral Warranty for Bream Assessor Services in Connection with a Development at Bridge St and Charles St Cardiff	ADL Traffic and Highways Engineering Limited & Cardiff and Vale UHB & Watkin Jones & Son Limited.
905	Sub-Contractors Deed of Warranty relating to the design & Installation of all Curtain Walling and Windows for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & AB Glass Doors and Windows Limited & Watkin Jones & Son Limited.
906	Sub-Contractors Deed of Warranty relating to the Design, Supply, Installation & Testing of all CFA Piling for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & All Foundations UK Limited & Watkin Jones & Son Limited
907	Sub-Contractors Deed of Warranty Relating to the Design and Installation of all Mechanical and Electrical Works for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & I.S.T.L Engineering Limited & Watkin Jones & Son Limited.
908	Sub-Contractors Deed of Warranty relating to the Design and Installation of all United Cladding for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & KFK D.O.O & Watkin Jones & Son Limited.
909	Sub-Contractors Deed of Warranty relating to the Design and Installation of all Corium Brickslips, Soffits, Copings & Flashings for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & M.I.B Facades & Watkin Jones & Son Limited.
910	Sub-Contractors Deed of Warranty relating to the Design and Installation of all Single Ply Roofing and Mansafe System for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & Roof-bond Roof Restoration Limited & Watkin Jones & Son Limited.

911	Sub-Contractors Deed of Warranty relating to the Design and Installation of all Lifts for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & Schindler Limited & Watkin Jones & Son Limited.
912	Sub-Contractors Deed of Warranty relating to the Design and Installation of all Structural Framing System for a Development at Bridge St & Charles St, Cardiff	Cardiff and Vale UHB & W.K Plasterer's Limited & Watkin Jones & Son Limited.
913	Collateral Warranty for Mechanical and Electrical Engineering Services in connection with a development at Bridge St & Charles St, Cardiff	Carpenter Davies Partnership Limited & Cardiff and Vale UHB & Watkin Jones & Son Limited.
914	Collateral Warranty for Building Control approved Inspector Services in connection with a Development at Bridge St & Charles St, Cardiff	HCD Building Control Limited & Cardiff and Vale UHB & Watkin Jones & Son Limited.
915	Agreement regarding Additional Learning Needs Transformation Grant 2019/20, Cardiff and Vale UHB & Rhondda Cynon Taff County Borough Council	
916	Deed of Extension, Agreement in Relation to Pooled Budget for Care Home Accommodation Services for Older People	The Deed is between County Council of the City of Cardiff and the Vale of Glamorgan & Cardiff.

c. Signed Legal Documents – There were no other legal documents signed

d. Chair's Action

Chair's Action was taken on three occasions in relation to:

06/08/2019	Sequencing Kit Consumables
04/06/2019	Provision of consumables and free of charge arthroscopic stacks
07/08/2019	Non Invasive Pre Natal Testing

ASSURANCE AND RECOMMENDATION:

ASSURANCE is provided by:

- Discussion at the Governance Co-ordinating Group

- Discussions with the Director of Corporate Governance

The Board is recommended to:

- **NOTE** the report
- **APPROVE** that the Common Seal can be affixed to documents detailed in paragraph 11a
- **ENDORSE** the affixing of the Common Seal for documents in paragraph 11b
- **APPROVE** the Chairs Actions and signing of legal documents

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	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

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

Prevention		Long term		Integration		Collaboration	X	Involvement	X
------------	--	-----------	--	-------------	--	---------------	---	-------------	---

Equality and Health Impact Assessment Completed:

Not Applicable

Report Title:	CHIEF EXECUTIVE'S REPORT					
Meeting:	CARDIFF AND VALE UHB BOARD MEETING			Meeting Date:	26.09.2019	
Status:	For Discussion		For Assurance		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 tenth written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team.

As the schools go back and students are gearing up for university life the UHB has been as busy as ever.

The summer period did not result in the usual dip in numbers with as many patients presenting at EU remaining as during some of our busiest winter months and this has in some areas placed some pressures on us, which is a picture replicated across the whole of Wales.

Politically the activity on the run-up to Brexit has increased including a lot more interest in the health service and how we would cope with a shortage of medicines, reduced access to medical equipment and, vitally important, our staffing levels.

I'm pleased to say that all of the indications for us are that there is no exodus of EU staff as a result of Brexit and the surveys completed by workforce colleagues are demonstrating that people are providing us with their nationality details so that we can engage with them on obtaining Settled Status in the UK post-Brexit. We have continued the forward planning and contingency work to ensure that we are as prepared as we possibly can be to mitigate any kind of shortages. So, while we are not complacent - none of us can be specific on what a no deal Brexit will mean for health care or health services we provide for our patients - our priority is that staff nor patients are affected adversely by any of the scenarios deal or no deal and that we will remain an open and inclusive NHS service and employer to all.

Due to the increase in activity and the concerns raised, we have placed the Brexit details at the front and centre of our website and we will endeavour to keep you as informed and updated as possible.

Over the past 12 months there have been a number of workshops outlining processes for our Clinical Boards, Estates and Facilities and it's important that as many staff as possible familiarise themselves with these processes to ensure they know what to do. We will be reissuing some of the operational processes through our internal routes so please look out for these and ensure you know what to do in areas that affect you.

I recognise that this is an unsettling period for some and it's important that during uncertain times we stick to what we know and continue to operate in the same way that we always do unless required to do something different.

Please keep up the great work that you do every day across Cardiff and Vale and let's look towards the start of the new "school term" optimistically.

ASSESSMENT

GOVERNANCE AND ASSURANCE

1. Specialist Services

I wanted to take this opportunity to bring to your attention the significant developments that we have seen in our Specialist Services portfolio. This is being delivered through support from our Specialist Commissioners; WHSSC and Sian Lewis (Managing Director) attended our last Health Systems Management Board (HSMB) to update us on the services that have been approved.

The vast majority of our staff and patients know that Cardiff and Vale UHB is a unique and special place to work but it's not just for the treatment, staff, and patient experience, it is also because of the services that we provide here.

We are unique across Wales in many respects because of the level of specialist and one-off services that we provide to both national and regional populations of Wales that no other UHB provides. This includes only Children's Hospital for Wales, the only organ transplant centre, and many other services that are provided uniquely here at CAV. I am delighted that we have just had significant further investment from WHSSC.

This year, we have attracted an additional £15m of new investments aimed at expanding existing services or bringing in new services. That will bring our overall investment into Specialist Services to just over £210m in order to support people from across South Wales and, in some instances, Wales as a whole. Some of the areas for investment are as follows:

- We have expanded the Genetic Test directory. More information will be communicated through our GPW (Genomics Partnership Wales) newsletter.
- We are progressing work on Advanced Therapeutic Medicinal Products relating to new Gene Therapies. In that regard, our business case for the implementation of CAR-T cell therapy has been approved. I will talk more about this in a future edition of CEO Connects.

- There are investments in Paediatric Rheumatology, Neuro Rehabilitation and in Bleeding Disorders.
- There is an extension to the access for PET scans.
- Expansion of TAVI procedures.
- Centralisation of Cochlear Implants for South Wales.
- We have also had funding from Welsh Government to increase the number of Critical Care beds.

We have also been given the green light to recruit into a number of posts required to start the Major Trauma Service by April 2020, whilst we continue to seek overall approval to the full business case for the Major Trauma Service.

2. Visit to South West Genomics Laboratory Hub

On 6th August I visited, along with Clive Morgan, the South West Genomic Laboratory Hub which opened in October 2018 and is one of only seven hubs that will deliver genomic testing for patients with cancer or rare disease as part of a new national network.

They provide potentially life-changing diagnosis with a move towards a more personalised approach to treatment. The Exeter Genetics Laboratory is one of three designated providers of specialised endocrine tests for patients and the national centre for monogenic diabetes and hyperinsulinism testing.

3. Awake Brain Surgery Operation

In August I was privileged to be invited to observe an 'awake' brain surgery operation by – Consultant Neurologist Dr George Eralil.

The procedure was on a young person with a brain tumour and the patient was in the awake state as that is preferred so the surgeon can map out in real time the eloquent areas to ensure they are preserved whilst removing the tumour. This was not a unique way of doing such procedures (as one happens every few weeks) but what was unique was the presence of our Speech and Language Therapy (SLT) team who will be mapping various aspects of the young persons language function.

The SLT team are going to be an integral part of any awake craniotomy service. The surgeon and the SLT Team were thrilled at the fantastic opportunity for all of us to work towards that common goal of keeping people well.

4. Emergency Ambulance Services Committee (EASC)

Board members will wish to note that the EASC is scheduled to meet on 10th September 2019 (*papers were yet to be published at time of reporting*). For ease of reference the link to the agenda and papers for the July meeting is provided below:

<http://www.wales.nhs.uk/easc/committee-meetings>

5. World Sepsis Day – 13th September

On World Sepsis Day we marked the occasion with information stands at both the University Hospital Wales and University Hospital Llandough. There were also poster displays, storyboards and a demonstration of a NEWS (National Early Warning Score which provides a common language and approach to assessment of a patient's condition) score being entered onto our system

6. Welsh Health Specialised Services Committee (WHSSC)

The Committee's last scheduled meeting took place on 16 September 2019.

The agenda and papers, including the minutes of the meeting held on 28 June 2019 can be accessed via the following link: <http://www.whssc.wales.nhs.uk/2018-19-whssc-joint-committee>

7. Pioneering transplants introduced at UHW

Monday 2 September to Sunday 8 September was Organ Donation Week, which was a great opportunity to celebrate the pioneering transplants that have recently been achieved by the transplant team at UHW. The team have successfully transplanted kidneys from donors infected with Hepatitis C, which was a UK first.

Hepatitis C is treated using direct acting antiviral (DAA) tablets, which are the safest and most effective medicines for treating the virus. Since DAA tablets were made available on the NHS in Wales in 2014 those with the virus are able to be cured entirely of the virus over the course of just 12 weeks, with a less than a 1-in-2500 chance that the disease would not be cured.

With an estimated 12,000 people affected by Hepatitis C in Wales, this breakthrough is a great outcome for patients in need of a kidney. Some patients' health will deteriorate before a suitable organ is identified, and on average three die every day in the UK because of the shortage of organs, despite innovations such as the Welsh opt out system. Any new treatment that increases the number of available organs is therefore of great importance, and demonstrating that organs can be safely transplanted from donors with Hepatitis C is important not just for our patients, but also for those across the whole United Kingdom.

8. Single cancer pathway introduced

Last month, a new single pathway was introduced for cancer patients across Wales, with waiting times now being measured from when cancer is first suspected rather than from when the referral is first received in hospital.

This is great news for patients, whose waiting times will all be measured in one consistent way, regardless of how their cancer is identified. As well as being diagnosed and treated more quickly, it means that patients will now also be treated more equitably.

Cancer is the single biggest cause of premature death in Wales and the UK, and will touch all of our lives in some way, so I'm pleased that this new single pathway is set to improve treatment for patients both locally and throughout Wales.

9. Marching with Pride

Last month, I thoroughly enjoyed taking part in this year's Pride Cymru Parade in Cardiff, which was once again a brilliant celebration of the local LGBT+ community. It was fantastic to march alongside so many colleagues from across the NHS Wales family, and to soak up the atmosphere of acceptance and inclusivity, which are attitudes that I am committed to embedding within our culture here in the Health Board.

As an organisation we want to challenge the impact of homophobia, biphobia and transphobia, and work to help reduce significant health inequalities faced by LGBT+ people. We recognise and value the contribution of all CAV staff regardless of their gender identity or sexual orientation, and want to create an environment where everybody can feel comfortable being their true selves.

If you are part of the LGBT+ community or would like to support colleagues within it, I would draw your attention to our Rainbow LGBT+ FFlag Network, which is a support system for all LGBT+ staff across the UHB. As well as having the opportunity to engage with like-minded people, members of the network are consulted on improving and ensuring that all internal policies, practices, and organisational development and priorities remain LGBT+ inclusive.

10. Display Boards

If you have visited UHW or UHL recently, you may have seen new displays that we have installed to celebrate the achievements of our staff. The displays are designed to represent a spread of newspapers and magazines, which share the stories of our staff who were celebrated at this year's Staff Recognition Awards.

This year's award ceremony was the first that I had the privilege to attend, and really shone a light on the staff and teams that we are lucky to have here at Cardiff and Vale. When patients come into hospital, we want them to be reassured that those who provide their care are world leaders and award winners in their fields, which is exactly what these installations will achieve.

Some of the things for which our staff win Staff Recognition Awards are not only awe-inspiring but very humbling, so it's great that we can draw further attention and celebration to them through these new displays. If you have the opportunity, I'd encourage you to drop by and take a look through some of the inspirational stories that are on display.

11. Improving care for frail older people in the Vale

On 23rd August opened our engagement process for our proposals to improve care for frail older people in the Vale of Glamorgan. With an ageing population that is expected to continue growing in the coming years, we need to adapt the way that our services are delivered to ensure that they are fit for their needs.

In line with the plans set out in our Shaping Our Future Wellbeing Strategy, we have invested significantly in primary and community services to increase the support available to keep people living well at home. At the heart of our proposals are the principles of quicker assessment, quicker discharge and supporting ongoing care needs in the community, which will reduce the need for hospital stays.

Patients tell us that they want to return home quickly to recover after a hospital admission, or avoid being admitted to hospital at all. We know that long stays in hospital can reduce an individual's independence and confidence as they lose mobility, which we routinely see contributing to clinical deconditioning. Ten days in a hospital bed can equal 10 years of muscle wastage in the elderly, which is what our proposals seek to avoid. 3

When patients no longer need to be in hospital they should be able to leave with appropriate support in place more quickly, in order to give them the best chance of continued independence and dignity in their own home or a community setting.

The Engagement Document, Frequently Asked Questions and Equality and Health Impact Assessment can be viewed on our website, and we will also be holding a public workshop on Monday 23 September between 1pm and 3.30pm at the Barry Memo Arts Centre, before the engagement process ends on Friday 1 November.

12. Welsh Gender Service ready to welcome patients

Phase one of the Welsh Gender Service will be seeing the first patients in September as the Clinic, based in Cardiff, open its doors.

The Welsh Gender Team, run by Cardiff and Vale University Health Board, has started to contact Welsh patients who are currently on the London Gender Identity Clinic (GIC) waiting list with the first clinic taking place on 20 September 2019.

The Welsh Gender Service is commissioned by Welsh Health Specialised Services Committee (WHSSC) to provide a gender service for adults in Wales.

Patients who meet the criteria for the new service and are currently on the waiting list for the London GIC will be offered a choice as to whether they stay on the London list or accept an appointment with the Welsh Gender Service.

All new referrals to the Welsh Gender Service will now be under the new referral pathway where GPs can refer straight to the Welsh Gender Team. New referrals will join a waiting list with the Welsh Gender Service behind the existing patients that have been waiting for an appointment in London.

The new pathway in Wales also includes the development of Local Gender Teams in each Health Board area where patients will be reviewed once they have received their assessment from the Welsh Gender Team. The Local Gender Teams will be responsible for implementing the treatment plans and supporting patients in the community until they are fully stabilised on their medications, with their long term care and management then provided through a GP Direct Enhanced Service.

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

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:		Not Applicable							

REPORT TITLE:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V1						
MEETING:	Board Meeting					MEETING DATE:	27.09.19
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 July to August 2019.

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 UHB has continued to be able to respond to complainants within the 30 day target by achieving an 88% response rate to formal concerns during this period.

However, concerns data for July and August 2019, shows a significant increase in the number of concerns received in comparison to last year. There are no new changes to the usual pattern or trends but the UHB will continue to monitor this over the coming weeks.

The UHB has proactively reported a number of retrospective serious incidents to Welsh Government within this reporting period. These have come to light during the complaints and clinical negligence processes. Three of these incidents are historical, occurring in 2010, 2012, 2013 while the other became known more recently in 2017. It is always disappointing when serious incidents have not been identified and reported prior to receipt of a claim or a complaint but sometimes it only becomes evident that something adverse has happened when a complaint or claim is thoroughly investigated. This happens infrequently because there is a good reporting culture within the organization and staff are encouraged to report all safety incidents when they happen. The UHB will however, continue to monitor this and is pulling a refreshed training plan together for the roll out of the all Wales e-Datix system.

At the time of writing this report the Executive Nurse and Medical Director are reviewing a number of quality and safety reports relating to critical care, # neck of femur and vascular surgery in line with our normal governance arrangements. More detailed reports will be provided to the Quality, Safety and Patient Experience committee in due course.

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:**

Not Applicable
If "yes" please provide copy of the assessment. This will be linked to the report when published.



**PATIENT SAFETY QUALITY AND EXPERIENCE REPORT
July – August 2019**

Serious patient safety incidents (SIs reportable to Welsh Government)

During July and August 2019, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	<ul style="list-style-type: none"> A woman experienced a 4th degree tear during an instrumental delivery for failure to progress to progress in labour.
Executive & Corporate Services	1	<ul style="list-style-type: none"> An incident was reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated regarding the death of a 17 year old.
Medicine	6 1 6 1	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage. An unexpected death of a patient on a medical ward has been reported. Falls where the patient sustained significant injury. This is an increase since the previous reporting timeframe. One patient has sadly since died from their underlying condition. A patient required admission to Critical Care from an apparent overdose of insulin medication whilst he was an inpatient on a medical ward.
Mental Health	1	<ul style="list-style-type: none"> A 17 year old was admitted to Hafan Y Coed overnight whilst awaiting input from specialist Child and Adolescent Mental Health services.

	1	<ul style="list-style-type: none"> • Fall where the patient sustained significant injury.
	10	<ul style="list-style-type: none"> • Unexpected deaths of patients known to Mental Health services, including substance misuse services, which can be further described as follows: <ul style="list-style-type: none"> • 3 patients were known to substance misuse services only and the circumstances of their deaths are awaiting clarification via Her Majesty's Coroner's inquests procedures. • 1 patient died following an inpatient incident whereby the patient appears to have attempted to take their life by asphyxiation. He was initially admitted to Critical Care but subsequently died. His death will be investigated by Her Majesty's Coroner. • 6 patients were known to secondary Mental Health services. <ul style="list-style-type: none"> ▪ Three had diagnoses including Schizophrenia and Bipolar Affective Disorder. They were subject to Section 117 Community Treatment Order arrangements. Their deaths will be investigated by Her Majesty's Coroner and no further information is currently known. ▪ One patient had recently been referred to secondary Mental Health services for assessment. The patient was also known to have substance misuse problems. It is believed that use of illicit substances contributed to the death. The death will be investigated by Her Majesty's Coroner. ▪ A patient had been referred by his GP to a CMHT who subsequently referred him on to drug and alcohol services for support. He has been found deceased at his home. His death will be investigated by Her Majesty's Coroner. ▪ A patient known to secondary Mental Health services for treatment of Bipolar Affective Disorder was found deceased at his property. The gentleman was sadly found hanging.

Primary Care & Intermediate Care	1	<ul style="list-style-type: none"> • A missed opportunity to provide an earlier diagnosis of prostate cancer.
	1	<ul style="list-style-type: none"> • Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe.
Specialist	2	<ul style="list-style-type: none"> • Two matters have been retrospectively reported to Welsh Government as they are progressing through the clinical negligence route and will result in significant financial settlement for the patients. Both patients were under the care of Neurosciences. One patient has claimed in relation to loss of vision following delayed insertion of a ventricular-peritoneal shunt in 2013. The second patient has claimed due to complications following delayed surgery for Cauda Equina in 2012.
Surgery	1	<ul style="list-style-type: none"> • An incident has been retrospectively reported to Welsh Government as it is progressing through the clinical negligence route and will result in significant financial settlement for the patient. The patient has claimed in relation to delays in undertaking surgery to address an acute vascular problem. The patient had a lower limb amputation in 2010.
	1	<ul style="list-style-type: none"> • An incident has been identified following a formal concern from the patient. An unexpected abnormality on a chest X-ray undertaken in 2016 appears to have not been noted by treating clinical staff until 2017 following which the patient required surgery to remove the abnormality on her lung. The patient requires ongoing monitoring and scans in relation to this.
	1	<ul style="list-style-type: none"> • Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe.
	1	<ul style="list-style-type: none"> • A patient had a tracheostomy (an artificial airway) in place following complex surgery for cancer. His condition suddenly deteriorated post operatively and he was unable to be resuscitated. His death is subject to investigation by Her Majesty's Coroner.

	1	<ul style="list-style-type: none"> A patient's death is subject to investigation by Her Majesty's Coroner following unexpected deterioration post-operatively on a surgical ward. The patient had been admitted following a traumatic injury which required surgical intervention on a background of complex medical conditions.
	1	<ul style="list-style-type: none"> A child was undergoing multiple dental extractions. During the procedure, a tooth was incorrectly extracted. This is being managed as a Never Event.
Total	38	

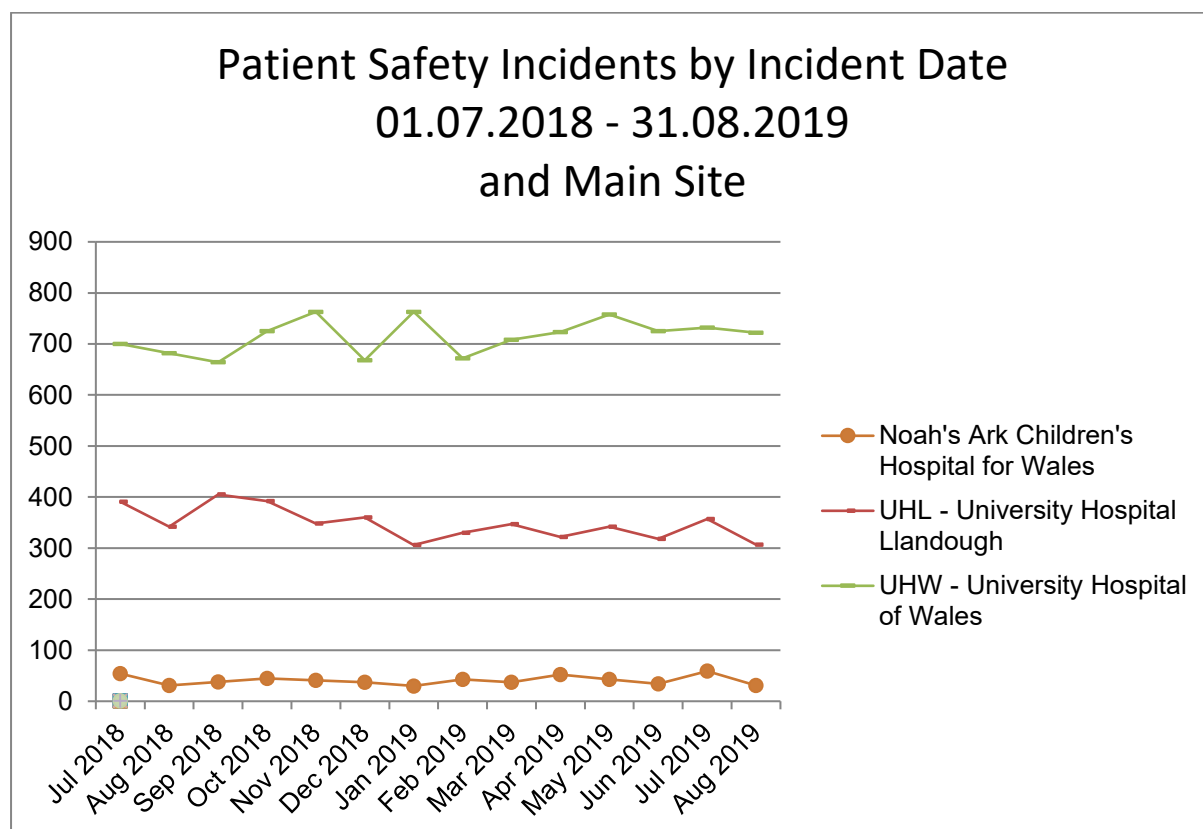
No Surprises		
Clinical Board	Number	Description
Clinical Diagnostic and Therapeutics	<ul style="list-style-type: none"> 1 	<ul style="list-style-type: none"> A decision was taken to temporarily suspend services in the Radiopharmacy production unit due to an infection control risk that has been identified. A business continuity plan has been initiated.
Executive and Corporate Services	<ul style="list-style-type: none"> 1 1 1 	<ul style="list-style-type: none"> A problem was identified with an electronic referral system in June 2019 resulting in 260 referrals requiring intervention to ensure they were subsequently correctly processed and the patients not disadvantaged by the technical problem that had occurred. The All Wales Genomics Service identified a potential information governance issue with a postal delivery service. Fortunately, the patient identifiable information has been located. Advice was sought from the Information Commissioner but no further action was required. A woman was found deceased in a public place on UHB property. Once her identity was confirmed, her death was reported as a Serious Incident
Medicine	<ul style="list-style-type: none"> 1 	<ul style="list-style-type: none"> A member of staff has been charged regarding inappropriate behaviour towards patients and staff following historical allegations. A court case is anticipated to resume in the autumn.

Mental Health	<ul style="list-style-type: none"> • 1 • A patient detained under Section 3 of the Mental Health Act was granted Section 17 leave, following which she absconded from Hafan Y Coed. She was subsequently located in London and returned to the ward.
Total	6

How do we compare to our Peers?

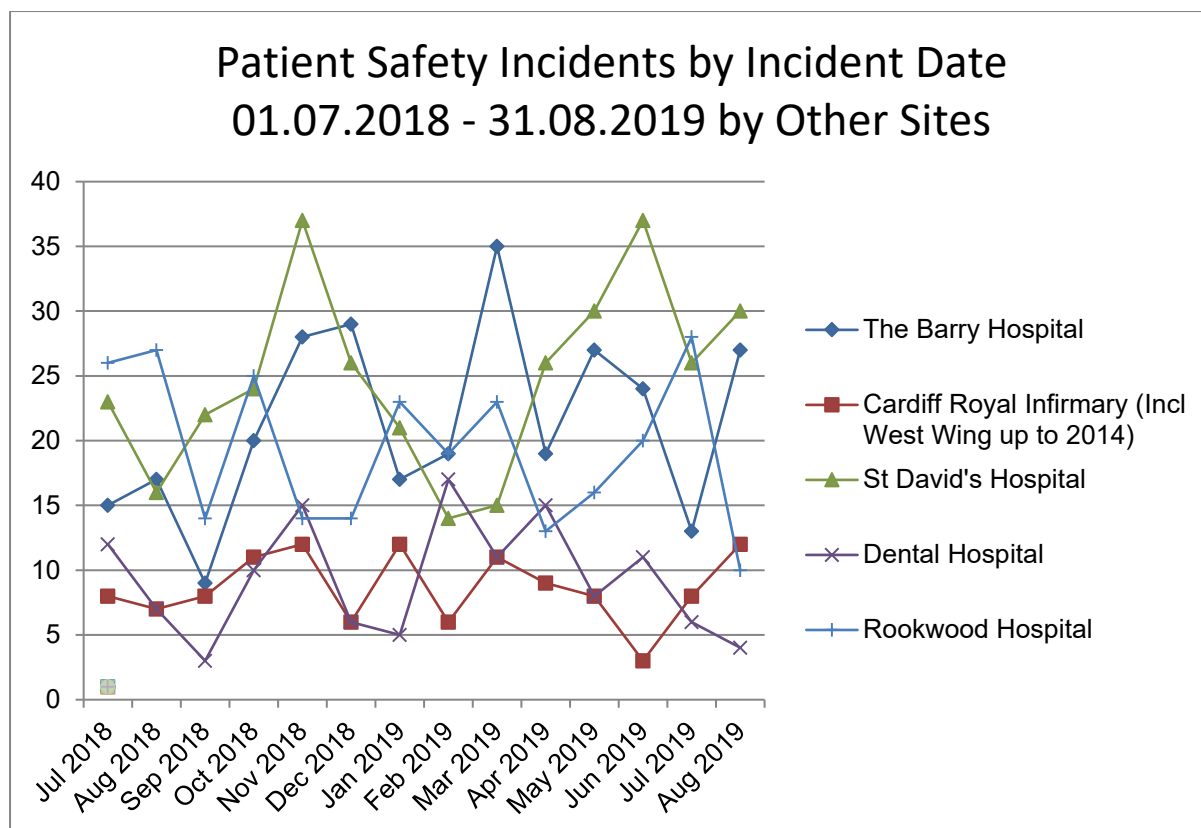
There is currently no further national data available, beyond that which was presented in the July 2019 report to Board.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported via the UHB's Datix risk management system by main sites between July 2018 and August 2019. 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 majority of reported incidents cause no harm or minor harm to patients and this is within the context of well over a million contacts by patients with healthcare services each year.

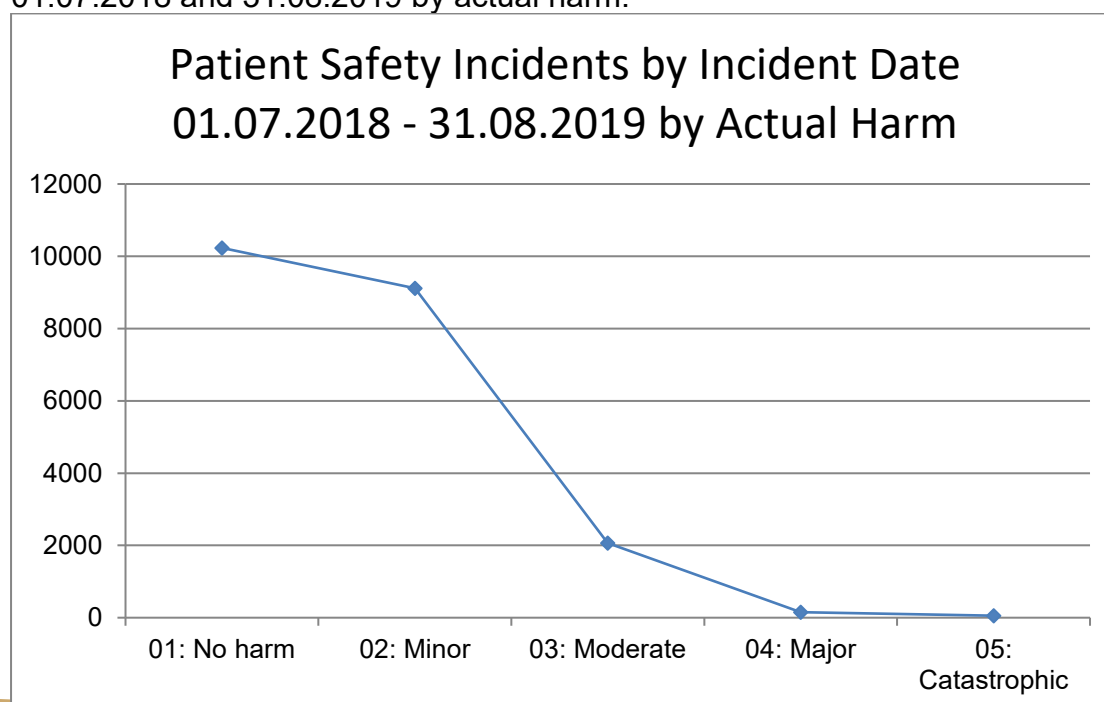


There is nothing of significance in terms of the trends in numbers of incidents reported.

The graph below demonstrates the patient safety incidents reported via the UHB's Datix risk management system by other sites between July 2018 and August 2019. The lower volume of incidents reported reflects the size and activity levels at the sites.



The following graph demonstrates patient safety incidents between incident date 01.07.2018 and 31.08.2019 by actual harm.



It is evident that the majority of incidents are recorded as causing minor or no harm to patients; i.e. many are near misses. The Patient Safety and Quality Department actively encourage directorates to explore their near miss incidents.

Whilst significant adverse events will always need to be investigated thoroughly to identify learning, it is important that we transition towards an increasingly more proactive approach to safety. Modern safety thinking promotes consideration of ensuring that 'as many things as possible go right' by making it easy to do the right thing and difficult to do the wrong thing. Understanding how work is done by the people whose job it is, is of paramount importance for building safe systems of work. This concept is described as moving from Safety I (reflective perspective of safety) towards Safety II (proactive perspective) as described by Professor Erik Hollnagel, who is currently Senior Professor of Patient Safety at the University of Jönköping, Sweden.

Serious Incidents relating to Mental Health Clinical Board

Further to recent trends in reported Serious Incidents by the Mental Health Clinical Board, the Executive Nurse Director, Patient Safety and Quality Department and Director of Nursing from the Clinical Board have met to explore processes and themes and trends.

The Clinical Board will present a paper to the October 2019 Quality, Safety and Experience Committee outlining their recently revised processes to respond to Serious Incidents and actions being taken in relation to identified themes and trends.

For the purpose of future Board reports, it was agreed that it would be helpful if the Mental Health Clinical Board section on unexpected deaths outlines whether patients were under the care of substance misuse services, community mental health teams or whether the deaths related to inpatients. This information has been provided in the earlier table outlining the Serious Incidents in this report.

Work regarding mortality reviews in mental health settings is progressing in NHS Wales and the UHB is aware of the need to incorporate this into revised processes alongside guidance from NHS England concerning Learning from Deaths.

Never Events

All Wales position

There is no updated information available from Welsh Government regarding the position across Wales on Never Events. Feedback has been provided from WG that the UHB's position with Never Events is comparable to other organisations in NHS Wales.

One Never Event was reported in August 2019. A young person was having several tooth extractions in the Dental Hospital and an incorrect tooth was extracted during the procedure. A Never Event incident meeting has been held and the incident is in early stages of investigation.

What are we doing about it?

As previously reported to the Board, the NatSSIPs task and finish group is focusing on a number of prioritised areas that require resolution, either due to non-compliance with Patient Safety Solutions or because a theme in patient safety incidents has been identified.

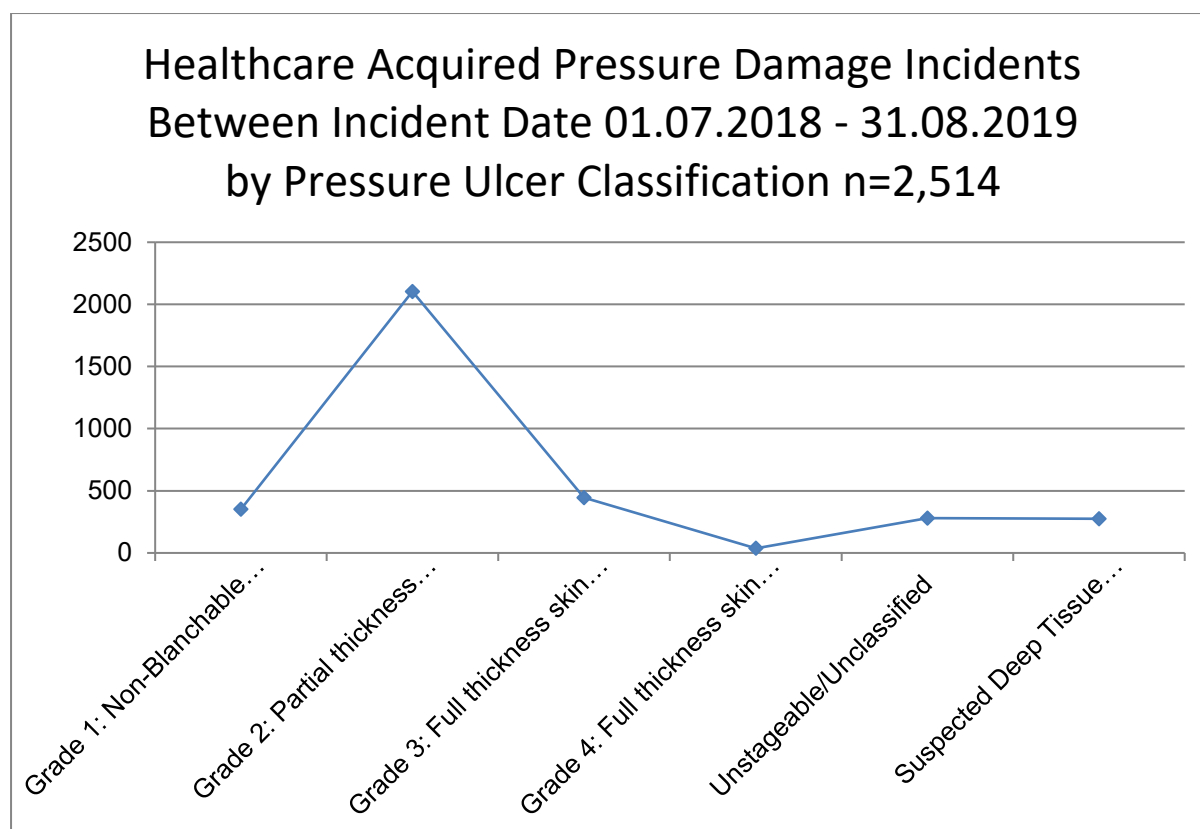
To that end, a visioning workshop was held on 9th July 2019 to address concerns with timely vascular access. There was excellent clinical engagement in the pan-Clinical Board meeting which allowed for sharing of challenges; brainstorming of ideas to resolve the challenges; agreement to share a standard operating procedure developed within Specialist Services Clinical Board and plans for the Assistant Director of Patient Safety and Quality to meet with Specialist and Surgery Clinical Boards to explore how vascular access issues can be progressed over the next 12 months.

In view of the positive outcome at the visioning workshop, consideration will be given to holding a visioning workshop for the two other current priorities, namely chest drain insertion and naso-gastric tubes.

Pressure Ulcers

Pressure ulcers are frequently reported on the UHB's risk management database as a patient safety incident. Analysing pressure ulcer incident forms is complex. It is not always immediately obvious as to where the patient was located when the pressure damage developed; whether it is healthcare acquired and whether there has been duplicate reporting of the same incident due to patient movement between departments.

Between incident date 01.07.2018 and 31.08.2019 3,497 incidents of pressure ulcers were reported as patient safety incidents. Of these, staff indicated that 2,514 (72%) were healthcare acquired, which means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed. It is evident that the majority of the reported incidents are grade 2 pressure ulcers. 1,641 of the incidents were recorded as having occurred in the home setting which indicates the complexity and frailty of patients in the community.



How do we compare with our Peers?

There is currently no benchmarking information available. Welsh Government has recently revised SI reporting procedures for pressure ulcers. From January 2019, they now require Health Boards to retrospectively report healthcare acquired grade 3, 4 and unstageable pressure damage that has been determined to be avoidable.

Additionally, Welsh Government requires all Health Boards to report all healthcare acquired pressure damage incident reporting data to them on a monthly basis. This allows them to see the extent of the issue across NHS Wales.

What are we doing about it?

The Board has previously been appraised of work being led by the UHB's Pressure Damage Task and Finish Group. The Group is chaired by the Interim Director of Nursing for Surgery Clinical Board and there is engagement from all Clinical Boards with this important workstream.

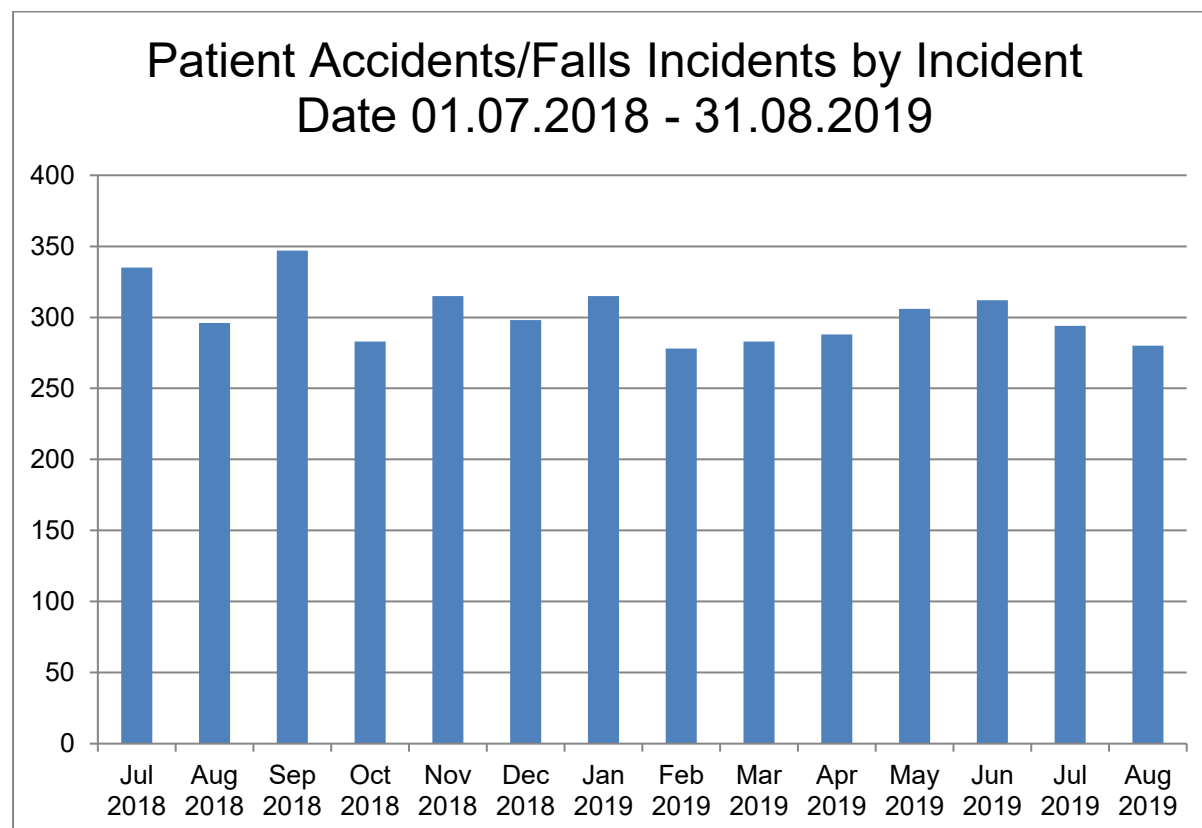
Patient Falls

How are we doing?

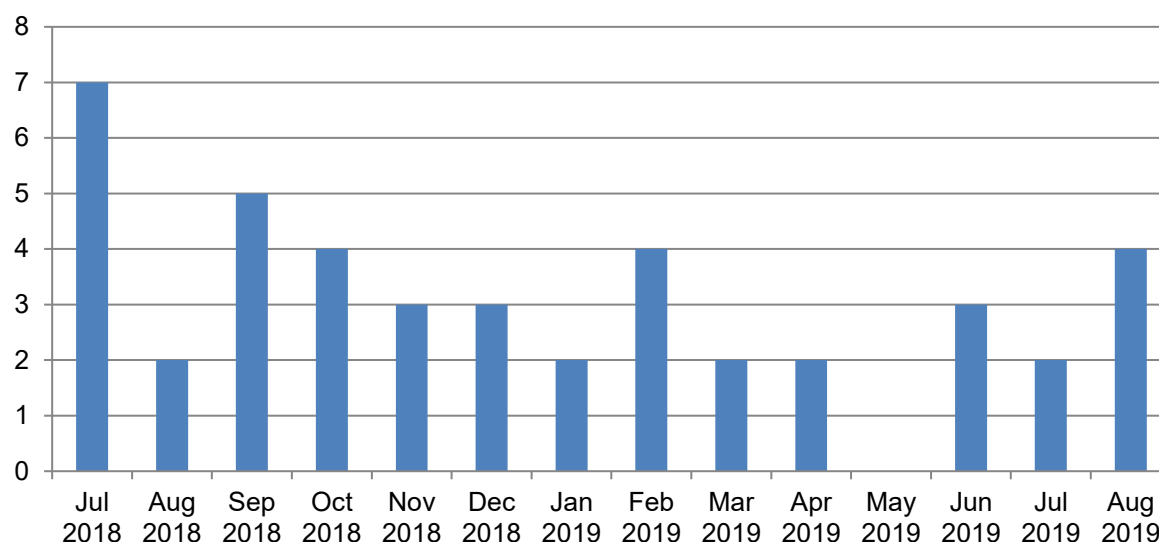
Patient falls continue to be a frequently reported patient safety incident. Reliable benchmarking information is not currently available.

How do we compare with our peers?

The following tables indicate the number of patient accidents/falls recorded between July 2018 and August 2019 and the number of injurious falls which required onward reporting to Welsh Government as Serious Incidents. It should be noted that the majority of falls do not result in major injury to patients but the psycho-social impact of falling is significant.



Patient Accidents/Falls resulting in serious harm and reported to Welsh Government between 01.07.2018 - 31.08.2019



The number of serious falls rose to 4 in July 2019

What are we doing about it?

The Board has previously been apprised of the related work being coordinated by the UHB's Falls Delivery Group which is chaired by the Assistant Director of Therapies and Health Sciences.

It should be noted that Oliver Williams, formerly the UHB's Falls Strategy Implementation Lead has successfully transferred to Public Health Wales as a Speciality Registrar in Public Health. He achieved great success in his role as the Falls Lead for the UHB with many innovative projects established. The Patient Safety and Quality Department would like to wish Oli well in his new role.

Regulation 28 reports

During the current reporting timeframe, Her Majesty's Coroner has written one Regulation 28 report to the Health Board.

It relates to a gentleman who was found deceased at his home address. He had a significant medical history including multiple surgical interventions to treat scoliosis. He also had schizophrenia. He was on multiple medications to treat his various conditions.

The Coroner formed the opinion that the Health Board should take action to prevent future similar deaths and his main concerns related to:

- 1) Reporting of such events to the Medicines and Healthcare products Regulatory Agency (MHRA)
- 2) How drug interactions, risks and dosing levels are managed in patients who are prescribed more than 5 medications
- 3) De-prescribing of drugs where appropriate
- 4) How drug monitoring is managed where there are two or more prescribing organisations (primary and secondary care)

The sad death of the gentleman was reported to WG as a Serious Incident. The Coroner determined a narrative conclusion and recorded the medical cause of death as 1a) Ischaemic Heart Disease. The narrative conclusion was 'Atypical early onset coronary artery atherosclerosis on a background of a large number of prescribed complex medications'. The UHB has coordinated a meeting with key internal stakeholders to consider the actions requested by the Coroner.

Outcomes of internal and external inspection processes

Internal observations of care

June's board report included an explanation of a new approach being piloted in medicine clinical board. Rather than undertake visits throughout the year, all observations of care would be completed in 10 weeks, using an inspection app. 24 observations of care have been undertaken with tablet devices and these findings are being triangulated against 12 months' worth of:

- Patient surveys
- Concerns
- Datix clinical incidents
- Health & Care Standards Audit

When particular themes occur across a number of these sources, the findings are included in a ward's feedback/recommendations. Below is an example from a clinical area about the improvements required, based on a combined review of data sources:

Example Ward:

Good Practice:

- All care plans and risk assessments were up to date
- There was a consistent, good standard of post falls management documented in patient records
- 85% of patient feedback was positive and the majority of this feedback notes the kind and caring attitude of nursing and catering staff.

Opportunities for improvement/ innovation:

- There was an increased number of falls between 5pm-9pm. At least 35% of all falls occur during these times.

- 40-50% of falls occur when a patient is trying to move from a bed or bedside chair. An additional 24% of falls occur when a patient is walking to/from the toilet.
- Several patients had reported delays in receiving an answer to call bells
- Quality checks have observed that nurses are disrupted by colleagues during medication rounds. One reported medication error partly attributed the error to frequent interruptions.
- 40% of patients want to feel more involved in discharge planning. 3 relatives wrote concerns about the lack of information relating to discharge and care planning.

The introduction of app based inspections to most clinical areas has reduced the length of time it has taken to receive reports back from the ward 'inspectors'. In most instances, the completed report is returned to the corporate nursing team within 5 working days. On receipt of the report, the content is then triangulated again as the data indicated above demonstrates. .

The total findings from each clinical area will be provided to Medicine Clinical Board and to ward sister/charge nurse during their next scheduled away day. The corporate nursing team are seeking feedback about ways to present this information that helps ward teams engage with the quantity of feedback available.

A generic inspection app cannot be applied to specialist areas. As such, work is also being undertaken to transition from paper based quality checks in areas such as emergency unit, day hospitals and mental health.

External Inspections

Emergency Unit/Assessment Unit and Lounge at University Hospital of Wales

In the April 2019 HIW update report, the UHB Quality Safety and Experience (QSE) Committee was advised of an unannounced inspection of the Emergency Unit/ Assessment Unit at University Hospital of Wales that had taken place on 25th – 27th March 2019. . This visit, resulted in immediate assurance issues in relation to the suitability of the Lounge area in the AU as an area for unwell patients who want to sleep and/or lie down, staffing levels in the Medical Assessment care Unit (MACU), checks in relation to the resuscitation trolley, fridge temperatures. There was also an unlocked medication cupboard containing eye medication.

Immediate action was taken to increase staffing levels as an interim measure and to put in place more senior oversight and review of patients in the Lounge on a 2 hourly basis. All staff have been reminded of the need for regular checks of resuscitation equipment and fridge temperatures and new thermometers have been ordered for domestic fridges which are used to store food. The unlocked medicine cupboard has been de-commissioned and the eye medication that was contained in it has been re-located to another suitable, secure cupboard in the department.

A robust improvement plan has been put in place and a range of measures to address the flow of patients through the Assessment Unit and specifically the Lounge area are being implemented. These include:

- The opening of a Trauma Ambulatory Care Unit (TACU) from 9th September 2019 which will provide a 7 day a week cover from 7am -7pm
- Extension of the Surgical Assessment Unit provision to weekend cover from 8.30 to 7pm from end November/early December 2019.
- Further work to improve access to surgical in-patient beds to accommodate surgical patients in the Lounge/Assessment Unit.

A full written progress update has been considered by the September 17th 2019 UHB QSE Committee it also included verbal feedback on an internal inspection. The inspection identified some progress had been made with the issues raised by HIW, but further work was required, this is identified within the improvement plan. The progress with this improvement plan is being scrutinized very carefully by the Chief Operating Officer and the Executive Nurse Director.

Patient Experience

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

Each month the Patient Experience Team receives in excess of a thousand paper surveys. This supports the data collected through our Tablet and Kiosk mechanism as well as the seven 'Happy or Not' machines situated across the Health Board.

The patient satisfaction scores from all surveys administered across the Health Board are illustrated in the table below.

	May	June	July	August
UHL	91%	94%	94%	95%
UHW	92%	92%	94%	94%





Retrospective

Retrospective data can be very informative in ascertaining experience, once a person has left our care. There are numerous bespoke surveys being undertaken to inform colleagues and examples include:

A telephone survey of a sample of patients who had undergone Cardiac Ablation provided very positive feedback regarding their experiences and all were very complimentary about the staff involved. We can proactively use telephone surveys to receive quick feedback from our patients.

Our newly designed inpatient surveys have been telling us some key information. These surveys have been designed to ascertain feedback supporting the Health Board strategy, providing information that we could learn from and importantly act upon.

The recent surveys told us:

-  51% of patients surveyed as an inpatient had discussed their discharge plan with staff
-  71% felt involved in decisions about their care
-  68% felt that they were always listened to
-  80% of our patients surveyed felt that they were well cared for

The new in-patient survey was undertaken in August

Q8: If able, have staff encouraged you to get out of bed and move around?

#	Option	%
1	Always	57
2	Usually	16
3	Sometimes	6
4	Never	3
5	Not applicable	18

Although encouraging, this is an area where we could improve

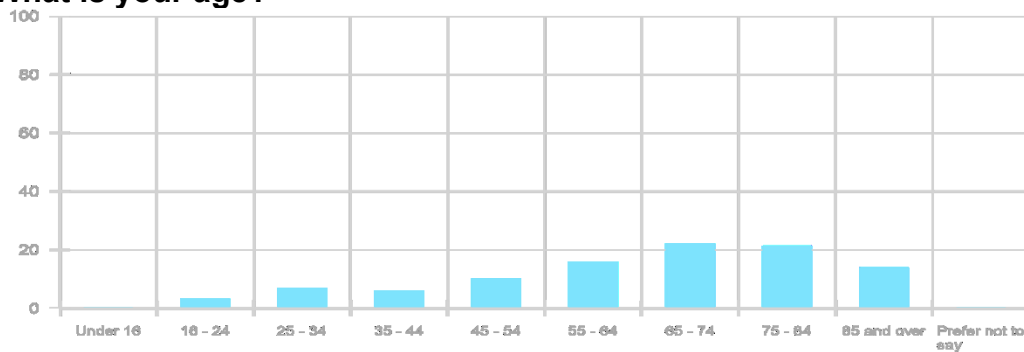
Q9: If able, have staff encouraged you to get dressed?

#	Option	%
1	Always	45
2	Usually	11
3	Sometimes	8
4	Never	8
5	Not applicable	29

Results demonstrate that we could also be encouraging more patients to get dressed when they are able.

Demographics information - of the patients surveyed the gender split was 50/50 male and female and 32% of those responding considered themselves to have a disability.

Q31: What is your age?



The majority of respondents are aged over 75 years

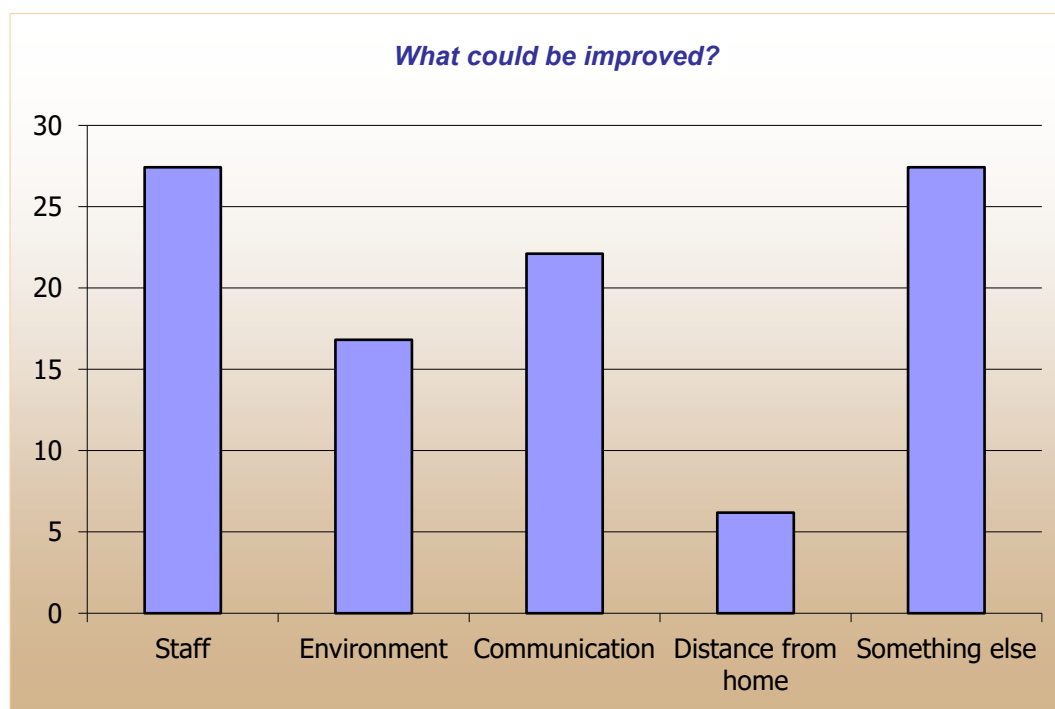
Proactive and Reactive

Feedback Kiosks

During July and August 2019, the Kiosk in the Concourse had 443 responses

When asked what was good about their experience 73% responded 'staff'.

When asked what could be improved:



Some of the free text suggestions for the environment included:

Would like to have more of a mixture of foods such as noodle bar, Middle Eastern snacks

Needs water fountain in concourse

Colour stripes on floor to departments

At the moment, the comments are being themed so that they can be shared with the relevant departments.

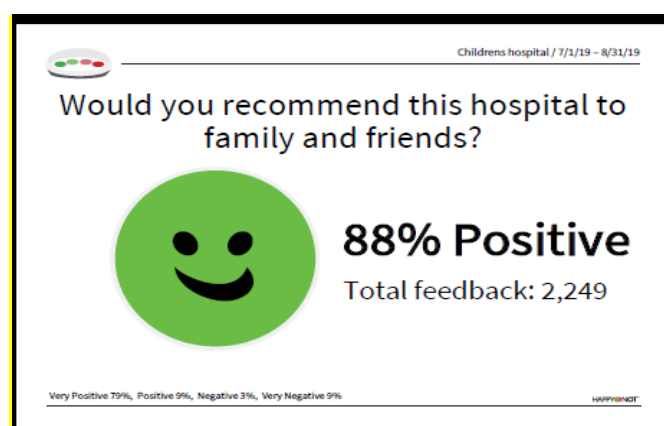


During July and August we have placed 3 Happy or Not Machines in our Emergency Unit at UHW and feedback has been received from nearly 6,000 attendees

Analysis of these results shows the hours between 2 am and 7 am to be the times when patients are most unhappy with their overall experience. Monday and Tuesday are the days of the week when people report being most unhappy with their care. The reports are shared weekly with the Emergency Unit.

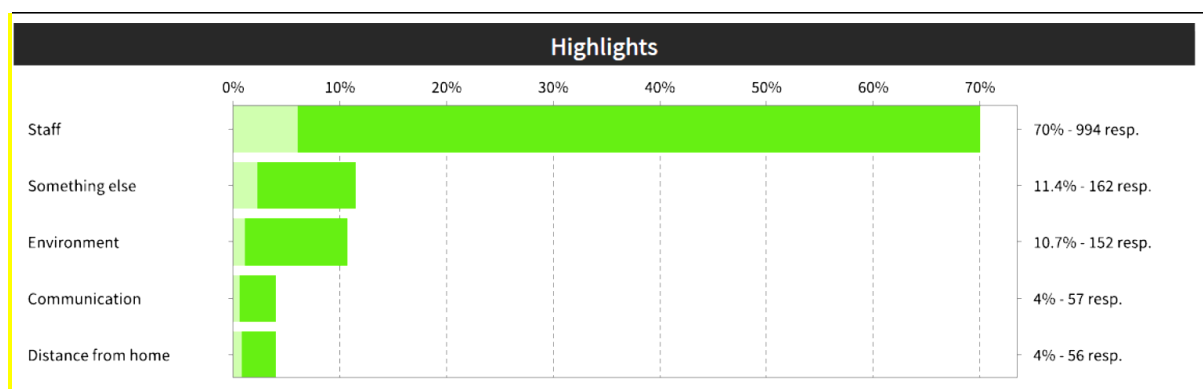
We also have 3 new Kiosks in UHW, UHL and the Children's Hospital

88% of people who used the kiosk in the Children's Hospital would recommend this hospital to family and friends.



In all locations. The most positive feedback related to our staff.

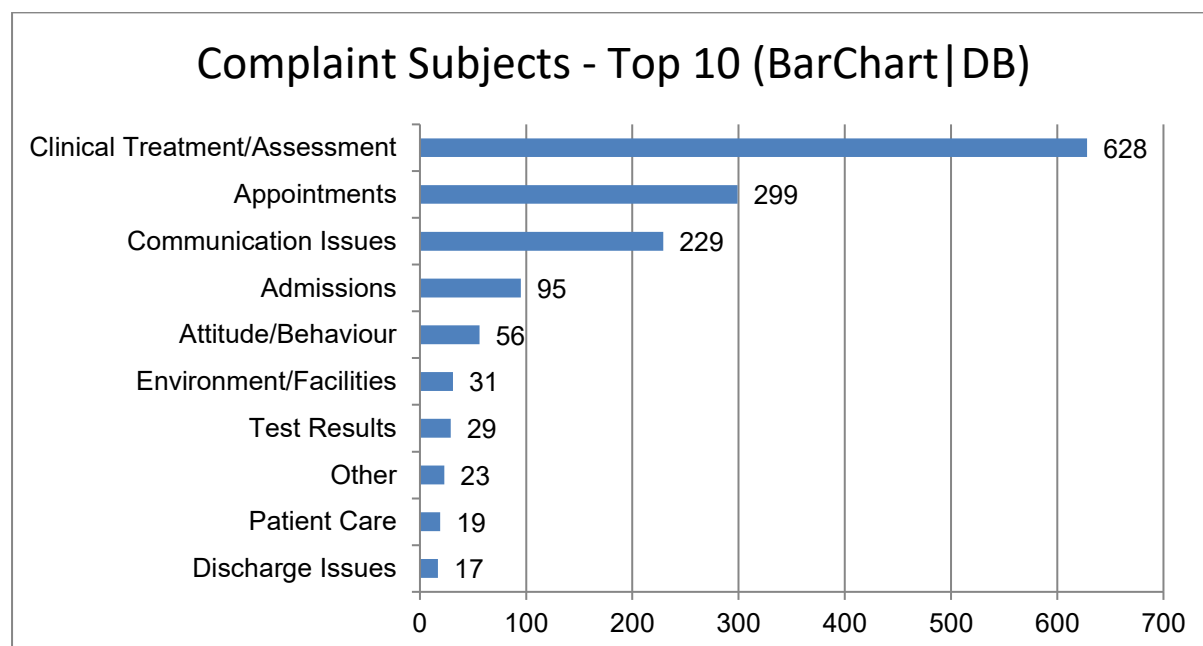
This is demonstrated, for example, by data from the kiosk in UHW:



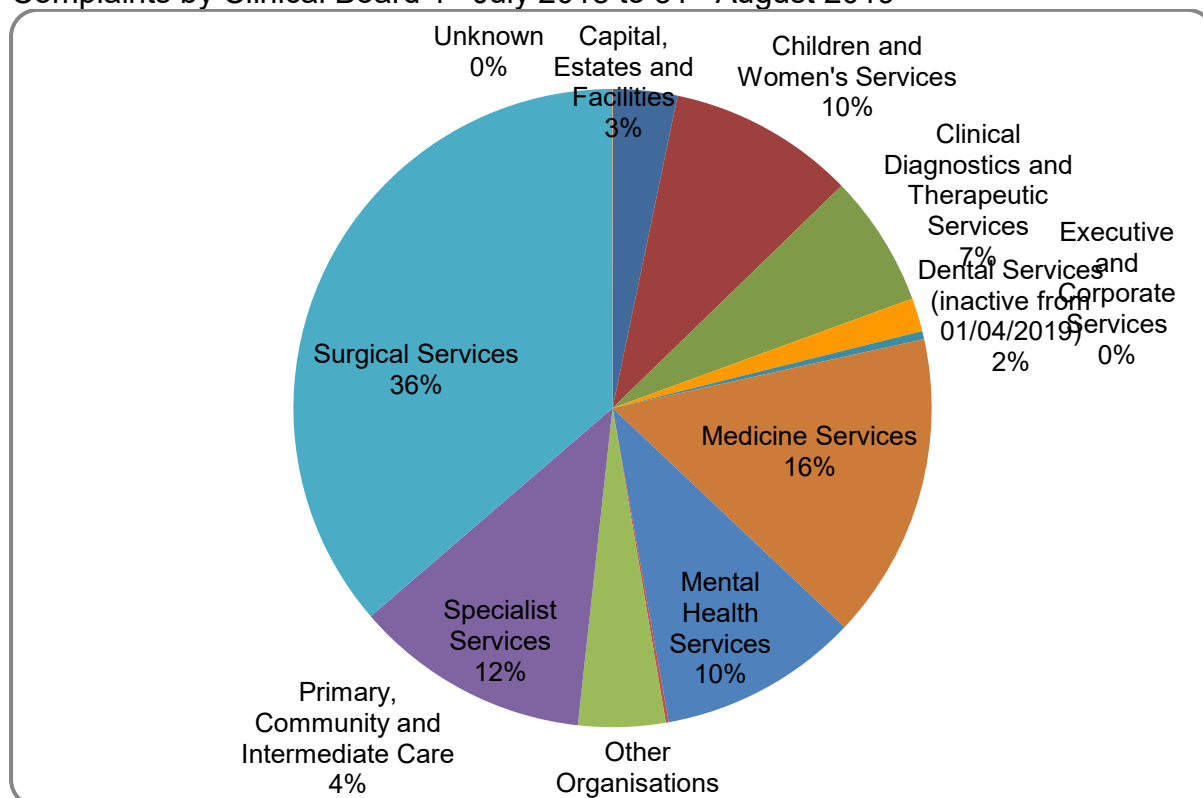
Balancing

Between 1st July 2018 and 31st August 2019, the Health Board has received 3418 complaints.

The chart below identifies the top 10 subjects raised in concerns and you will note that the highest number of concerns, 628, in total, related to concerns about clinical diagnosis, treatment and assessment, followed by 299 relating to appointments. This is in keeping with previous trends.



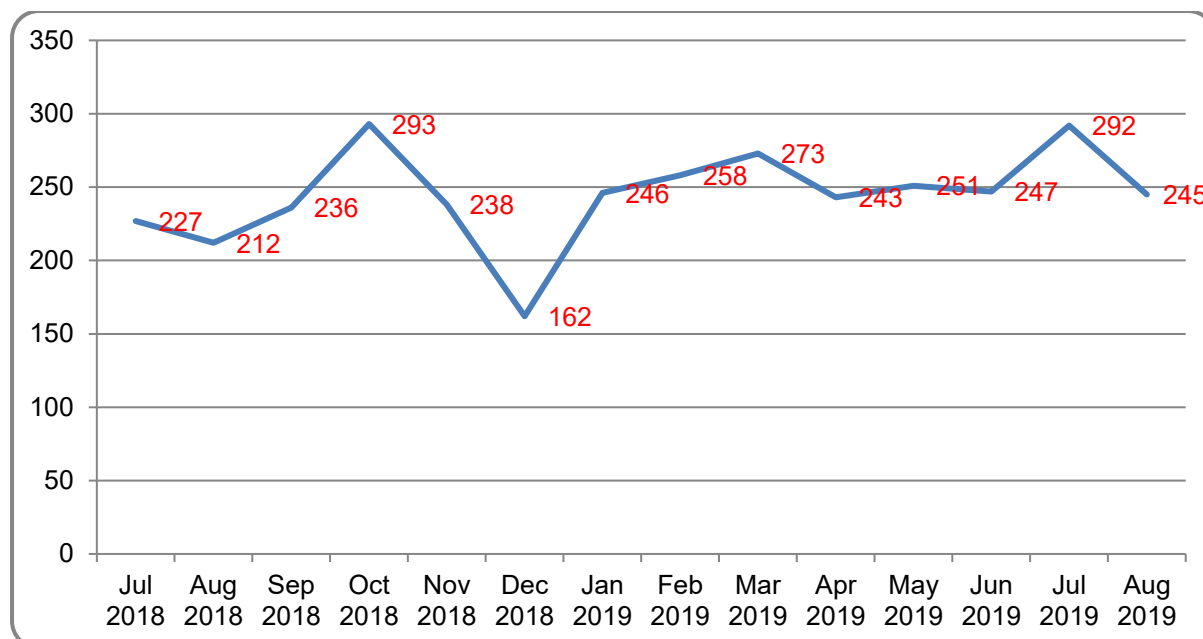
Complaints by Clinical Board 1st July 2018 to 31st August 2019



You will see from the chart above that Surgery continue to receive the highest number of concerns; (36% of all concerns); in total they received 1,242 concerns. The highest number of concerns registered for Surgical Clinical Board relate to the ENT, Ophthalmology and Urology Directorate (377) , followed by the Trauma and Orthopaedic Directorate (363).

Medicine received the second highest number of concerns, 531 in total.

Concerns data for July and August shows a significant increase in the number of concerns received in comparison to last year. As you will note from the chart below, during this period last year, (2018) the Health Board received 439 concerns whilst, during the same period this year, we have received 537. July 2019 shows a marked increase in comparison to the previous 3 months.



During July and August, the Concerns Team continued to receive a high volume of concerns that relate to the waiting times and cancellation of follow up Ophthalmology Appointments. This issue has been discussed with the Clinical Board

We also continue to receive a high number of calls and emails regarding car parking, particularly at UHW. These include issues around Parking Charge Notices, the appeals process, including, the lack of option to appeal in the Welsh Language.

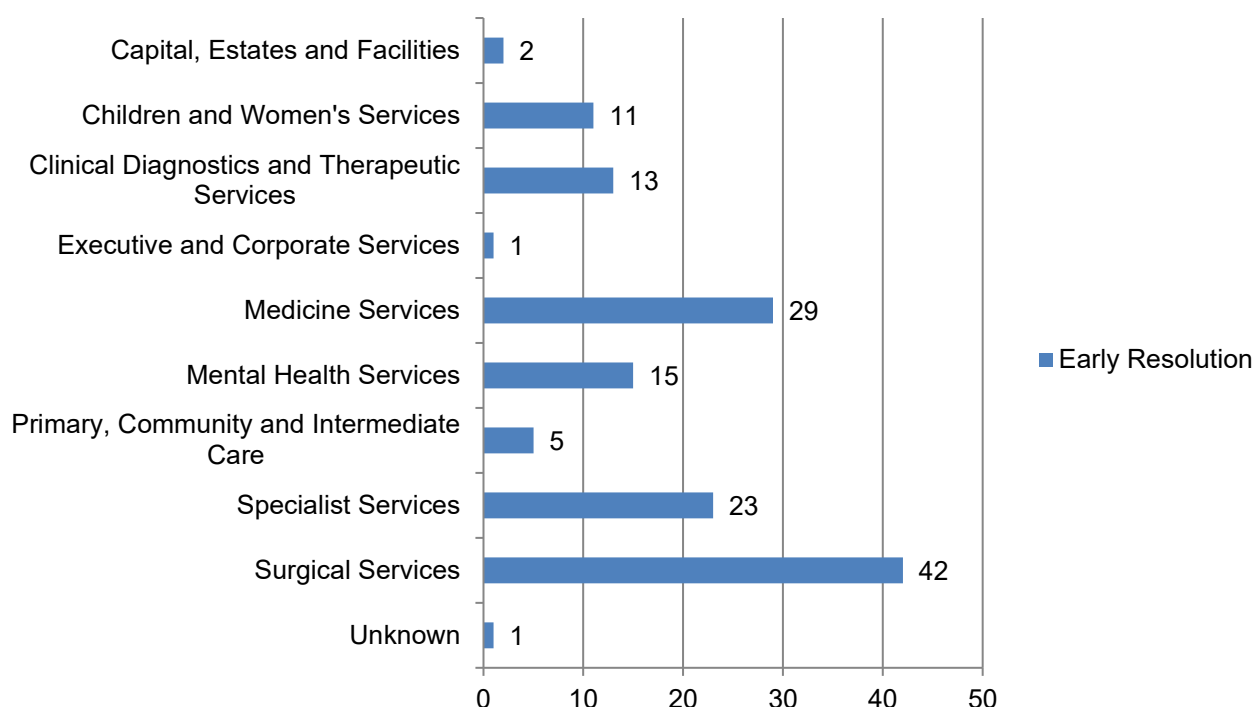
There have also been a number of concerns regarding the signage and the lack of information provided in appointment letters about parking.

However, feedback in relation to Park and ride by patients and visitors has been positive.

Performance

We closed 540 concerns during July and August 2019, 334 of these received a response within 30 working days and 142 were resolved under Early Resolution which is now within 2 working days including the day of receipt.

Early Resolution Complaints by Clinical Board



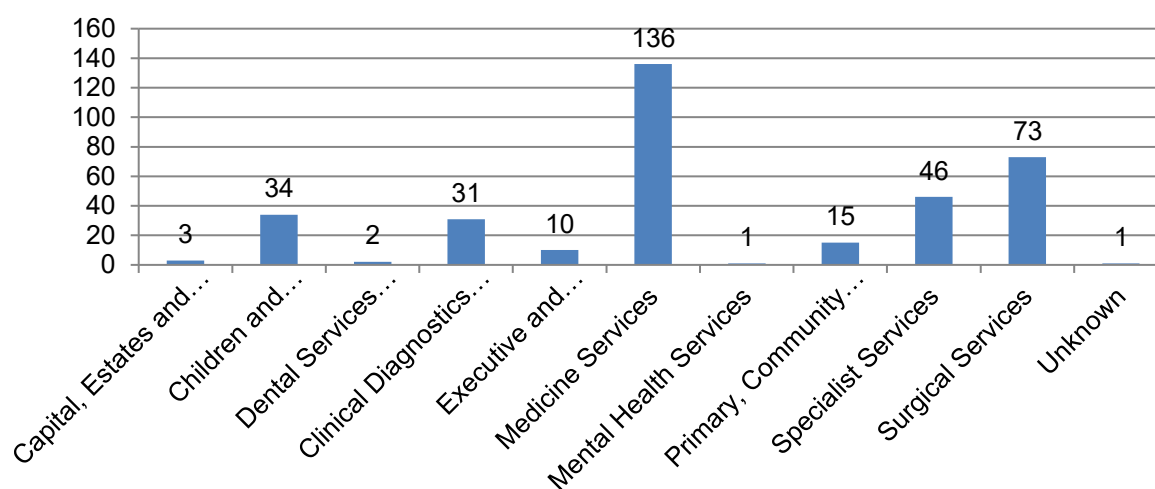
It is pleasing to note that during July and August we closed 88% of our concerns within 30 working days.

Balancing

Compliments

During the period 1st July 2018 to 31st August 2019, the Health Board received 352 compliments.

Compliments by Clinical Board



As you will see from the chart above, Medicine Clinical Board continues to receive the highest number of compliments (136), in particular for the Emergency Unit. This is followed by Surgery receiving 73 compliments for the same period.

What are we doing?

You Said	We Did
Why was I not given any advice on how to look after a central line when my daughter was discharged?	<p>A going home pack has been developed that will be accessible on Pelican Ward for children going home, out of hours, with a central line in situ. The pack will contain all the necessary items for the care of a central line.</p> <p>The current information sheet will be updated; it will have pictures of the central line and more details of what to do in emergencies.</p>
Wording used in regards to Mental Health Assessment misleading and unclear.	Wording being reviewed to ensure accuracy and also to be more helpful in tone.
Car parking was a problem at UHL	Introduced a Park and Ride at UHL

Report Title:	PERFORMANCE REPORT					
Meeting:	BOARD				Meeting Date:	26.09.19
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:	Director of Digital and Intelligence					
Report Author (Title):	Members of the Performance and Information Department (tel 029 20745602)					

SITUATION

The Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets for the first quarter of 2019/20 where the data is available and provides more detail on actions being taken to improve performance in areas of concern.

SITUATION

The Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets for the first quarter of 2019/20 where the data is available and provides more detail on actions being taken to improve performance in areas of concern.

BACKGROUND

The UHB is presently compliant with 23 of the 70 performance measures (July 2019 = 22/70), and is making satisfactory progress towards delivering a further 21 (July = 21).

Since the last report improvements have been noted for two measures:

#52 – The proportion of patients waiting less than 26 weeks to start a psychological therapy has improved from 15% to 86%. The Welsh Government's target is 80%

#44 – The UHB has secured £750,000 to deliver the prehab to rehab transformation programme, which encompasses the roll out of enhanced recovery after surgery (ERAS).

One measure has deteriorated:

#55 – The number of patients on a referral to treatment pathway who have been waiting greater than 36 weeks to commence their definitive treatment increased to 996 at the end of August. The Welsh Government's target is 0.

The UHB's performance in meeting the expected standards is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	10	7	4	13.5/21
Delivering our service priorities	2	2	3	3/7
Delivering sustainably	10	9	15	14.5/34
Improving culture	1	3	4	2.5/8
Total	23	21	26	33.5/70

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
- Mental Health Measures
- Unscheduled care report incorporating Emergency Department and ambulance response and handover times and delayed transfers of care from our hospitals and our critical care department
- Primary care services
- Stroke
- Cancer
- Elective access
- Eye Care Measures
- Outpatient Follow Ups
- Finance

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

The corporate scorecard is displayed on the page overleaf:

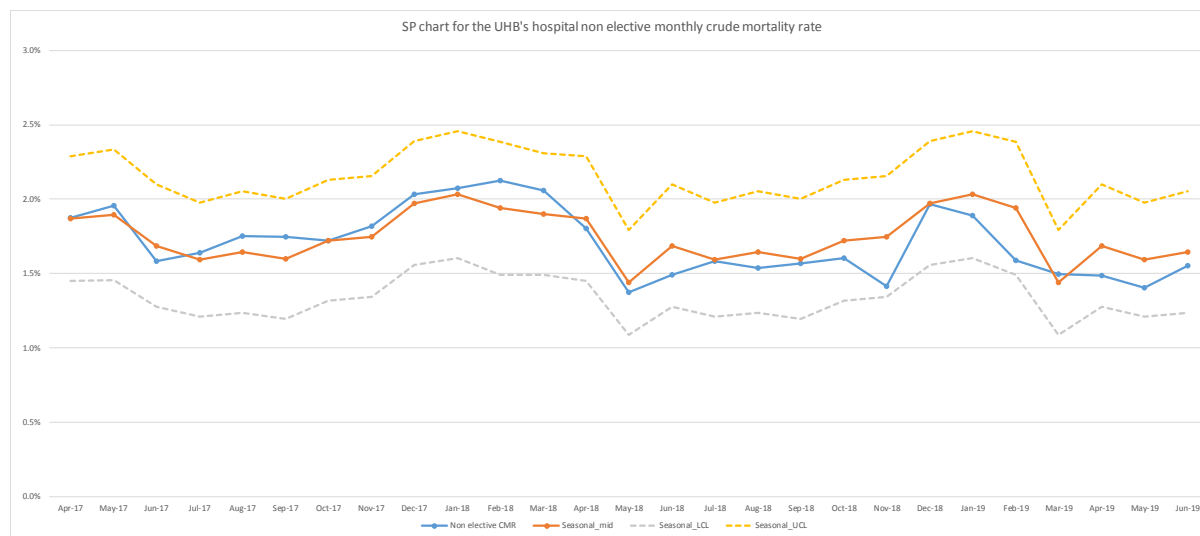
Cardiff and Vale University Health Board - Performance Dashboard - August 2019																																																																																																																																																																																																																							
Priority	Strategic Objectives	Measures	n	Status report										Target	Time period	Exception Report																																																																																																																																																																																																							
				Mar 17	Mar 18	FWO rating	Mar 19	FWO rating	Jun 19	FWO rating	Aug 19	FWO rating	Latest Trend																																																																																																																																																																																																										
For Our Population	All have responsibility for improving our health and wellbeing	Uptake of influenza vaccination among high risk groups	1	+45.58.2%, @m45.1%, @m52.2%	+47.78.2%, @m47.1%, @m54.7%	+	+46.78%, @m44%, @m49.7%	+	+45.78%, @m44%, @m49.7%	+	Green: Community 72%, staff 62%, Annual improvement on 18/17-paths FYO +55.30%, @m45.32%, staff 58%	at 31 March 2019																																																																																																																																																																																																											
		Percentage of children who have received 3 doses of the first vaccine by age 1.5 who received 3 doses of the MMR vaccine by age 5	2	21.2%	21.1%	+	21.1%	+	21.1%	+	21.1%	+	Target: 30% annual + MRP trajectory of 30% and 38.5%	Q4 18/19																																																																																																																																																																																																									
		Proportion of adults obese or overweight	3	34%	32% Age adj 34%	+	36%	+	36%	+	36%	+	Reduction in previous year (34% 2017/18, 30/19/20)	HW 2019/18																																																																																																																																																																																																									
		% of adults consuming >34 units of alcohol p. wk (new measure)	4	42%	27% Age adj 27%	+	21%	+	21%	+	21%	+	New measure - previous results relates to consumption above recommended units	HW 2019/18																																																																																																																																																																																																									
		Proportion of adults meeting physical activity guidelines	5	38%	32% Age adj 33%	+	30%	+	30%	+	32%	+	Target continues reduction in % of adults who reported being physically active for more than 150 min in the previous week	HW 2019/18																																																																																																																																																																																																									
		% of C66 resident smokers who make a quit attempt via smoking cessation services - target 35%	6	8.7% to Q2	8.95% to Q2 11/18	+	7.2%	+	7.7%	+	7.7%	+	RCG target 3% over course of full year	Q4 18/19																																																																																																																																																																																																									
		% C&V residents who are CV validated as successfully quitting at 6 weeks measured annually - target 40%	7	67.8%	65.3% to Q2 17/18	+	50.4%	+	60.0%	+	68.3%	+	See target 40%	Q4 18/19																																																																																																																																																																																																									
		Rate of recidivism among females under 18	8	Cardiff 27.4 per 1000, Vale 14.6 per 1000	Cardiff 27.4 per 1000, Vale 14.6 per 1000	+	Cardiff 27.4 per 1000, Vale 14.6 per 1000	+	Cardiff 27.4 per 1000, Vale 14.6 per 1000	+	Cardiff 27.4 per 1000, Vale 14.6 per 1000	+	Reduction in previous year	2017 (partial)																																																																																																																																																																																																									
		Cardiff Hospital Mortality Rate for people aged less than 75	9	0.03%	0.02%	+	0.03%	+	0.02%	+	0.03%	+	12 Month Benchmark Target (18/19) was 0.03, 100% to Jun 19 0.03%	12 months to Aug 19																																																																																																																																																																																																									
		Deliver outcomes that matter to people	National Patient Experience Survey	Emergency stroke mortality rate (12 mth)	10	3.00%	3.85%	+	2.81%	+	2.70%	+	2.75%	+	Reduction in CMR (CM to June 19 = 3.85%)	12 months to Aug 19																																																																																																																																																																																																							
Demonstrate reduction in the mortality rate for stroke, heart attack and head and neck of stroke patients (30 day post event, 12 mth) - based on primary ICD-10 code	11			stroke 12.2%, heart attack 3.7%, MRCF 6.1%	stroke 12.5%, heart attack 3.8%, MRCF 6.1%	+	stroke 12.2%, heart attack 3.7%, MRCF 6.1%	+	stroke 12.4%, heart attack 3.7%, MRCF 6.1%	+	stroke 12.4%, heart attack 3.7%, MRCF 6.1%	+	Demonstrate reduction in falling 12 month rate (2017/18, 12.9%, 6.1%, 1.7%)	28th Feb to June 19																																																																																																																																																																																																									
% Universal mortality review undertaken within 30 days of a death	12			71%	70%	+	70%	+	63%	+	72%	+	NEW MEASURE from April 17 - Target is 85% MRP trajectory +2%	Jul 19																																																																																																																																																																																																									
National Patient experience survey	13			47%	47%	+	47%	+	47%	+	47%	+	% of pts responding who rated overall experience of care as 5/10 or above (Green 98%)	National patient experience report Aug 19	In Housing director's report																																																																																																																																																																																																								
Proportion of formal complaints responded to within 30 working days	14			47%	74%	+	74% (79% for 2018/19)	+	74% (79% for 2018/19)	+	88% (75% for 2018/19)	+	Green: 80% Annual sustainable improvement from 40-50% range	Monthly in performance up to 21/10/19																																																																																																																																																																																																									
Life expectancy at birth	15			80.9	80.9	+	80.9	+	80.9	+	80.9	+	Continuous improvement (June 19 figure updated)	2017-17																																																																																																																																																																																																									
Infant mortality rate per population	16			3.8 per 1,000 live births	3.8 per 1,000 live births	+	3.8 per 1,000 live births	+	3.8 per 1,000 live births	+	3.8 per 1,000 live births	+	Reduction in 2019 rate (3.8)	CMS (2017)																																																																																																																																																																																																									
% live births with a birth weight of less than 2500g	17			5.09%	3.85%	+	4.16%	+	4.16%	+	4.16%	+	12 mth cumulative reduction on previous year (3.3%)	Aug 19																																																																																																																																																																																																									
Rate of hospital admissions with any number of intentional self-harm for children and young people per 1000 people (New measure)	18			387	3.8	+	3.4	+	3.4	+	3.4	+	Annual reduction from 3.8 to 3.4, 3.87 in 18/18 & 4.23 in 14/18	Year 17/18																																																																																																																																																																																																									
Our Services Provide	Offer services that deliver the population health outcomes we are asked to meet			Reduction in the number of emergency hospital admissions for breast of 9 chronic conditions per 1000 people	19	189	189	+	189	+	189	+	189	+	Reduction against same 12 month period of previous year (182)	12th to May 19																																																																																																																																																																																																							
		Reduction in the number of emergency hospital readmissions within a year for breast of 9 chronic conditions	20	186	202	+	191	+	191	+	191	+	Reduction against June-May 2019 +202	12th to May 19																																																																																																																																																																																																									
		Emergency admission for hip fracture age standardised, 65+ per 100,000 people (Financial Populations applied)	21	164.8	163.7	+	161	+	161	+	161	+	Reduction in previous year (145 per 100,000 conf interval 142)	12 months to May 19																																																																																																																																																																																																									
		Delivery of the 31 day (pre-USC) and 62 day (USC) cancer access standards	22	87% (USC), 87% (USC)	88.7% (USC), 88.7% (USC)	+	88% (USC), 84% (USC)	+	88% (USC), 81% (USC)	+	88% (USC), 81% (USC)	+	Green Tier 1: 88 % (USC), 81% (USC), Annual MRP trajectory Q1 = 96% & Q2	Jun 19																																																																																																																																																																																																									
		Primary care contractor professional assurance status	23	Satisfactory	Managerial improvement Required	+	2 contract terminations, 4 new sustainability applications, temporary list closures	+	2 contract terminations, 4 new sustainability applications, temporary list closures	+	2 contract terminations, 4 new sustainability applications, temporary list closures	+	Present internal assessment of C&V GP sustainability position - non related to Q1 2019/20 events	as at 31/08/19																																																																																																																																																																																																									
		% GP Practices offering appointments between 17:00 and 19:30 on 9 days a week	24	88%	88%	+	88%	+	88%	+	88%	+	Improvement target (2017 - 88%)	2018																																																																																																																																																																																																									
		% people aged 16+ who found it difficult to make a convenient GP appointment	25			+	42%	+	42%	+	42%	+	New measure - Annual reduction in 41.0% in 2017/18	2018/19																																																																																																																																																																																																									
		% H&B population regularly screening (every 2 years) H&B primary dental care	26			+	66%	+	66%	+	66%	+	New measure - quarterly improvement head - baseline 16.7% in Dec 18	Dec 18																																																																																																																																																																																																									
		Demonstrate: Diagnosis other, Access & waiting	28	Diagnosis: 88% Access: 88% Training: 38%	Diagnosis: 87% Access: 88% Training: 32%	+	Diagnosis: 87% Access: 87% Training: 23%	+	Diagnosis: 87% Access: 87% Training: 23%	+	Diagnosis: 87% Access: 87% Training: 23%	+	Target: Diagnosis improvement in proportion - 10 years diagnosed with Diabetes, Access after 90% primary care visits within 14 weeks, Training improvement on N&P practice that completed 5th 12CS in 2018/19	Diagnosis '18 17/18, Access Aug 19, Training Year 17/18																																																																																																																																																																																																									
		% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	29	3.00%	3.30%	+	3.31%	+	3.31%	+	3.14%	+	Demonstrate reduction in falling 12 month rate (2017: 3.26) - Annual return in SPC units (e.g. mean = 3.85 Q4 4.2%)	12 months to Sep 19																																																																																																																																																																																																									
Reduce harm, waste and variation	Improve patient safety and reduce risk	Standardised compliance against four acute stroke bundles	30	1.42% 2.95% 3.54% 4.78%	1.25% 2.36% 3.40% 4.32%	+	1.42% 2.95% 3.43% 4.30%	+	1.30% 2.57% 3.75% 4.99%	+	1.54% 2.92% 3.77% 4.38%	+	Annual: Continuous improvement (June 19 MRP trajectory)	Monthly performance in May 19																																																																																																																																																																																																									
		Number of new serious incidents & % assessed within agreed timeframe	31	295 serious incidents, 37% assessed in timeframe	308 Ser. 37% assessed in timeframe	+	308 Ser. 37% assessed in timeframe	+	313 Ser. 37% assessed in timeframe	+	313 Ser. 37% assessed in timeframe	+	% of Ser. reduction in year (217 Ser. in 17/18, 386 Ser. in 18/19) Timeliness for assessment - 98%	% of Ser. 12th to Aug 19, 12th to Sep 19	In Housing director's report																																																																																																																																																																																																								
		% patients with a positive screening for sepsis in both systems and emergency A&E who have received at 6 elements of the sepsis six bundle within 17hrs	32	64.9%	Jan 18: 65% YTD 68%	+	18.01.19%	+	18.01.19%	+	18.01.19%	+	Continuous improvement target (June 12 months 67%, 18/19: 75%)	April-Aug 2019																																																																																																																																																																																																									
		Reduction in number of patients who had a potentially preventable Hospital Acquired Infection (HAI) up to 90 days post discharge	33		10 potentially preventable, 0 to be reviewed	+	5 potentially preventable	+	5 potentially preventable	+	5 potentially preventable	+	falling 12 mth reduction in preventable HAIs post level 2 Root Cause Analysis	Apr-Mar 19																																																																																																																																																																																																									
		% of infection cases completed and appropriate action taken within 28 days of admission	34	94%	95%	+	95%	+	95%	+	95%	+	Green: 95%, Annual 95%	Jul 19																																																																																																																																																																																																									
		Patient assessment: Credit 4 clearing across for high risk areas	35	Very high risk: 86.1% High risk: 87.4% Significant risk: 96.7%	Very high risk: 95.2% High risk: 96.7% Significant risk: 96.5%	+	Very high risk: 88% High risk: 87% Significant risk: 97%	+	Very high risk: 88% High risk: 86% Significant risk: 96%	+	Very high risk: 88% High risk: 86% Significant risk: 96%	+	Green: High risk: 96% Significant risk: 96%	Monthly, suspended for August 19																																																																																																																																																																																																									
		% compliance with Hand Hygiene (WHO 5 moments)	36	94%	94%	+	95%	+	95%	+	95%	+	Green: 100%, Annual 100%	Monthly, suspended for August 19																																																																																																																																																																																																									
		Reduction in C. Difficile and Clostridium difficile Infection (CDI) in nursing homes & acute hospitals	37	137 C Difficile cases, 10 & 8 acute cases	137 C Difficile cases, 10 & 8 acute cases	+	137 C Difficile cases, 10 & 8 acute cases	+	137 C Difficile cases, 10 & 8 acute cases	+	137 C Difficile cases, 10 & 8 acute cases	+	RCG target: the 18/18 100% 100% 100% 100% 100% 100%	Apr 19 to August 19																																																																																																																																																																																																									
		Reduction in the number of healthcare acquired pressure ulcers	38	HAI = 0.77 (N=12) 100% = 100%	HAI = 0.77 (N=12) 100% = 100%	+	Data quality issue identified	+	Data quality issue identified	+	Data quality issue identified	+	10% reduction on previous year (2018/19 Aug = 34.4, target = 30.5) (see 2019/20 F&Q)	Jul 19																																																																																																																																																																																																									
		Financial sustainability	Improve financial performance	Financial balance: remain within revenue recovery limits	39	C&V FY19 deficit at 601	C&V FY19 deficit at 601	+	C&V FY19 deficit at 601	+	C&V FY19 deficit at 601	+	C&V FY19 deficit at 601	+	2019/20 Budget Zero	Mar 2019/20																																																																																																																																																																																																							
Reduction in underlying deficit	40					+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month 12	+	£18.2m assessed underlying deficit position at month

ASSESSMENT

1) MORTALITY

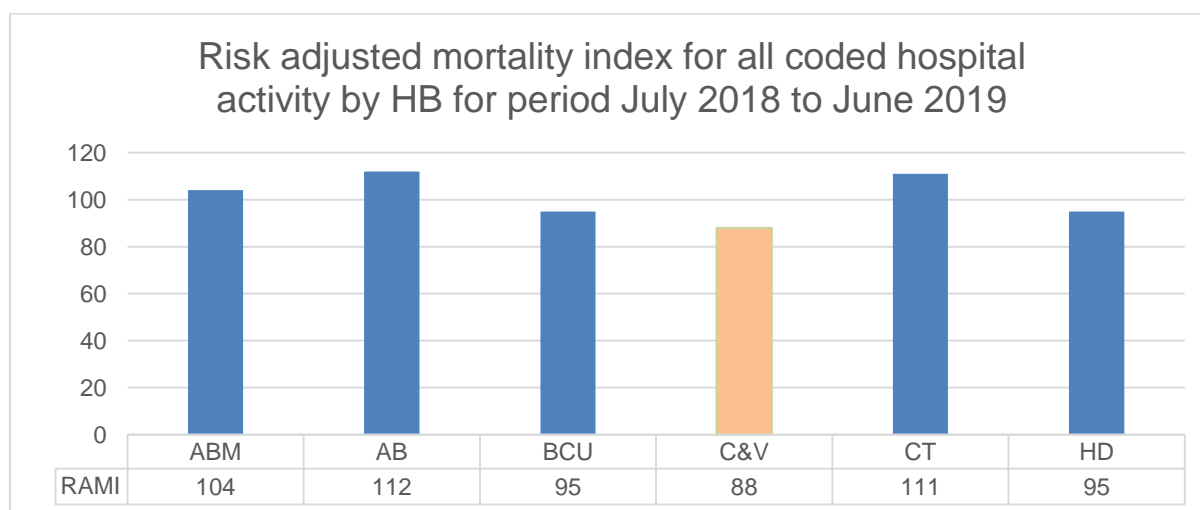
How are we doing?

The UHB's crude mortality rate for non-elective admissions across all of the UHB's hospitals has continued to reduce. Since April 2019 the rate has fluctuated between 2.4% to 2.6%, below previous levels.



How do we compare with our peers?

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



Risks

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

What are we doing?

The UHB continues to deliver on all recommendations made by Professor Stephen Palmer in his report on managing mortality in NHS Wales in July 2014. National case mix dependent audits are undertaken and lessons learnt.

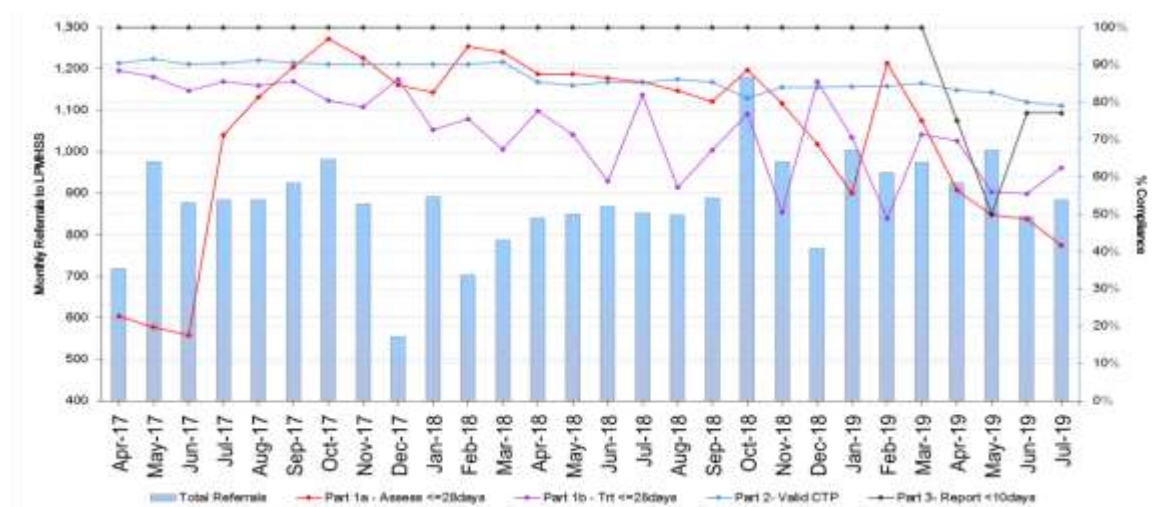
The UHB will continue to ensure that value based healthcare retains a balanced approach, seeking to improving outcomes and experience, whilst making more effective use of resources.

2. MENTAL HEALTH

How are we doing?

The UHB continues to experience rising demand for primary mental health services. 3,656 referrals were received by our primary mental health services in the period April to July 2019, an increase of 7% on the same period of 2018/19.

Part 1 of the measure requires service users of primary mental health services to receive an assessment within 28 days and to receive therapeutic intervention following assessment within a further 28 days. The proportion of service users receiving an assessment within 28 days was 42% in July 2019 compared to the Welsh Government's expected standard of 80%. Performance by service area was: Adult Services (49%), CAMHS (25%) and Services for Older people (36%).



In respect of part 1b, a minimum of 62% of service users received a therapeutic intervention subsequent to their assessment within 28 days. The standard expected

by the Welsh Government is 80%. Manual validation has however identified data quality issues which are resulting in the levels of performance being understated. These are anticipated to be fully resolved in September at which time a re-run of this financial year's submissions will be undertaken and reporting data re-submitted. The manual audit is currently estimating compliance to be over 90%.

Part 2 of the measures sets out an expectation that mental health service users should have a valid Community Treatment Plan completed at the end of each month. The UHB performance for July 2019 rebounded to 79% against the Welsh Government's minimum standard of 90%.

Data quality issues have come to light relating to Part 3 compliance in MHSOP and adult services. These issues are currently being worked through and there is a delay, therefore, in this information being available to report to the Board.

Part 4 provision of an advocacy service for patients continues to be met.

How do we compare with our peers?

In June 2019 the UHB's performance deteriorated, with performance being below average against all measures.

Indicator	Target	Month	SB	AB	BCU	C&V	CTaf	Hdda	Powys	CV Rank
Part 1a. % of assessments within 28 days	80%	Jun-19	84.6%	80.9%	63.7%	48.6%	77.1%	94.3%	81.0%	7/7
Part 1b. % of Therapeutic Interventions started within 28 days of assessment	80%	Jun-19	98.5%	60.9%	72.2%	55.4%	91.4%	88.0%	59.6%	7/7
Part 2 % of residents with a valid CTP	90%	Jun-19	86.9%	85.6%	91.5%	79.8%	89.7%	91.6%	93.6%	7/7
Part 3 % of residents sent their outcome assessment report within 10 days of their assessment.	100%	Jun-19	100.0%	100.0%	100.0%	75.0%	66.7%	100.0%	100.0%	6/7

What are the main areas of risk?

The main risk to providing an accessible responsive service is the lack of resilience within the services' capacity at periods of relatively higher demand.

What actions are we taking?

In respect of Part 1 the UHB is seeking to accelerate the increased use and ability of Primary Care services as the first point of contact Mental Health provision, by right sizing the capacity of the service in order to balance assessment and intervention and manage the variation and rising levels of demand.

The deterioration in performance for Adult Services coincides with both an increase in referrals and a 3.8 whole time equivalent reduction in the service's establishment. The service is anticipating performance in the region of 55-60% for August and are anticipating part 1A performance will be around 80% for September.

The position in respect of the Child and adolescent services is contained within a separate report prepared for the board's consideration.

Further to the identification of the data quality issues, the processes and practices that Adult and MHSOP services have in place for delivering the measure are being swiftly reviewed and all parties including local authority teams are working on developing and delivering a plan going forward to address the issues.

Plans are already being implemented to support HM Prison service in the delivery and recording of the measure as they have never been included previously. It is envisaged that this may impact on parts 1-3 of the measure, although the materiality is not yet known.

For parts 2 & 3: the focus is on establishing multi-agency consensus to enable standardisation of processes across Learning Disability services, Local Authorities, the UHB and HM Prison in order to assure practice and definitions. Actions being pursued in parallel include

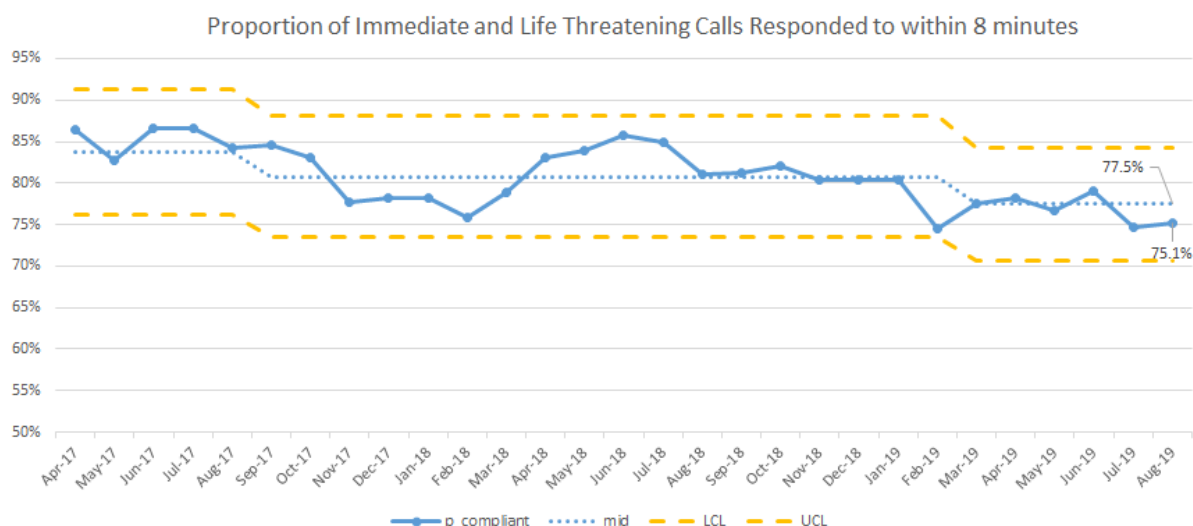
- Creating a waiting list approach to the management of patients who fall within part 3 of the Mental Health Measure, which includes the development and circulation of frequent patient management reports and training for staff
- For adult services, upgrades to the functionality of the PARIS EPR system are underway, with additional fields and revised reports and business intelligence reports to support the Community Mental Health Teams and mandating time stamp fields to improve accuracy in particular in regards to the 4 hour measure presently being developed.
- Efforts to automate data extraction from the numerous systems to provide earlier awareness of issues and reduce the time spent administering the process
- Multi-agency working and sharing to provide similar tools to those identified as being required by the clinical teams employed by the UHB to be available for MHSOP services, which are provided by the local authority.

It is envisaged that the vast majority of the data quality issues will be resolved by September.

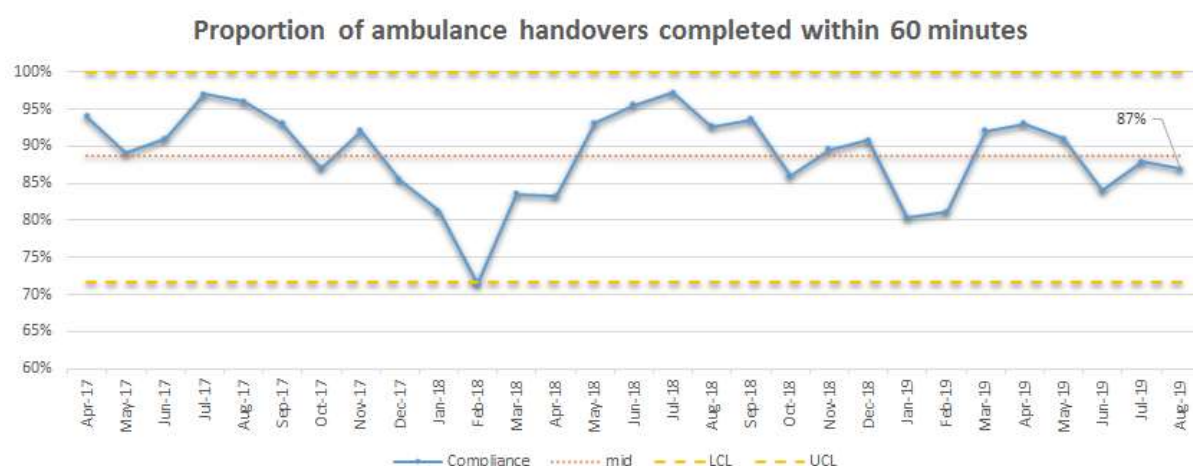
3) UNSCHEDULED CARE

WAST 8 Minutes Response

The Health Board commissions the Welsh Ambulance Service Trust to provide responsive, high quality services to patients. Whilst the proportion of patients with a potentially immediate or life threatening condition within Cardiff and the Vale to whom the Ambulance Service responded within 8 minutes has fallen in the past 6 months by 2%, performance remains above the Welsh Government target of 65%. August's performance was 75%.



In respect of ambulance handovers, performance has not changed significantly for 3 years, fluctuating around a mean of 88% of patients being handed over within 60 minutes. The WG minimum standard is 100% within 60 minutes.



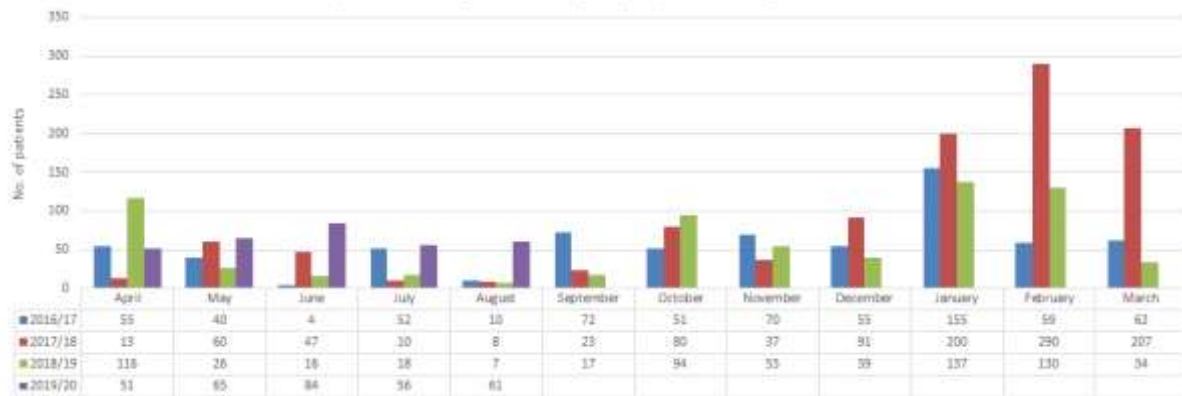
The proportion of patients admitted, discharged or transferred within 4 hours was 84% in August, in line with the mean performance. Whilst this was a reduction on the performance for the same period last year our performance overall remains strong compared with other Health Boards in Wales. The WG standard is 95%.

The number of patients waiting in excess of 12 hours was 61 in the month of August, and 117 for the quarter. The WG's expected standard is that no patient should wait in excess of 12 hours. 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.

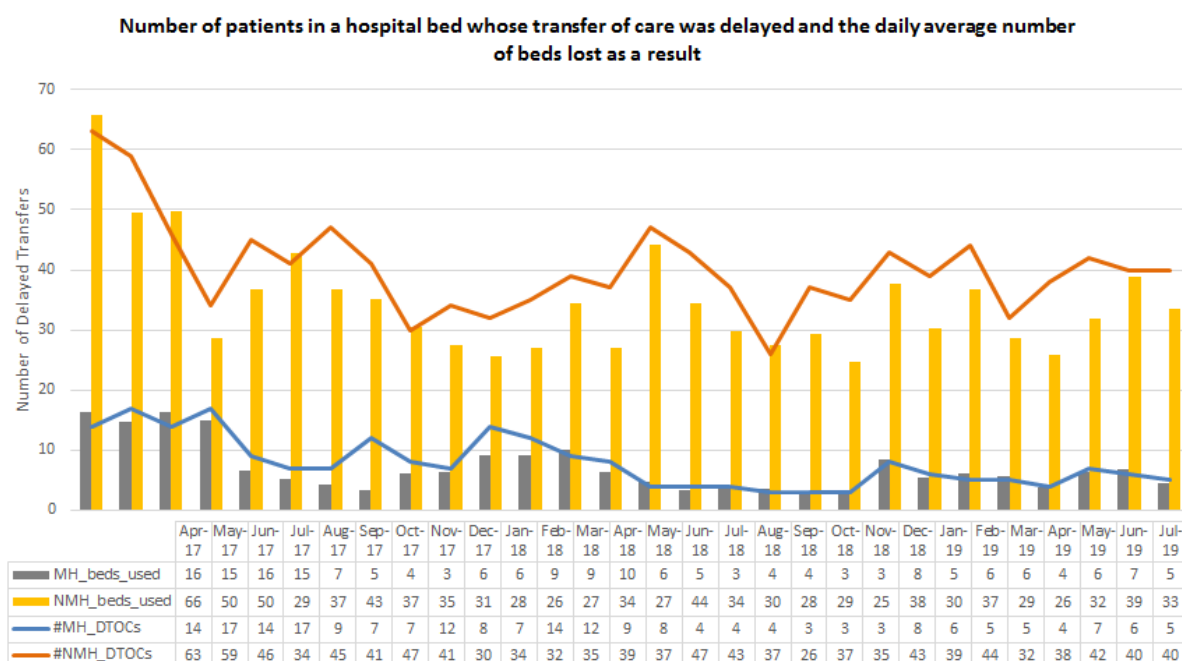
Proportion of patients seen within 4 hours in the Emergency Department UHW & Barry Minor Injuries



Number of patients waiting in the Emergency Department for greater than 12 hours



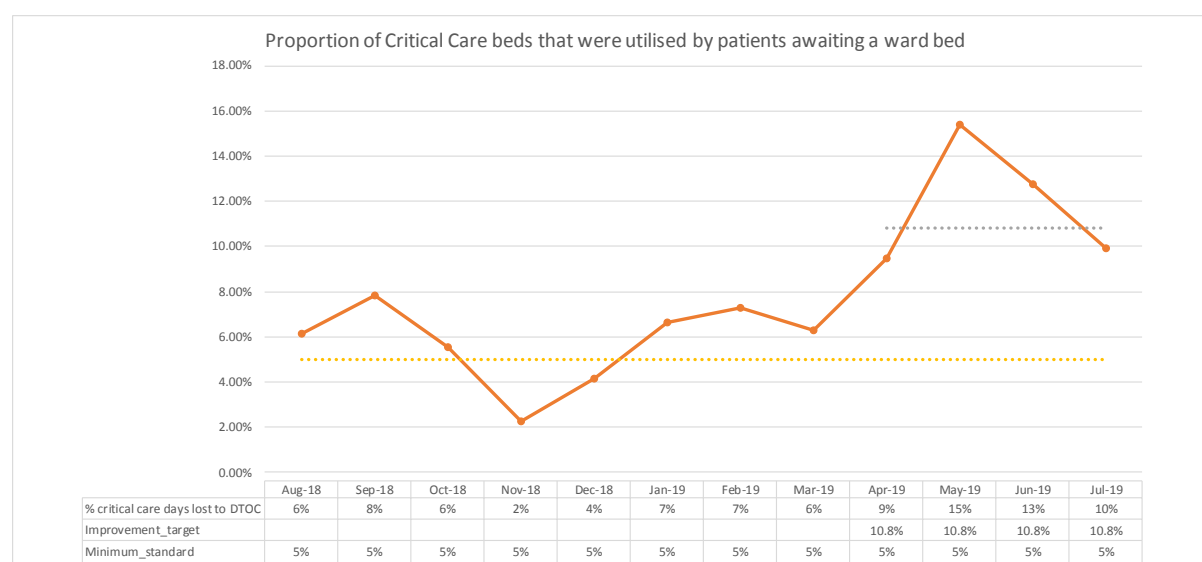
Delayed Transfers Of Care: The total number of patients whose care was delayed was 38 in August 2019, 7 lower than July (45) and 3 lower than the same period in 2018 (41).



Critical Care Delayed Transfers of Care

The proportion of adult critical care bed days which were lost to delayed transfers of care is a new improvement target included within the delivery framework for 2019/20. The WG expectation is for the UHB to deliver a quarter by quarter improvement on the 10.8% rate observed between Januarys to March of 2019.

In the 3 months from May to July 2019, the proportion of beds used, that were occupied by patients transfer out of the unit was 12.6%.



How do we compare with our peers?

The latest performance data available indicates that UHB ranked first in comparison to its peers for the recorded unscheduled care access measures in June and July 2019.

	Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
% Red calls WAST respond to within 8 mins	65.0%	70.5%	68.0%	74.6%	66.4%	63.9%	70.9%	1/6	Jul-19
Patients waiting > 1hr for a handover	0	915	811	244	255	251	594	1/6	Jul-19
% of patients waiting less than 4 hrs in EU	95.0%	76.5%	71.8%	82.2%	77.2%	84.1%	75.4%	1/6	Jun-19
No. patients waiting > 12 hrs in EU	0	555	1403	82	912	777	616	1/6	Jun-19

What are the main areas of risk?

Demand continues to rise with the volume of patients attending our Emergency Departments up 3% year-to-date, representing on average an additional 400 patients presenting per month.

What actions are we taking?

We continue to work with our partners across health, social care and the voluntary sector focusing on:

- Right place, right time - Improved access to Urgent and Emergency care
- Every Day Counts – Timely decision making and access to diagnostics and therapies
- Get Me Home - Alternative services in the community to reduce long hospital stays.

Programmes of work include the rollout of 'Red to Green' on wards; continuing to maximise our core Community Resource Team capacity; and 'Get me home plus'. A number of pathway improvement initiatives are being taken forward as part of the Length of Stay improvement programme of work, most recently in respiratory and trauma and orthopaedics. This work is being informed and supported by an increased use of data and business intelligence.

Actions agreed as part of the improvement plan, developed by the Medicine and Surgery Clinical Boards, to address the recommendations from the Health Inspectorate Wales report on the Emergency Department and Assessment Unit, University Hospital of Wales are being progressed.

On 9 September 2019, we opened the Trauma Ambulatory Care Unit (TACU) which was established to relieve pressures in the Emergency Department.

In respect of patients whose transfer to the ward from critical care is delayed a system wide risk based approach continues to be developed. Initiatives include:

- 1) A process have been agreed with Aneurin Bevan HB to facilitate repatriations to their critical care department

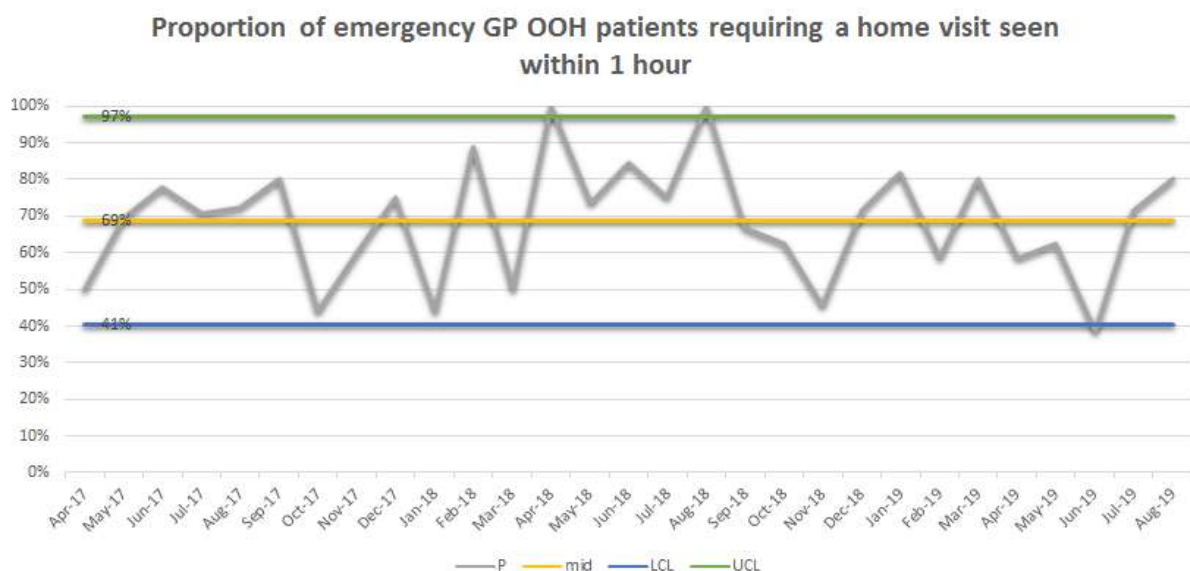
- 2) A streamlined processes for enabling nurses to accept transfers from the critical care department onto two of the acute medicine wards has been attempted, but requires further refinement.
- 3) The scheduling of work within the critical care department is being reviewed in order to facilitate the earlier identification of patients well enough to be transferred from the units.
- 4) A new Escalation policy to minimise the frequency of capacity constraints has been agreed with the focus being placed on their being an ability to admit within an hour of the need being identified.

4) GP OUT OF HOURS SERVICES (OOH)

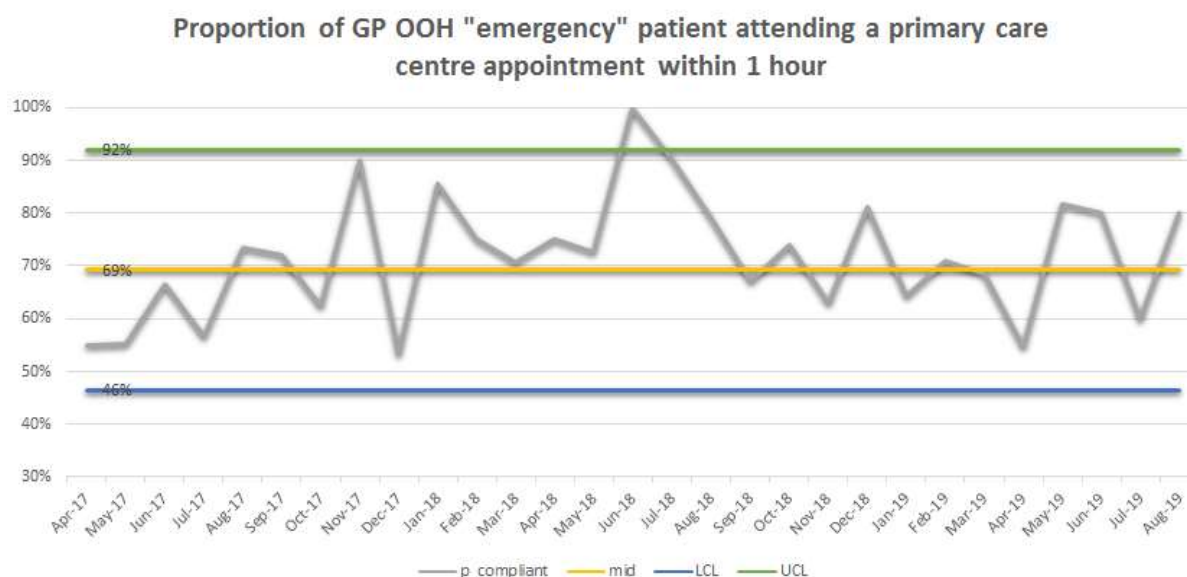
How are we doing?

The Welsh Government have introduced a new suite of indicators for 2019/20 and extended the scope of the measures to include patients accessing primary care through the 111 service. In August the UHB was compliant with 6 of the 14 measures, and within 10% of the compliance standard (marked as amber) for a further 3.

As per the chart below the proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continued to fluctuate wildly over the course of the year between limits of 41% and 97%, reflecting the large variation in demand on this service, both in terms of very small volumes and location. The discrete performance in August was 80% relative to a median performance of 69% and the Welsh Government’s delivery standard of 75%.



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” also remains stationary at a median of 69%, with discrete performance for August at 80%.



How do we compare with our peers?

The latest performance data available indicates that UHB's performance is in line with that of Cwm Taf Morgannwg for PCIC consultant 1 hr performance and Aneurin Bevan for home visits within 1 hour.

		Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
Proportion of GP OOH patients triaged as emergency receiving:	a home visit with 1 hour	90%	98%	94%	96%	93%	No Data	No Data	2/6	Jun-19
	a primary care centre consult within 1 hour	90%	22%	29%	80%	76%	No Data	No Data	1/6	Jun-19

What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 60 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?

The workforce plan is in the final stages, with a number of the new extended roles have been piloted and implemented on a smaller scale. It is promising to note that shift fill rates are increasing, predominantly due to the workforce skill mix changing, and the further introduction of Clinical Practitioners and Minor Illness clinicians.

A plan for Winter has been developed aligned to the workforce and service plan and the service's demand and capacity modelling. Bids for Welsh Government badged funding having been submitted to try new roles this year. A presentation of the workforce plan

is being presented to QUEST in two weeks.

5) PRIMARY CARE

How are we doing?

The UHB is presently engaged with Welsh Government and other Health Boards in Wales to develop a standard approach to reporting risk in relation to General Medical Services (GMS). The UHB's present status in respect of three of the key metrics that are expected to be adopted, are reported on below:

- a) **Sustainability applications:** 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.
- b) **Contract terminations:** There have been no contract terminations
- c) **Directly managed GP services:** The UHB presently has no directly managed primary medical care services
- d) **Other contract variations:** There are presently no closed lists.

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 indicators 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?

Further to initiatives previously described, developments over the past 2 months, include:

- Supporting GP practices to interpret GMS contract changes
- Providing GP practices with the opportunity to undertake training in Quality Improvement methodology in line with GMS contract changes and introduction of QAIF (Quality Assurance & Improvement Framework)

6) STROKE

How are we doing?

The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

Our SSNAP score is back to a Level B in the latest published data. This is an improvement from Level C previously.

Performance against the four measures of Welsh Government focus remains variable and our challenge remains to achieve target and consistency in delivery, particularly for the 4 hours direct admission.

WG benchmarking standard		IMTP trajectory	UHB in August-19
4 Hour QIM	60%	48%	56.6%
12 Hour QIM	94%	95.8%	92.5%
24 Hour QIM	83%	75.7%	79.2%
45 Minute QIM	90%	27.6%	11.1%

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

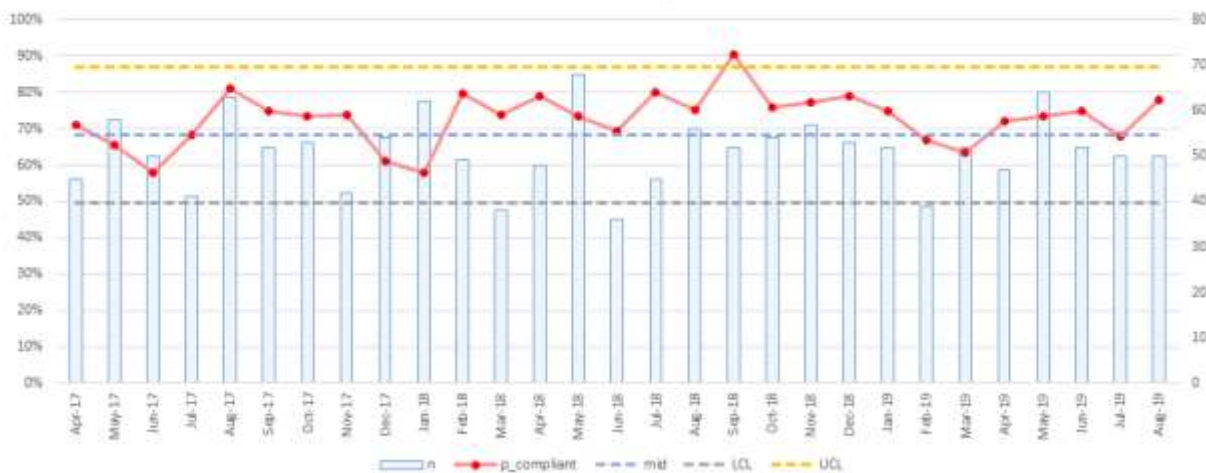
Stroke bundle 1 compliance

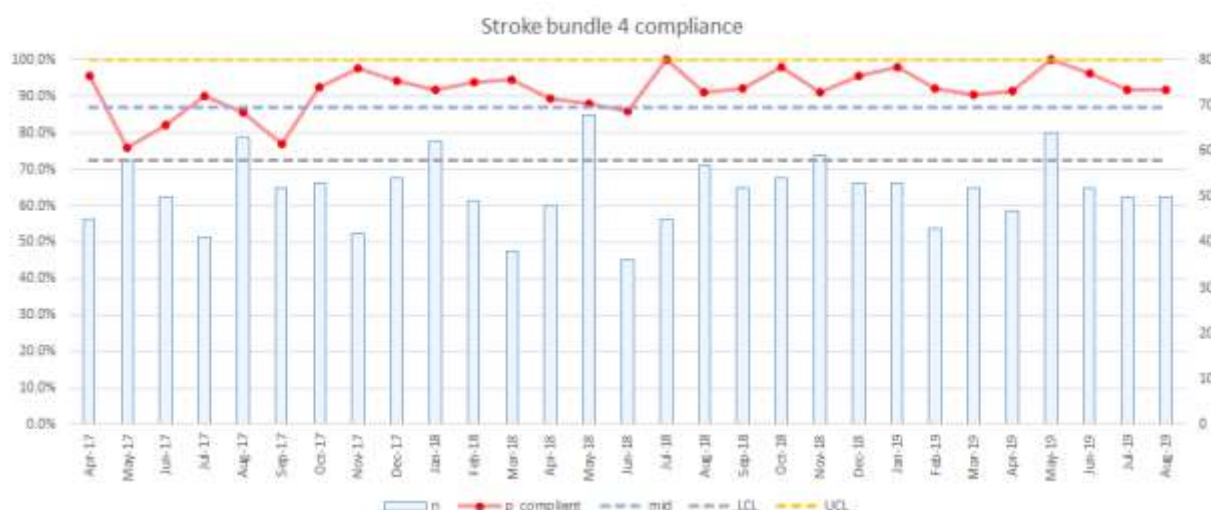


Stroke bundle 2 compliance



Stroke bundle 3 compliance





How do we compare with our peers?

The latest available benchmarking data across Wales indicates that a number of Health Boards are facing challenges in meeting the indicated stroke targets.

Indicator	Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
Direct admission to Acute Stroke Ward within 4 hours	55.5%	45.2%	68.7%	52.0%	37.2%	61.7%	56.8%	4/6	Jun-19
Assessed by Stroke Consultant within 24 hours	84.0%	93.5%	82.0%	80.8%	69.2%	88.9%	100.0%	5/6	Jun-19

What are the main areas of risk?

- Maintaining thrombolysis procedural and educational standards for all staff to keep rates high and door to needle times minimised.
- Consultant assessment as early as possible in the stroke pathway – guiding correct admission to A6 South and to offer specialist senior assessment as early as possible in a patient's admission
- Direct admission of stroke patients within 4 hours of arrival – challenges in maintaining bed capacity on A6, urgently identifying correct patients for admission to the stroke pathway and minimising use of stroke beds for outliers

What actions are we taking?

Through our Stroke Operational Group, two actions have been agreed to support further improvement in performance.

- The first is ring-fencing of 4 x Stroke beds on our acute stroke ward in UHW. The plan is to trial this for a four week period commencing in September.
- The second change is related to the medical model – and an increase specifically in consultant cover at the front door as part of the Code Stroke team and on our acute stroke ward to improve timeliness of senior decision making. This is being introduced

in a phased approach through September to November.

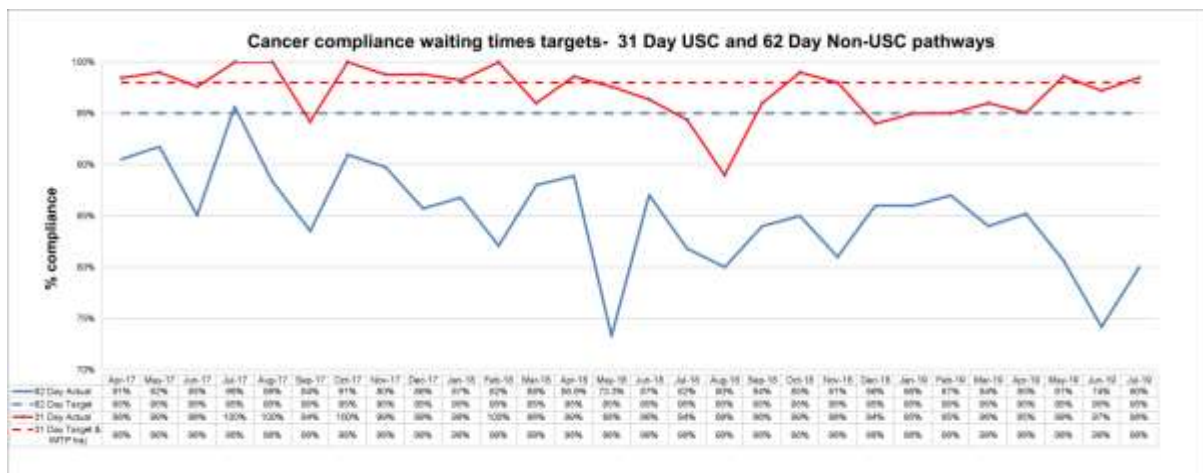
7) CANCER

How are we doing?

During July 2019 80% of cancer patients who were referred by their GP as urgent with suspected cancer, commenced treatment within 62 days of their referral, against a minimum expected standard of 95%.

99% of patients who were not on an “urgent suspected cancer” pathway commenced treatment within 31 days of the requirement for treatment being agreed with them. The UHB met the minimum expected standard of 98%.

Monthly performance against the 31 and 62 day standards is shown below:



What are the main areas of risk?

Whilst the USC 62 day performance is showing an improvement in July, the UHB remains committed to delivering its IMTP commitment, by year end. A recovery plan is focused on 5 tumour sites but the two areas of largest breach volume are GI and urology.

What actions are we taking?

The UHB improvement plan is focused on balancing demand and capacity sustainably and further strengthening tracking and expedite arrangements. We continue to do the right thing and treat the backlog of patients waiting > 62 days but this is having a detrimental impact on our performance in the short term.

There was some improvement in our performance in July (80%) in comparison to June (74%) and our current forecast position indicates we will see further improvement in the August reported position. The key measure for us in this approach is whether the backlog > 62 days is reducing – and we have seen a significant improvement.

Single cancer Pathway: The UHB continues with implementation of its SCP project plan. Of note, we have received funding for this year and next (£400K per annum) from Welsh Government to support implementation. The Health Board has prioritised this to help reduce the demand and capacity diagnostic gap (radiology and endoscopy) and in supporting development of an IT and Business Intelligence System that supports the SCP and national data requirements.

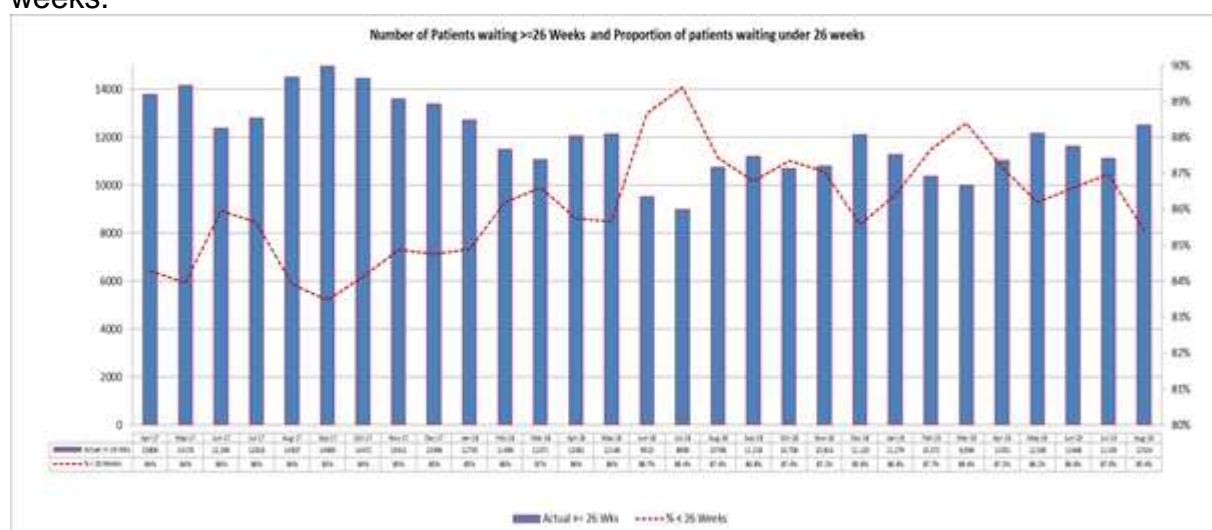
No percentage compliance target has been set yet but the expectation is for continuous improvement in 2019/20. Our shadow reporting arrangements are now in place and this shows a reported position of 72% with adjustments in July.

8) ELECTIVE ACCESS

How are we doing?

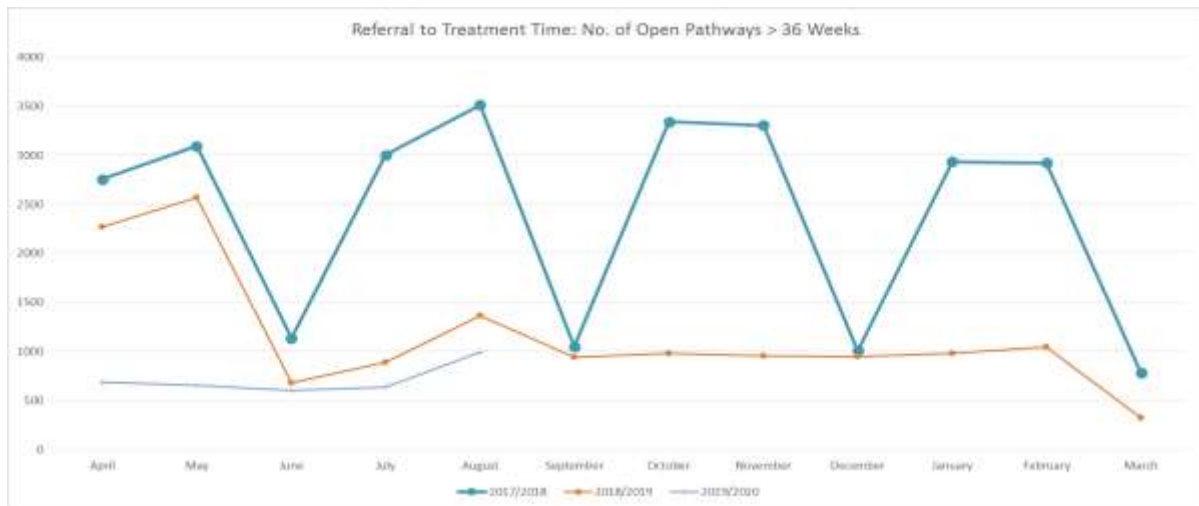
The Welsh Government has set a target that 95% of most patients referred for consultant-led elective care should be treated within 26 weeks from date of receipt of referral, with the remaining 5% seen within 36 weeks.

At the end of August 2019, 85.4% of patients in the UHB were waiting under 26 weeks.

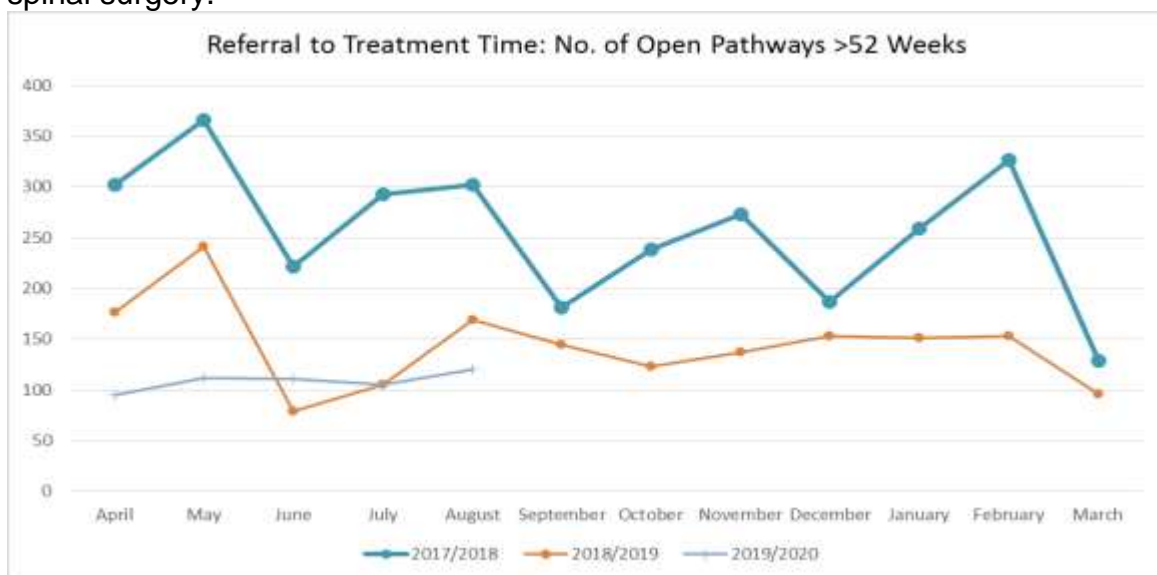


The number of patients waiting in excess of 36 weeks elective care was 996 for August 2019. This is 346 higher than the IMTP trajectory submitted to WG. The current position has been driven by a UK wide issue related to pensionable tax changes – resulting in a reduction in consultant availability to undertake additional work.

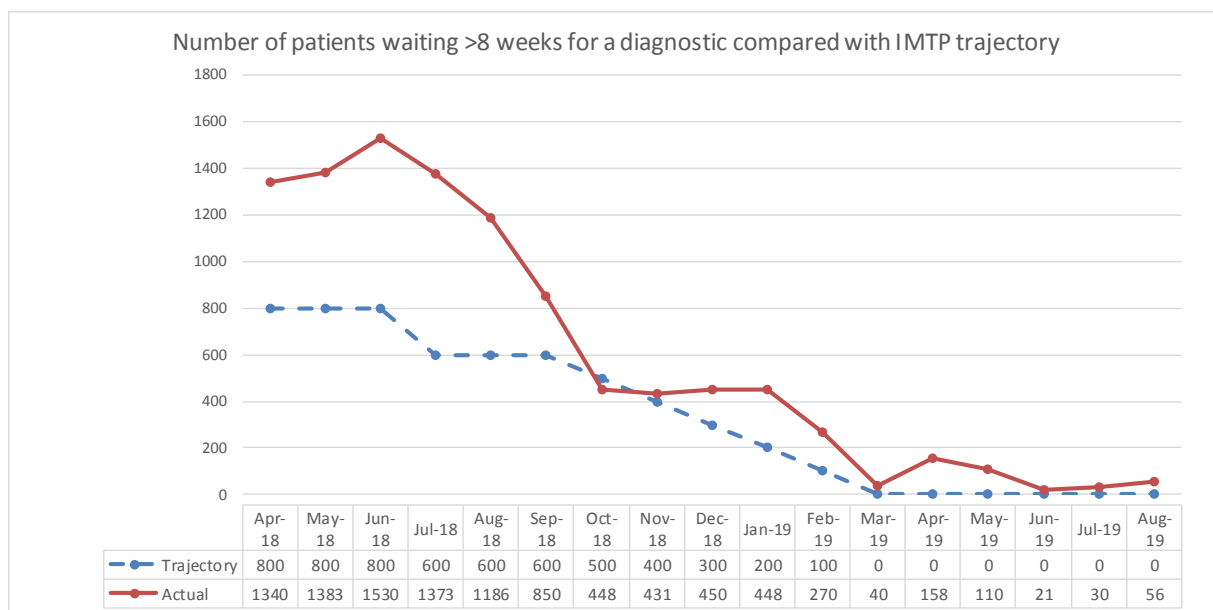
While the August position represents an increase since the start of the year, it is a 27% reduction on the August position last year. This is in contrast to the All Wales position which is showing an increase in the year on year over 36 week wait position.



At the end of August 2019 the UHB had 120 patients waiting >52 weeks. As the Health Board has reduced high volumes of long waits, the remaining > 36 week specialties include specialist and complex work where there is a concentration of the longest waits i.e. over 52 weeks. Almost all of these patients are within orthopaedics spinal surgery.



The Health Board saw a small increase in the number of patients waiting greater than 8 weeks for a diagnostic test from 40 in March 2019 to 56 in August 2019, against a revised target of 0. Our plan remains to clear greater than 8 week diagnostic waits.



How do we compare with our peers?

The All-Wales waiting time position at the end of June 2019 is shown below.

Indicator	Target	Month	Wales	AB	BC	C&V	CTM	Hdda	Powys	SB	C&V Rank
% of patients waiting less than 26 weeks	95%	Jun-19	87.3%	90.6%	82.1%	86.6%	87.9%	89.8%	98.9%	88.0%	6/7
Number of patients waiting >36 weeks for treatment (RTT)	0	Jun-19	13260	653	7886	604	1676	122	0	2319	3/7
Number of patients waiting > 14 weeks for therapies	0	Jun-19	271	0	0	0	3	262	6	0	=1/7
Number of patients waiting >8 weeks for diagnostics	0	Jun-19	3337	35	2737	21	125	115	9	295	2/7

What are the main areas of risk?

When the treatment of patients is delayed, there is a potential for harm.

The corporate organisational risk is that of failing to achieve the IMTP targets set by WG.

What actions are we taking?

We manage the risk relating to long waiting patients specifically by our adoption of the good practice recommended by the Delivery Unit in their all Wales review in 2017, their report to Cardiff UHB in November 2018 and CHC reports also, which recommended a series of actions the UHB needed to take to improve its management of this issue. Clinical Boards are requested to adhere to the good practice guidelines and this is monitored by the UHB centrally.

Implementation of speciality specific delivery plans remains the key action in delivery of RTT and diagnostics. An assessment is underway of the impact of the pension

taxation issue.

This Health Board (as are many other UK wide NHS organisations) is being impacted by staff not willing to undertake additional sessions due to NHS pension taxation charges related to exceeding the 'annual allowance' for pension growth. This is a UK wide issue but become more acute for us in August. We are working with the Clinical Boards on actions we can implement to mitigate the risk whilst we await the outcome of the national consultation.

In specific areas such as Spinal Surgery where we have a particular demand and capacity challenge, we are in the process of appointing additional Consultant surgeons. Interviews for 2 Spinal Surgeon appointments are being held on 17 September 2019.

There are national programmes of work under the Planned Care Programme Board focussing on identifying best practice and supporting sustainable approaches to the management of elective care. The UHB partakes in these forums and works with other Health Boards in a series of sub groups reporting to the Planned Care Programme Board.

There are also two key programmes of work under the umbrella of UHB's Transformation Programme related to sustainable planned care services - productivity and efficiency and model outpatients.

9) EYE CARE MEASURES

Poor eye health is a common and growing issue. Currently nearly 100,000 people in Wales are living with sight loss. By 2020, this is predicted to increase by 22 per cent and double by 2050. Over 50% of sight loss can be prevented through early identification and intervention. Concerns were raised by clinicians and the third sector, in 2017, with the Cabinet Secretary about patients who are placed on waiting lists, especially those listed as follow-up, which are not subject to any national performance measure or outcome measures.

Therefore, the Cabinet Secretary commissioned the establishment of an outcome focussed measures task and finish group chaired by Dr Graham Shortland (previous Medical Director, Cardiff and Vale University Health Board). The outcome of the group is to introduce a measure devised to account for both new and existing patients, based on clinical need and risk of harm. It is compliant with relevant guidance, including NICE, Royal College of Ophthalmologists guidance, College of Optometrists guidance and the standards defined by ICHOM.

There are three categories of risk called Health Risk Factors which are:

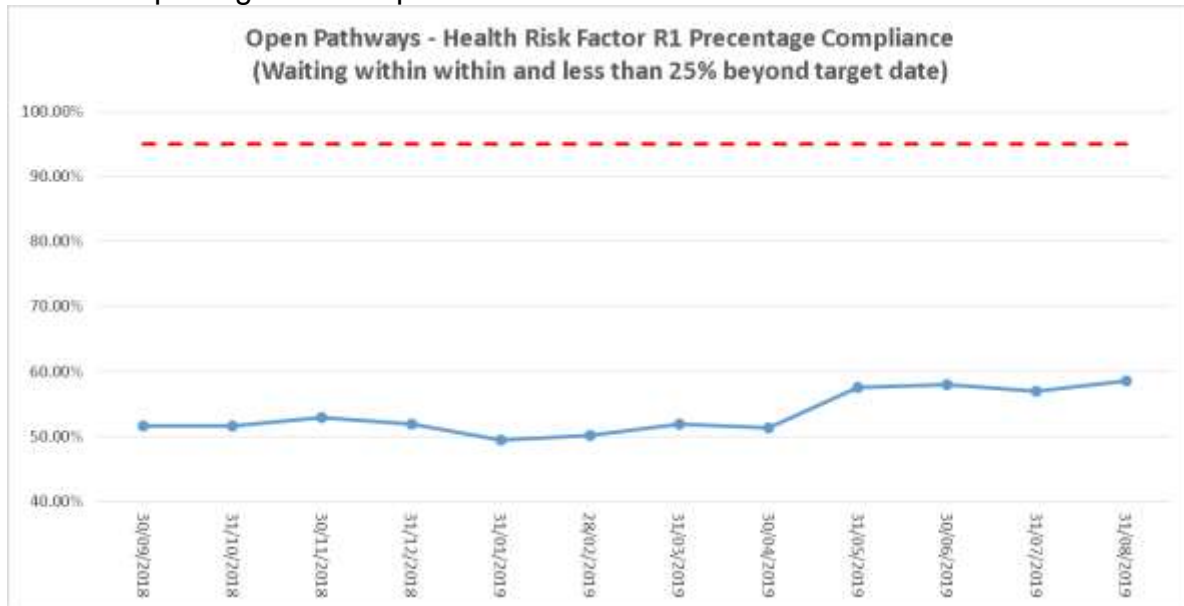
- R1: Risk of irreversible harm or significant patient adverse outcome if patient target date is missed
- R2: Risk of reversible harm or adverse outcome if patient target date is missed
- R3: No risk of significant harm

The new performance measure is based on R1 Health Risk Factor:

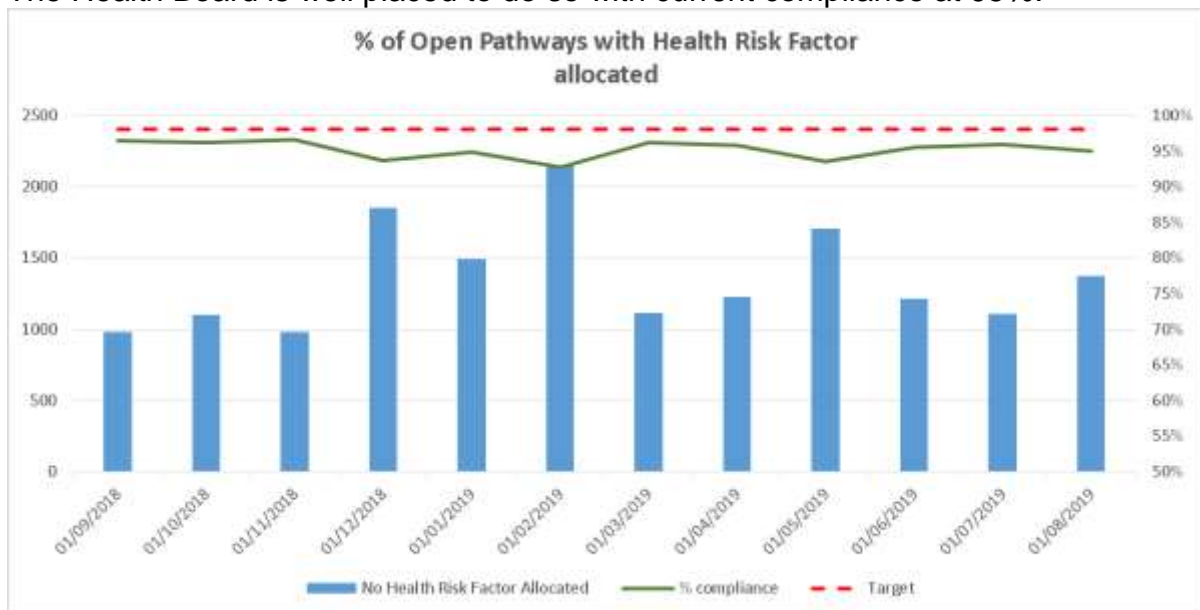
- 95% of priority 1 patients are to be seen by their target date or within 25% in excess of their target date for care/treatment

How are we doing?

At the end of June 2019 the UHB performance against the measure was 58.6%, a 7% improvement on the 51% observed in April 2019 when the measure moved from shadow reporting to official publication.



In addition to the main measure all health boards to have allocated a clinical risk factor to 98% of patients on the eye care outpatient waiting list by December 2019. The Health Board is well placed to do so with current compliance at 95%.



The graph above demonstrates the percentage health risk factor allocated and the number of pathways where a Health Risk Factor has yet to be allocated which currently stands at 1214. On average the UHB receives 250 referrals per week

which add to the non-vetted / prioritised backlog and currently there is no mechanism to allocate a HRF for patients who attend the Eye Emergency Clinic who require a follow-up appointment.

What are the main areas of risk?

- The main reasons for not meeting the measure relate to a demand and capacity gap.
- There are data quality issues affecting reported compliance of the R1 measure.
- Delay in rolling out of the COMII into all clinical areas within Ophthalmology.
- The backlog of non-vetted and prioritised pathways

What actions are we taking?

- Increase of capacity in line with the funding provided by Welsh Government for the Eye Care measures. The Health Board is currently in the process of evaluating tenders and awarding a contract. It is anticipated that this will go-live in August-September 2019.
- Agreed process by which the backlog of patients within the follow cycle is continuously reviewed and reduced, with full support from the Clinical Director.
- New vetting slip will be implemented with effect from week commencing 8th July which will ensure HRFs are allocated in an improved timely manner.
- Roll out of COMII into all clinical areas by end of September 2019.
- Review of the data quality issues identified, document them and take the necessary action to prevent them happening in the future. Focus on the longest waiting R1 pathways and take the necessary actions.
- Review the target date allocation focusing on the booking processes and management of the target date.

10) OUTPATIENT FOLLOW UPS

How are we doing?

Historically, Cardiff & Vale has reported the highest historical Follow-Up volumes across NHS Wales and our single biggest challenge has been the recording and accuracy of follow-up data, largely driven by information and data systems issues.

Over recent years the UHB has made the largest improvement in its position across Wales largely through system led validation working closely with clinicians to determine a set of rules and guidelines which have greatly improved the accuracy of data. However we still have more to do to improve both in our systems and in our ways of working as too many of our specialties remain working using traditional models of outpatient follow ups which are increasingly outdated.

Welsh Government announced in June 2019 a number of targets for follow-up outpatients for 2019/20, described below. The baseline for improvement is March 2019.

- 1) Health boards to have allocated a clinical review date to 95% of patients on a follow up waiting list by December 2019. As at March 2019, there were 39,154 patients recorded on the system without a target date.
- 2) Health Boards to achieve a 15% reduction in the number of patients waiting for a follow-up outpatient appointment by March 2020. At the end of March there were 234,871 open pathways, making the target 199,640.
- 3) Health Boards to achieve a 15% reduction in the number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% by March 2020. At the end of March there were 78,516 pathways reported as being delayed by >100%, making the target 66,739.

As at the 31st July 2019, there were:

- 39,898 had no target date identified – similar levels to March 2019
- 235,331 open pathways where the patient may be requiring a follow up appointment, a 1% reduction on March 2019
- 78,931 patients recorded as delayed over 100% - similar volumes to March 2019

How do we compare with peers?

Data reported on a national basis only relates to a limited number of specialties being monitored as part of the Planned Care programme. From our latest reported position, this table shows the scale of the performance improvement required by each Health Board in terms of total volumes and delays over 100%.

Target is 15% reduction from March 2019 position

	Target	AB	BC	C&V	HD	Powys	CTM	SB	C&V Rank	Month
No. waiting for a follow-up appointment	Target	130839	172330	199640	29175	7298				
	Actual	153232	204968	233642	40627	8277	105798	137057		Jun-19
	% reduction to achieve target	17%	19%	17%	39%	13%			2/5	
No. waiting for a follow-up appointment delayed by over 100%	Target	7372	45404	66739	19036	379				
	Actual	9040	53733	78195	27793	427	18359	26545		Jun-19
	% reduction to achieve target	23%	18%	17%	46%	13%			2/5	

What actions are we taking?

The UHB still has a number of data quality issues to address and is using a number of analytical approaches alongside improved functionality within digital applications in an effort to overcome these.

Our work is focused on improving patient access, experience and outcomes through transforming the way outpatient consultations are delivered, establishing a pathways approach, rethinking the location (closer to home) and enhancing the role of patients. This work is underpinned by creating a digitally enabled organising and workforce and changing and modernising professional roles.

We have recently received approval from WG to support additional system led validation and have established a senior group to coordinate delivery against the 2019/20 targets and to focus on accelerating service transformation initiatives.

Examples include:

- using mobile devices and Patient Reported Outcome forms to provide 'virtual' support and more evidenced based decisions for requiring physical consultations.
- Reviewing the current Patient Knows Best (PKB) pilots with a view to extending its application across other departments and functions
- greater use of see on symptom type approaches, empowering patients to instigate the requirement for an appointment
- extending the scope and use of primary and community care professionals to take on the ongoing review of patients who may previously have been asked to return to a hospital appointment such as optometrists.
- Rollout of Healthpathways, an internet based repository of clinical pathways and guidance developed collaboratively by primary and secondary care. There are 45 pathways live with more in development.

11) FINANCE

How are we doing?

The UHB's 2019/20 operational plan includes a balanced financial plan.

This is dependent upon managing the following key challenges:

- delivering a £26.345m savings target;
- the management of operational cost pressures and financial risks within delegated budgets.

The UHB has a full savings programme in place and the delivery of this is key to the success of the plan. The UHB is reporting an overspend of £2.817m against this plan for the 5 months to the end of August 2019.

Background

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received by Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of this plan.

Reported month 5 position

At month 5, the UHB is reporting an overspend of £2.817m against the plan.

The UHB plans to recover this year to date deficit and deliver a break even position by the year end. This will take concerted effort and will require the delivery of remedial actions that are being worked through. The position is expected to show sustained improvements in the second half of the year towards a break even position.

Income and Expenditure Analysis

Summary Financial Position for the period ended 31st August 2019

Income/Pay/Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Income	(119.849)	(119.837)	0.012	(596.005)	(598.801)	0.021
Pay	53.122	52.692	(0.430)	267.073	265.916	(1.157)
Non Pay	66.726	67.551	0.825	328.932	332.885	3.953
Variance to Plan £m	0.000	0.406	0.406	0.000	0.000	2.817

Progress against savings targets

The UHBs £31.245m savings target has been reduced by £4.9m to reflect the release of £2.1m relating to the UHBs remaining investment reserve and a further £2.8m to reflect an operational underspend on WEQAS. The target is now £26.345m. At month 5 the UHB had fully identified schemes to deliver against the £26.345m savings target.

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	26.345	26.345	0.000

Underlying deficit position

The underlying deficit position brought forward into 2018/19 was £36.3m. Successful delivery of the 2019/20 plan will reduce this to £4m by the year end.

Creditor payment compliance

Non-NHS Creditor payment compliance was 96.4% for the 5 months to the end of June, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

The UHB had an approved annual capital resource limit of £40.030m at the end of August. Capital expenditure for the first 5 months of the year was £12.403m against a plan of £13.618m.

Cash

The UHB has a forecast year end cash surplus of £0.677m. The UHB cash balance at the end of August was £4.301m.

What are our key areas of risk?

The key challenge for the UHB is now managing operational service pressures within delegated budgets.

What actions are we taking to improve?

Managing operational pressures – Clinical Boards have been tasked with the delivery of balanced budget plans including the identification of recovery measures. In addition the UHB will need to carefully manage its corporate risks and opportunities. This work is ongoing and will continue until the UHB has assurances on the delivery of the financial plan.

ASSURANCE is provided by:

- The UHB's level of compliance with the national delivery and outcomes framework and ability to delivery our Integrated Medium Term Plan for 2019-22, noting there are a number of new measures and standards introduced.

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		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>								



Report Title:	Board Assurance Framework September 2019						
Meeting:	UHB Board				Meeting Date:	26.09.19	
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. It highlighted the principle risks to the achievement of strategic objectives at Cardiff and Vale University Health Board.

The BAF provides a structure and process that enables the organisation to focus on those risks that might compromise the organisation achieving its most important objectives. It maps out the key controls to managing or mitigating those risks and confirms the assurances on 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 was 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 2018 the six risks detailed below were agreed as the main risks to the achievement of Cardiff and Vale UHB's Objectives.

These risks were also confirmed to still be the main risk facing the organisation during 2019/20 at the Board Meeting in March 2019.

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 remains to be 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.

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 July 2019.

In November 2018 there were also a number of further actions identified by the Director of Corporate Governance which needed to be progressed to ensure that the organisation continued to develop robust risk management arrangements. Progress against these actions can be seen below:

Action	Update
Report the new BAF 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 2018 and has been referenced in the WAO Structured Assessment 18/19.
Continue to develop and then update the BAF with Executive Directors to ensure it remains a dynamic and live document	Complete and continuing
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	Complete - This is now happening and Committees of the Board are reviewing risks which are relevant to their Committee to provide further assurance to the Board.
Assess the organisation's 'Risk Appetite'	Complete - A Board development day was held in April to assess the organisation's 'Risk Appetite'. This has now been included within the Risk Management and Board Assurance Framework Strategy presented to Board on 25 th July 2019.
Develop Risk Management and Board Assurance Framework Strategy	Complete – presented to Board on 25 th July 2019
Development of Risk Management Procedure	<p>Complete – A new procedure has been developed to support the Strategy approved by the Board on 25th July.</p> <p>Continuing - The new procedure is currently being rolled out to Corporate Directorates and Clinical Boards with small training sessions being run by the Director of Corporate Governance.</p>
Ensure that the work on the Corporate and Clinical Board Risk Registers is completed within a timely manner and	Continuing - There will be a phased approach to the development of the Corporate Risk Register which will include risks rated 20 and above from Corporate Directorates and Clinical Boards. This

then reported to the Board alongside the Board Assurance Framework	phased approach will be supported by a Risk Improvement Programme to ensure the way risk is approached across the UHB is consistent. This plan will be in line with the Risk Management and Board Assurance Framework Strategy presented to Board on 25 th July 2019.
First cut of Corporate Risk Register to be presented to the Board in November 2019	Clinical Boards and Corporate Directorates will be written to requesting that they provide their top 3/5 risks to the Director of Corporate Governance using the new template and scoring using the new procedure. The Corporate Risk Register will be reported to the HSMB prior to the Board.
Move to web based risk reporting	Action due by April 2020.

ASSURANCE is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.

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
Caredig a gofalgwr*

*Respectful
Dangos parch*

*Trust and integrity
Ymddiriedaeth ac uniondeb*

*Personal responsibility
Cyfrifoldeb personol*

BOARD ASSURANCE FRAMEWORK 2019/20 – September 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	20	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	8	4	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 replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee

1. Workforce

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

Risk Date added: 12.11.2018	There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale		
Cause	Increased vacancies in substantive clinical workforce Requirements of the Nurse Staffing Act and BAPM Standards Ageing workforce Insufficient supply of Nurses at UK national level High nurse turnover in Medicine and Surgery Clinical Boards Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery) Changes to Junior Doctor Training Rotations (Deanery) Brexit		
Impact	Increase in agency and locum usage Increase in costs of using agency and locum Impact on quality of care provided to the population Rates above Welsh Government Cap (Medical staff) Low Staff moral and sickness Poor attendance at statutory and mandatory Training Potentially inadequate levels of staffing		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Project 95% Nurse Recruitment and Retention Programme Medical international recruitment strategies (including MTI) Recruitment campaign through social media with strong branding Job of the week Staff engagement with recruitment drive Programme of talent management and succession planning Values based recruitment Medical Training Initiative (MTI) 2 year placement scheme Comprehensive Retention Plan introduced from October 2018 Nurse Adaptation Programme commenced October 2018 Plan in place for recruitment of overseas nurses Social Media Campaign and Open Days		
Current Assurances	Workforce metrics reported to Strategy and Delivery Committee High conversion rates from media campaign and Open Day Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%) Nurse monitoring at Nurse Productivity Group (NPG) Medical monitoring at Medical Workforce Advisory Group (MWAG) Trajectory showing next vacancies in nursing Paediatric Surgery now fully established A & E fully established by February 2019 Extra capacity put in place to deal with winter pressure – winter ward Student streamlining produced the biggest intake in Wales due to the way C&V recruit students and engagement. End of year establishment was at 96% with some outliers in Medicine and Surgery CBs		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls			
Gap in Assurances			

Actions		Lead	By when	Update since 25.07.2019
1. Nurse adaptation programme started in October 2018 which is a 6mth education programme with four cohorts (two a year) which run consecutively.		RW	Commenced October 2018	Action Complete - Cohorts now been rolled out and producing members of nursing staff at a steady rate.
2. Nurse retention plan in place		RW	31/05/2019	Action Complete
3. Internal Nurse Transfer Scheme		RW	31/08/2019	This is due to start in September 2019
4. New social media campaign being developed for working on the bank		MD/JB	31/07/2019	Media Campaign due to be launched shortly
5. Nurse recovery plan for Medicine and Surgery as part of financial recovery plan and business case for international recruitment		SC	30/06/2019	Plan in place with 2 nd part of International Nurse Recruitment approved. This will continue until January 2020. Financial Savings still being monitored.
6. To consider how resources are used going forward in nursing		SC	31/03/2020	Resources being considered alongside bed occupancy plans
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: 20.05.2019	There is a risk that the organisation will not be able to deliver its ambition within the approved plan with Welsh Government		
Cause	Budgets overspent at month 5 by £2.817m but month 5 is still in line with the financial profile (one Clinical Boards currently in escalation) Cost Improvement Programme not yet identified in all areas Significant nursing overspend Reduction in income received		
Impact	Unable to deliver approved plan with Welsh Government Reputational Loss		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Full savings programme and financial improvement plan in place Finance Committee meets monthly and formally reports into the Board Performance Meetings held monthly with Clinical Boards Financial performance is a standing agenda item monthly on Management Executives Meeting Standing Financial Instructions in place with clear delegations of authority		
Current Assurances	Performance Meeting outcomes reported monthly to Management Executives Clinical Boards placed in escalation where not meeting budget or agreed financial forecast Finance report presented to every Finance Committee Meeting demonstrating progress and reporting variances		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	Not all Clinical Boards or Corporate have a CIP in place recurrently		

Actions		Lead	By when	Update since 25.07.2019
1. Clinical Boards in escalation to recover the position and CIP		RC	30/06/2019	Clinical Boards have produced recovery plans which have been Performance Reviewed and reported to Finance Committee. CB plans continue to be monitored and progressed
2. Investments on hold, pending identification of future savings schemes, to meet corporate affordability gap		RC	30/06/2019	Action still stands The plans are to remove the year to date deficit and deliver a break even position by year end.
Impact Score: 5	Likelihood Score: 1	Target Risk Score:		5 (moderate)

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.</p> <p>GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.</p> <p>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.</p> <p>Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.</p> <p>Practice closures and satellite practice closures reducing access for patients.</p> <p>Lack of development of a multidisciplinary response to Primary Care need.</p> <p>Significant increase in housing provision</p>		
Impact	<p>Long waiting times for patients to access a GP</p> <p>Referrals to hospital because there are no other options</p> <p>Patients turning up in ED because they cannot get the care they need in Primary or Community care.</p> <p>Poor morale of Primary and Community staff leading to poor uptake of innovative solutions</p> <p>Stand offs between Clinical Board and Primary care about what can be safely done in the community</p> <p>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</p> <p>Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.</p> <p>Development of Primary Care Support Team</p> <p>Contractual negotiations allowing GP Practices to close to new patients</p> <p>Care Pathways</p>		
Current Assurances	<p>Improved access and response to GP out of hours service</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action</p> <p>Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented.</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
Gap in Controls	<p>Actively scale up multidisciplinary teams to ensure capacity</p> <p>Achieving scale in developing joint Primary/Secondary Care patient pathways</p> <p>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 25.07.2019
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.		SC	31/03/2020	Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live. Pathways will continue to be developed until the end of the financial year
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's		SC	31/01/2019 31/03/2020	Roll out commenced and plan continue to be monitored through GMS Sustainability Implementation Board Continue roll out at scale until the end of the financial year
3. Roll out digital solutions for smart working (join up system – Vision 360 degree)		DT	31/03/2020	Vision 360 platform procured- phased roll out plan to be implemented with completion due by end of the financial year
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed		SC	31/10/2019	New Action
5. 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. As an indicator of in hour's resilience GP fill rates for PC out of hour's service have improved leading to a lower escalation status. The focus on a multi-disciplinary solution continues.
6. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs		SC	30/09/2019	These are being developed through the Public Service Board
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (high)

4. Safety and Regulatory Compliance

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

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

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

Gap in Controls	Lack of central decontamination Unit Lack of robust QSE criteria/monitoring in procurement and commissioning processes Capacity of the Patient Safety and Patient Experience team to enable more proactive approach to quality improvement and data analysis Limited Assurance Internal Audit Report on Legislative/ Regulatory Compliance Lack of robust patient identification processes			
Gap in Assurances	Robust ongoing monitoring and assurance reporting on historical areas of concern Internal audit programme needs to be more closely aligned to areas of greatest risk			
Actions		Lead	By when	Update since 25.07.2019
1. Discuss and agree a way forward in relation to central decontamination unit		RW / FJ	30/06/2019 31/12/2019	Investigation of endoscopy decontamination incident will highlight issues which need addressing. A central decontamination unit is likely to be a recommendation from the investigation. The Lead for Decontamination is currently developing a plan which was reported to the Infection, Prevention and Control Committee.
2. Review of procurement and commissioning processes to be undertaken to ensure that robust quality, safety and experience criteria and included		RW/ RC	30/06/2019 TBC	Process of investigation been undertaken on ophthalmology insourcing incident – Terms of Reference for investigation include procurement processes in relation to clinical services. The RCA is near completion and the Clinical Expert Reviews are awaited. Timeframe for completion to be confirmed.
3. Review of IRMER breaches to be undertaken to identify trends and themes		RW	31.05.2019 27/08/2019	New action added March 2019 No new IRMER breaches have occurred. IRMER breaches will form part of the Board Development session on Serious Incidents.
4. There are currently a number of quality and safety issues/reviews which are requiring focussed attention. These will be reported as and when completed through Quality, Safety and Experience Committee		RW/SW	31/12/2019	New action
Impact Score: 4	Likelihood Score:1	Target Risk Score:		4 (Moderate)

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>There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust.</p> <p>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>Potential decrease in staff engagement</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> <p>Financial resources in place but need to be careful how used</p>		
Current Assurances	<p>Transformation activity reported to monthly to Management Executives, HSMB and Board.</p> <p>Engagement of staff side through the Local partnership Forum (LPF)</p> <p>Matrix of measurement now in place which will be presented in the form of a highlight report</p>		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since 25.07.2019
1. An experiential leadership suite of programmes to be launched in 2019	MD / RG	31/05/2019 31/03/2020	Commenced - Compassionate Leadership sessions facilitated by Professor West undertaken in November for senior leaders and other staff Programme continues. Action Complete
2. 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 31/07/2019	Complete and ongoing – group established and action plan being finalised. Four main themes have been identified by the group and work will be complete by July 2019 Action Complete but won't be tested until next Staff Survey and Results are published
3. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8	MD	June 2019 31/10/2019	Commenced – planning and design of programme has started. Work on this programme and work with Canterbury continues.
4. Toyota Visit by Executive Directors	SH	31/05/2019 31/08/2019	Outputs from visit and way forward being discussed at Management Executives Follow up and action and outputs to be discussed at Management Executives date to be confirmed Action Complete
5. Amplify 2025 and	MD	16/07/2019	New Action – session booked for 16 th and 17 th July for invited staff of 80+ Action Complete
6. Showcase	MD	31/10/2019	Showcase timeframe to be confirmed but will involve 80 staff inviting 10 staff which will total 800 staff going through the programme. Work on the showcase is progressing with the Showcase likely to be completed in the New Year
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

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> <p>Medical Equipment prioritisation is managed through the Medical Equipment Group</p> <p>Additional discretionary capital £1.7m for IT and £1.6m for equipment which enabled purchasing of equipment urgently needing replacement.</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.</p> <p>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> <p>Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee</p> <p>IT risk register regularly updated and shared with NWIS.</p> <p>Health Care Standard completed annually</p> <p>Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.</p>			
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<p>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.</p> <p>Traceability of Medical Equipment</p>		
Gap in Assurances	<p>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.</p> <p>Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year</p>		
Actions	Lead	By when	Update since 25.07.2019
1. Progress implementation on the estates strategic plan	AH	30/11/2019	Forms part of IMTP. Annual report against Estates Plan to be presented to the Board in November 2019
2. Review of IT SOP to be undertaken	DT	31/03/2019 31/08/2019	Commenced – new Director in post who will be taking this forward This will be reported to the newly established Digital Intelligence Committee Action Complete – Digital Strategy presented to the Digital and Health Intelligence Committee in August
3. Traceability of Medical Equipment sits with Medical Equipment Group	FJ	31/08/2019	Clinical lead working with Welsh Government National Group to get advice on plan to be developed.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

Key:

1 -3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15 – 25	Extreme Risk

Report Title:	Primary Care Milestones					
Meeting:	Board meeting				Meeting Date:	26 September 2019
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:	Chief Operating Officer					
Report Author (Title):	Director of Ops, PCIC Clinical Board					

SITUATION

This paper provides a brief overview of the key primary care milestones and standards that are to be reported to Welsh Government. It also refers to national requirements that have been introduced in relation to the Access Standards as well as recommendations from Wales Audit Office (WAO) reports.

BACKGROUND

Health Boards are required to report progress on a quarterly basis against a number of delivery milestones (these are included at Annex 1). The Minister for Health and Social Services also announced in March a new set of national access standards and these are expected to be achieved by March 2021. There are currently no reporting requirements on access standards as these are to be developed. Funding has been made available through the GMS Contract to support delivery of the access standards. This includes support for developing the infrastructure.

There has also been a significant focus on Urgent Primary Care/Out of Hours (OOH) services. A national peer review was undertaken last year and the review with Cardiff and Vale University Health Board (UHB) was undertaken in September 2018. There will be a further follow up review on 6 November 2019.

The Public Accounts Committee undertook an inquiry into Primary Care Out of Hours Services during Spring 2019. Cardiff and Vale UHB, along with Hywel Dda University Health Board were invited to provide written and oral evidence. The Committee published its report in July 2019.

ASSESSMENT

The Health Board's current assessment of its position against the delivery milestones is indicated in the Annex. To note there is recognition by Welsh Government that the baseline position of Health Boards is variable and there has also been inconsistencies in the way data has been captured and reported. To ensure there is a more consistent approach for reporting against future milestones and also the access standards, the Data and Digital Workstream of the Strategic Programme for Primary Care has been tasked with developing a common reporting template and common data definitions.

A number of points of note are as follows:

Delivery milestones

There has been good progress in most of the areas, with significant work being undertaken in the health board in relation to falls. The majority of pharmacies have implemented Choose Pharmacy and are providing the Common Ailment Scheme. There are no reported issues regarding access to pharmacy.

Whilst there is good progress against the delivery milestones there remain areas where further work needs to be done. This includes working more closely with WAST through the Communications Hub. However, recent Transformation funding will facilitate GP triage and this will present an opportunity to work closely with partners (including WAST) to be more responsive to patient need through out of hospital pathways.

Access Standards

There is a requirement for Health Boards to establish an Access Forum and for this to report directly to an appropriate leadership group. There is also a requirement for updates to be provided at Executive and Board level on a quarterly basis. Assessment of performance against the Access Standards will routinely feature at quarterly Quality & Delivery meetings with Welsh Government. The first Access Forum meeting will take place in October.

Urgent Primary Care/OOHs

There has been a significant focus on OOHs during the last year which has involved both clinical and non-clinical teams. There has been a steady improvement in performance over the period and this is closely monitored and reviewed on a regular basis so that appropriate action can be taken. There has also been additional investment in the service to improve service delivery.

There was positive feedback from the national peer review and a number of areas were recognised as best practice which have been shared across Wales. These include the multi-disciplinary team model, demand capacity analysis, escalation protocols and the remote working protocol. The “good culture and excellent support management and leadership” within the Health Board was also noted.

The report produced by the Public Accounts Committee included a number of recommendations - which are all for Welsh Government to action. There is specific reference in recommendation 7, to the good practice within Cardiff and Vale UHB on performance management.

ASSURANCE is provided by:

- Regular monitoring of performance data at Executive Performance Reviews and other Board meetings. To note proposals for future reporting in the recommendations below.
- There has been compliance with the reporting requirements to Welsh Government and no issues have been raised by Welsh Government in relation to progress and delivery.

RECOMMENDATION

The Board is asked to:

- Note the requirements for reporting against delivery milestones and other primary care standards and measures to Welsh Government.
- Note that a paper on Urgent Primary Care/OOHs was considered by the Strategy and Delivery Committee on 3 September.
- Approve the proposal for quarterly reports to be considered by the Strategy and Delivery Committee. Reports will be provided for the Board on an annual basis, or if there are an exceptions in relation to delivery.
- Note that the Chief Operating Officer arranged for the Primary Care Team to present to the Management Executives on future priorities for primary care. This included delivery milestones and access standards and that he will also arrange for this to be presented to the Strategy and Delivery Committee (likely to be in November).

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:		Not Applicable.							



Annex 1 – Delivery Milestones

Current Milestones

Area: High referring care homes (top 20%)		
Delivery milestone	Measures to demonstrate impact	RAG Rating
1. Preventing falls – Prevention awareness programmes (IStumble or equivalent) are fully rolled out.	% reduction in conveyance to hospital for falls. <i>Data captured relates to the falls prevention service:</i> <i>Between October 2018 and the end of March 2019 over 150 participants attended falls prevention clinics across 4 locations in Cardiff.</i>	
2. Enhanced Care Home Support – <ul style="list-style-type: none"> Care plans in place to maintain the health and wellbeing of care home residents. Maximisation of the Directed Enhanced Service (DES) for care home residents. 	% reduction in WAST/ GP/ GP OOHs call and emergency admissions for identified residents. <i>25% decrease in EU attendances based on one care home - Romilly Care Home. See Delivery Milestone 5 for more information.</i>	
3. Advanced care planning – Care home residents routinely receiving assessments and care planning in lines with the 2017 directed enhanced service.	% of care home residents receiving an annual review and review following discharge from hospital as detailed in the DES. <i>For 2018/19 41/62 practices in Cardiff and Vale were commissioned to provide the Care Home DES. A review of the annual reports indicates that approximately 65% of care home residents had an ACP in place.</i>	
Area: WAST/Primary & Community Care Interface		
Delivery milestone	Measures to demonstrate impact	
4. Clinical desk/amber 2 calls - Process established for health board review of clinical desk/amber 2 calls at points of escalation. Both daytime and evening.	Impact of review process at points of escalation both daytime and evening. <i>Due to pressures on the service the Communications Hub was unable to progress this for Winter 2018/19.</i>	
5. Management of people referred by GPs/care homes to hospital by ambulance - <ul style="list-style-type: none"> Joint plans in place between WAST, Emergency Departments and primary and community care to manage Health Care Professional (HCP) referrals by ambulance to hospital. 	Increase in number and % HCP referrals managed by WAST and / or health board and not resulting in conveyance to a hospital facility. CHIST has been working with 10 Care Homes across Cardiff: <i>Summary of outcomes as end of March 2019, compared with March 2018:</i>	

<ul style="list-style-type: none"> Improved communication between GPs/care home staff and WAST and/or ED teams to enable: <ul style="list-style-type: none"> improved scheduling of journeys; Reduction in unnecessary conveyance and admission More people accessing the right service (eg diagnostics/ ambulatory emergency care) first time. 	<p><i>6 out of 10 Care Homes demonstrated % decreases in WAST Ambulance attendances</i></p>	
	<p>Increase in number and % of HCP referrals that bypass ED and go directly to relevant assessment/diagnostic area.</p> <p><i>6 out of 10 Care Homes demonstrated % decreases in attendances in ED</i> <i>6 out of 10 Care Homes demonstrated % decreases in time patient spent in ED when transported</i> <i>4 out of 10 Care Homes demonstrated % decrease in use of Out of Hours Service.</i></p>	
	<p>Reduction in number and % of HCP referrals that result in admission to a hospital bed.</p> <p><i>3 out of 10 Care Homes demonstrated % decrease in hospital admissions</i></p>	
	<p>Reduction in number and % of HCP referrals that result in patients being conveyed to ED and self discharging, or leaving with no follow up.</p> <p><i>No data available.</i></p>	

Area: Community Pharmacy

Delivery milestone	Measures to demonstrate impact	
Full implementation of the 2018-19 community pharmacy NHS flu vaccination delivery programme.	<p>% of pharmacies commissioned to deliver flu vaccination programme.</p> <p><i>89 community pharmacies across Cardiff and Vale (83%) have been commissioned to provide the flu vaccination programme.</i></p>	
	<p>Number of individuals vaccinated who report not being vaccinated in previous flu season.</p> <p><i>Number of people vaccinated this season/last season (sept to mar)</i> <i>5378 people vaccinated 2017/18</i> <i>8130 people vaccinated 2018/19 (a 51% increase on 2017/18)</i></p> <p><i>Number of people vaccinated this season (2018/19) who were not vaccinated last season</i> <i>1265 patients receiving a vaccine this year reported not being vaccinated last season – this information is collected as part of the service specification.</i></p>	

Community pharmacies open longer to meet assessed local need, enabled by optimal use of extended opening hours enhanced services.	% of pharmacies commissioned to deliver extended hours. <i>No issues regarding lack of access to pharmacy in Cardiff and Vale – as a city we are fortunate to have pharmacies open 7 days a week and until 10.30pm at night so we only commission additional opening hours on Christmas day, Easter Sunday in Cardiff and Christmas day, Boxing Day, New Years day and Easter Sunday in the Vale, as we have pharmacies open anyway on the other bank holidays.</i>	
	Total number of additional hours commissioned. <i>The 12 pharmacies with longest opening hours in Cardiff and Vale are used to deliver time sensitive services e.g. holding palliative care medicines, emergency supply service, also can provide EHC.</i>	
People able to access emergency supply of medication, enabled by optimal use of enhanced service.	% of pharmacies commissioned to deliver emergency supply of medication. <i>August 2018: 19 pharmacies commissioned March 2019: 20 pharmacies commissioned As of April 2019 19 pharmacies now provide the Emergency Medicine Service (18%, an increase from 11%).</i>	
	The number of GP or OOH attendances avoided (as reported by service users). <i>6 patients would have attended their GP when they next opened to access medication. 170 patients stated that they would have made an appointment with GP Out of Hours service.</i>	

Report Title:	CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS): EXTERNAL REVIEWS, ACTION PLAN AND REDESIGN				
Meeting:	Board Meeting			Meeting Date:	26/09/2019
Status:	For Discussion	For Assurance	For Approval	For Information	✓
Lead Executive:	Chief Operating Officer				
Report Author:	Director of Operations, Children & Women's Services Clinical Board				

SITUATION

The purpose of this paper is:

1. to appraise the Board of the recommendations of a Welsh Government Delivery Unit review of Primary Care CAMHS (PCAMHS) in Cardiff & Vale UHB (C&VUHB) and resulting action plan
2. to appraise the Board of the recommendations of an external review of Secondary Care CAMHS (SCAMHS) in C&VUHB
3. to present the Board with improvement trajectories relating to CAMHS
4. to present the Board with the broader service redesign intentions of the CAMH service which will support service improvement and sustainability

BACKGROUND

The CAMH service in C&VUHB comprises 45WTE staff providing services to citizens aged under-18 as follows:

- **Local Primary Mental Health Support Services:** mental health assessment for a child or young person, advice, training and targeted interventions in the community for children and young people with mild to moderate mental disorders.
- **Primary Mental Health Teams:** specialist CAMHS professionals who work with other agencies such as local authority children's and education services to provide initial consultation and advice, training, assessment and targeted interventions to young people and their families at risk of developing mental health problems.
- **Secondary Mental Health Services:** direct case management and treatment for young people with a moderate to severe mental health condition.

Specialist learning disability, substance misuse, CAMHS inpatients and out-of-hours on-call arrangements are provided under a service level agreement with Cwm Taf Morgannwg University Health Board.

Previous verbal and written reports at Board and Board subcommittees have described worsening performance against the tier-1 target associated with CAMHS. Like other Boards across Wales, and indeed the broader UK, C&VUHB have responded to national media coverage of growing demand for CAMH services and associated service delivery pressures. It was in this context that two external reviews delivered their findings: the Welsh Government Delivery Unit review of the C&VUHB PCAMH service was received in July 2019, followed by the report of an external review of SCAMHS in early September 2019.

The external review of SCAMHS was commissioned by the Children & Women's Clinical Board following the repatriation of the service from Cwm Taf Morgannwg UHB in early 2019.

ASSESSMENT

Purpose 1: to appraise the Board of the recommendations of a Welsh Government Delivery Unit review of PCAMHS in C&VUHB, and resulting action plan

This report was received in July 2019. In August 2019 the UHB were informed that the action plan formed in response to the review should be presented at a meeting of the Board.

The recommendations, action plan and timelines are presented at Appendix 1.

Purpose 2: to appraise the Board of the recommendations of an external review of SCAMHS in C&VUHB

The external review of SCAMHS was received in early September 2019.

Summary recommendations are presented at Appendix 2. An action plan and timelines are being developed by the team. The actions relating both the PCAMHS and SCAMHS reviews will be integrated into a single action plan going forward.

Purpose 3: to present the Board with improvement trajectories

Appendix 1 presents the timeline for improvements against specific recommendations from the PCAMHS review. The action plan being developed in response to the recommendations of the SCAMHS review will do similarly.

Children & Young People referred to CAMHS should be assessed within 28-days of referral. As referenced earlier in this paper this target has proved challenging for many Boards to deliver sustainably. Purpose 4 (below) will describe the service redesign intentions which will support this target being achieved sustainably. It is however important to appraise the Board of immediate operational actions being taken to support short/medium term improvement.

Appendix 3 presents the basic demand-&-capacity infrastructure for PCAMHS. These data demonstrate significant capacity/demand mismatches over previous months, resulting in deterioration in performance against the target. Increases in substantive staff, the procurement of locum staff and the procurement of a digital assessment solution are expected to address the capacity/demand mismatch in the short/medium term, thus allowing the headroom for medium/long-term service redesign.

Should the capacity increases presented at Appendix 3 be realised in Q3 2019/20, as expected, then improvement against the 28-day target is expected to be as presented at Appendix 4.

Purpose 4: to present the Board with the broader service redesign intentions of the CAMH service which will support service improvement and sustainability

Congruent with the objectives of 'Shaping our Future Wellbeing,' 'Together for Children & Young People,' and 'Mind over Matter,' the Community Child Health team have produced a vision for the transformation of Emotional & Mental Health Services in C&VUHB.

The team vision is presented at Appendix 5 and will develop iteratively in collaboration with multi-agency partners, children & young people and their families.

SUMMARY

- We have a received comprehensive external reviews of our PCAMH and SCAMH services
- We have a clear line of sight to improvements in infrastructure and performance
- We have a routemap to service transformation including improved integration between primary and specialist CAMHS, and between NHS services and those services delivered by our multi-agency partners
- We have a clear workplan underpinning the route to service transformation

ASSURANCE is provided by:

- Action plan monitoring by the Welsh Government Delivery Unit
- Action plan updates to the Clinical Board Quality & Safety committee
- Action plan updates to the C&VUHB Strategy & Delivery subcommittee
- Tier-1 target monitoring and performance management by Executive Team, with Chief Operating Officer as Lead Executive Director

RECOMMENDATION

The Board is asked to:

- **NOTE** the findings and recommendations of the PCAMHS and SCAMHS external reviews
- **NOTE** the action plan presented in response to the PCAMHS recommendations
- **ENDORSE** the broader service redesign intentions of the CAMH service which will support service improvement and sustainability

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	
------------	---	-----------	--	-------------	--	---------------	---	-------------	--

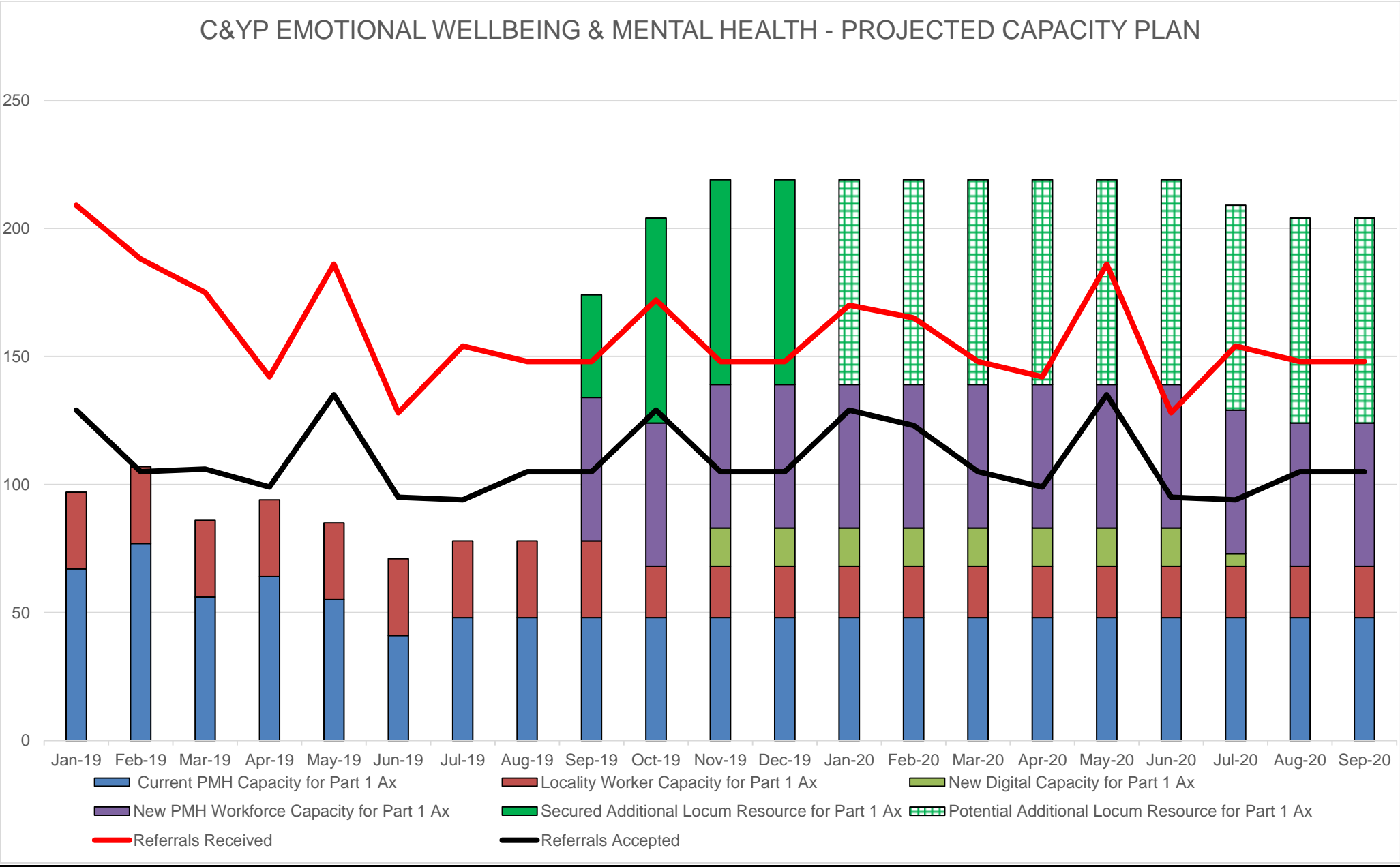
Appendix 1 - Recommendations of PCAMHS review, Actions and Timeline

	RECOMMENDATION	STATUS (2019)					PROGRESS AS AT 31st AUGUST 2019
		Aug	Sep	Oct	Nov	Dec	
DU001	C&VUHB and the City of Cardiff and Vale of Glamorgan County Councils should develop a clear set of thresholds for assessment within PCAMHS, ensuring that the service is compliant with Part 1 of the Measure and provides timely access to assessment and intervention						<ul style="list-style-type: none"> ~ Work is in progress as part of the Single Point of Access (SPoA) development. This includes developing a clear set of thresholds and communicating them ~ Each service who will form part of the SPoA is in the process of developing criteria which will form part of a simple guide for referrers which is planned for Nov-19
DU002	C&VUHB should work with representatives of General Practice in Cardiff and the Vale of Glamorgan to ensure that thresholds for PCAMHS, together with referral requirements, are clearly communicated, understood and followed by staff in PCAMHS and General Practice. Particular attention should be paid to meeting the needs of C&YP in a crisis, and to the potential to offer GPs provision of e-advice						<ul style="list-style-type: none"> ~ Planned attendance at a number of community services meetings to communicate referral process and service offer in Oct-19 ~ Development of SPoA comms and service offer booklet to be launched when new telephone line goes live in Nov-19 ~ Monies received from the successful bid for developing an augmented (clinical) SPoA will support an improved referral process and provision of consultation and advice for GPs and other referrers
DU003	A disconnect is evident between PCAMHS and SCAMHS. The planned review following repatriation of SCAMHS by C&VUHB should be undertaken, ensuring that it addresses the use of a whole system and enables flow into and from PCAMHS						<ul style="list-style-type: none"> ~ Whole System Model developed and currently being mobilised ~ Part-implementation of the SPoA has already supported a more integrated approach to service delivery and referral management: the further (clinical) SPoA development identified will improve this further ~ The recommendations of the SCAMHS review will be integrated with the recommendations of the DU review in order that the improvement work required addresses the actions of both reviews in tandem rather than in isolation ~ Further work will be done in Q3/Q4 to joined up clinical pathways for patients with mild to severe presentations
DU004	The service has an extensive waiting list for therapeutic interventions. Greater emphasis needs to be placed on undertaking intervention work within PCAMHS, in order to more appropriately balance assessment and intervention functions						<ul style="list-style-type: none"> ~ Significant progress has been made with the intervention waiting list which has reduced to <30 and with <u>all</u> patients having appointments booked in Sept/Oct/Nov ~ List of patients who have waited for long periods expected to be cleared to zero by November 2019 ~ New model of intervention delivery and recording has been implemented. Waiting times per therapeutic modality, and capacity to deliver the interventions will be monitored and escalated against defined triggers
DU005	C&VUHB should establish agreed standards for the recording of assessments undertaken within PCAMHS. The electronic recording system should be used as the sole record. Compliance with these standards should be regularly audited by PCAMHS managerial staff						<ul style="list-style-type: none"> ~ Significant work underway with PARIS to ensure that patient data is entered, managed and monitored through the PARIS System singularly ~ Clinical Lead will ensure assessment is fit for purpose and updates to PARIS will be made accordingly
DU006	C&VUHB and its partner organisations should ensure that suitable clinical environments are available in which to assess and provide interventions to C&YP						<ul style="list-style-type: none"> ~ Work underway to review accommodation utilised for clinical delivery ~ Working with Locality Managers to identify additional space, with some potential space already identified in Llanishen and/or Barry, awaiting confirmation with UHB estates and planning that the space can be allocated to the team

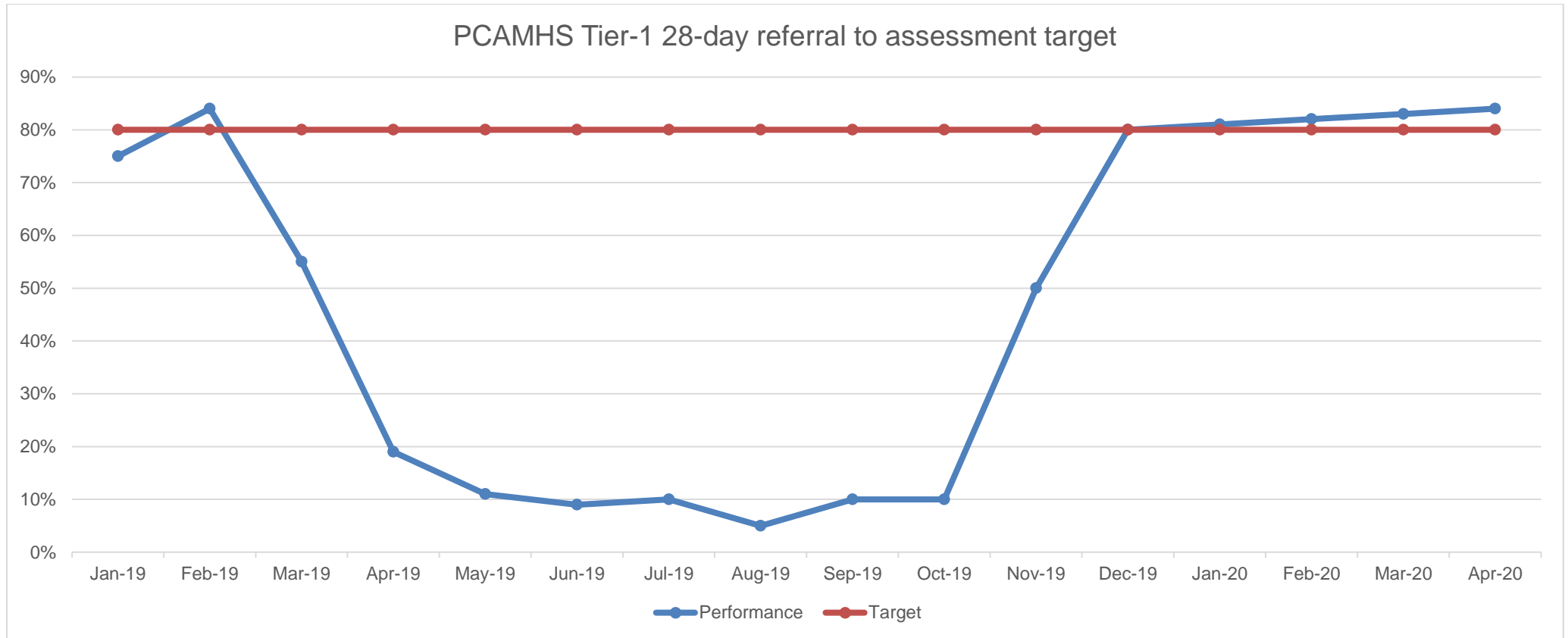
Appendix 2 - Summary recommendations of SCAMHS review

Service capacity	<ul style="list-style-type: none"> Recruit creatively to full capacity Focus on the top-15 highest referring GP practices and top-15 highest referring schools to enable learning and/or support Initiate a clinical review/triage of the current waiting list Aim to raise the overall caseload levels for generic SCAMHS clinicians to align with the national average, trialling a reduction of appointment length Investigate and address the reasons for the high level of service-related cancellations of appointments Implement a text reminder function as part of the phase 2 IT implementation in November 2019
Patient flow	<ul style="list-style-type: none"> Single Point of Information – overhaul the current webpage with service user/carer/stakeholder representation Single Point of Access development Develop and agree service-wide processes for reviewing cases not responding to or engaging with therapy
Service delivery and clinical pathways	<ul style="list-style-type: none"> Develop Whole System Emotional Wellbeing Mental Health Strategy for Cardiff and Vale Define complete and comprehensive operational procedures – define roles and responsibilities for each of the functional silos Consider increasing the availability of group sessions Undertake a comprehensive data cleansing process to effectively optimise service demand and capacity management based on reliable data Increased outreach focus - explore options to operate from locations in other parts of the city
Choice and Partnership Approach (CAPA)	<ul style="list-style-type: none"> Job plans – individual clinician and team job plans to be formed and shared across the service Move from model underpinned by professional titles to one underpinned by core competencies Formalise the role of a CAPA manager
Staffing mix	<p><u>Consider developing the following skillsets or roles:</u></p> <ul style="list-style-type: none"> Eating Disorders clinical lead: to take ownership of and responsibility for the Virtual Eating Disorder team Systemic/Family therapy: clinicians and external stakeholders perceive that a greater level of family therapy required Interpersonal psychotherapy: for working with depression in adolescents Creative approaches: such as music, art, drama therapy for working with younger clients Coaching: specific training for coaching clients through goal-setting and behavioural changes <p><u>Specific professions / teams:</u></p> <p>All clinicians:</p> <ul style="list-style-type: none"> Develop a workforce development plan based on defined core competencies and skills Consultation session once per month sharing between the PCAMHS and SCAMHS services Clinical supervision: could be delivered thematically, systemic, CBT, etc. <p>Nurse clinicians:</p> <ul style="list-style-type: none"> Clinical leadership development training Nurse prescriber training Recruit additional Band 5 RNs as a long-term solution to the recruitment and capacity challenges, including a career pathway with overt leadership and skills development training <p>Medical clinicians:</p> <ul style="list-style-type: none"> Formal medical clinical supervision/CPD Consider competency-based role redesign as part of the broader MDT work <p>Admin:</p> <ul style="list-style-type: none"> Training in basic therapeutic skills / conflict resolution / de-escalation

Appendix 3 - PCAMHS demand/capacity infrastructure



Appendix 4 - PCAMHS 28-day assessment target trajectory





Appendix 5 - Service redesign intentions of the CAMH service

Strategic Vision for and Transformation of Emotional & Mental Health Services

1

Underpinning principles

Child Rights approach

Coproduced services

Multiagency response

Focus on early intervention and prevention

Easy and timely access to appropriate

2

NHS Mental Health Services for Children and Young people delivered through a single point of access to include:

Specialist CAMHS

Primary Mental Health

Emotional wellbeing service

Consultation and advice

Digital Platform

Neurodevelopmental Assessment services which are delivered as a shared Community Child Health/SCAMHS model will also form part of the single point of access model.

3

Family Help and Support Services

Embedded mental health workers as part of the family advice and support services in Cardiff, and Families First advice line in the Vale of Glamorgan, providing support to the wider team. These will act as 'trusted referrers' to the NHS CAMHS services.

4

A locality wellbeing approach with skilled mental health workers providing consultation and advice and a conduit to NHS mental health services.

The locality model will work with Primary care, Schools, School Nurses, School counsellors, 3rd sector organisations, 'not for profit' social enterprise and community assets to deliver early support and access to Mental Health NHS services if required

The locality approach will work in partnership with other services to provide consultation and advice. It will deliver training and development activity to support other services to identify early signs and highlight appropriate routes to access early help.

This model supports a whole school/community approach which is congruent with 'Mind over Matter.'

5

Adverse Childhood/Developmental Trauma

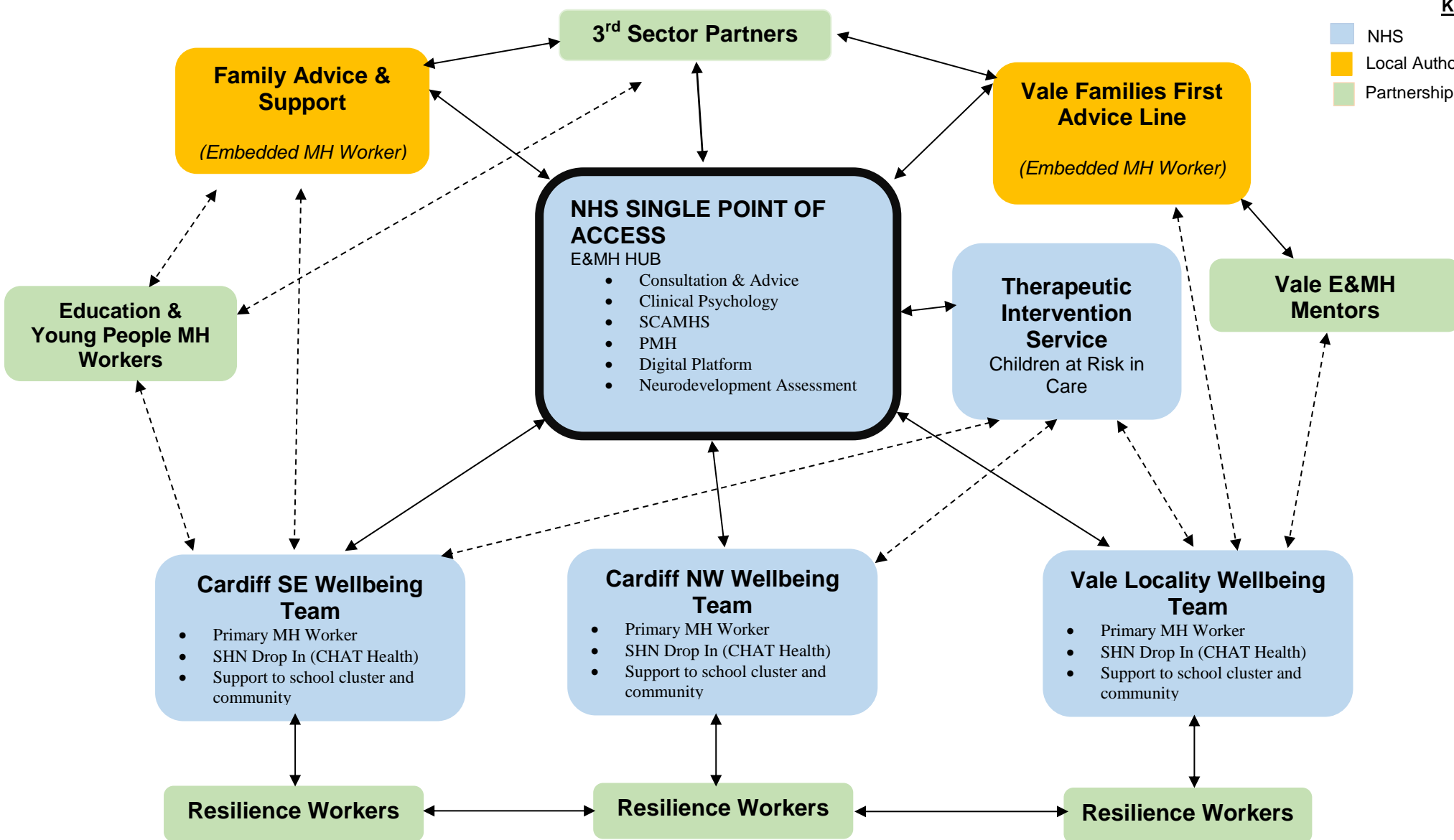
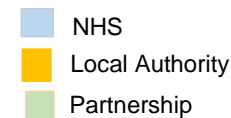
Psychologically-led universal work with Education wellbeing teams and schools, building ACE aware behavioural approaches through Transformation.

A Psychology-led therapeutic and evidence-based intervention service for children 'on the edge of care,' 'in care,' and those in the adoption system, working in partnership with Social Services and Education.

Cardiff & The Vale of Glamorgan: Emotional & Mental Health Support



KEY





MILESTONES



ACTION	STATUS											PROGRESS
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR		
Single Administrative Point of Access for referrals and multidisciplinary triage											In place	
Resellience workers supporting Adverse Childhood Experiences embeddd within Clinical Psychology and Education Wellbeing teams											Staff in place and mobilising	
Open Access Early Support commissioned: Change-Grow-Live											In place	
Chat Health text advice service for young people in place											Launching September 30th	
Digital platform for Assessment and Intervention available as a clinical option											Contract awarded, mobilising and agreeing pathway with a view to first patients seen November. Information sharing arrangements being finalised	
Psychology referrals to be routed through the SPOA											Recuitment to commence September	
School Nurse wellbeing drop-in sessions in schools											Recuitment to commence September	
Link to Councils Early Help services through Embeded Mental Health Workers , with 'trusted referral status' to NHS SPOA											Recuitment to commence September	
Link to Education and Youth Services. Mental Health workers funded through Youth Wellbeing Grant											Youth Service grant funding agreed - awaiting formal confirmation letter	
Clinical Psychology Parent Support Worker in place as part of SPOA											Recuitment to commence September	
3rd Sector service commissioned (Parent Support)											SLA to be written with 3rd sector Health and Social care facilitator	
Full Administrative and Clinical Single Point of Access (SPOA) in place											Recuitment to commence September	
Delivery of consultation and advice through SPOA											Recuitment to commence September	
Therapeutic team to support to Children in Care in place											Recuitment to commence September	
Website and Information development											Support needed to do a focused piece of work on this. Funding available in year	

Emotional & Mental Health Service **HOW DO I GET HELP?**



FOR MY PATIENT

Refer to the NHS Single Point of Access for all routine referrals via the Welsh Administration Portal (WAP). You can also ring for clinical advice on Tel: ____

FOR MY CHILD

Cardiff - Contact the Family Advice and Support Service on Tel: ____
Vale of Glamorgan – Contact the Families First advice line on Tel: ____

These services have trained mental health workers who can refer to the NHS Mental Health Services if required.

FOR MYSELF

Speak to your school wellbeing worker, youth worker, or school nurse. If they are unable to help, with your consent, they will discuss with a Mental Health worker who will help you to get the right service for you. You can also self-refer to the Emotional Wellbeing Service 0800 008 6879 or emotionalwellbeingservice.org.uk.



**All Wales Assurance Review of
Primary Care Child and Adolescent
Mental Health Services (CAMHS)**

**The Review of
Primary Care CAMHS
Cardiff & Vale University Health Board**

July 2019

INTRODUCTION AND RATIONALE FOR THE DELIVERY UNIT (DU) ASSURANCE REVIEW

Meeting the emotional and mental health needs of children and young people enables them to develop resilience, to grow and develop to their full potential.

Most frequently, these needs are met within the family, by education and youth services. However, where children and young people experience more profound emotional or mental health problems they may require more specialist Child and Adolescent Mental Health Services (CAMHS). Early intervention from these services increases the potential for recovery limiting the impact of these problems on the young person's development.

A number of reports and inquiries into CAMHS in Wales have however, demonstrated shortcomings in the accessibility of these services. These deficiencies have been identified by children and young people themselves, by their family members, carers, GPs, other stakeholders, and by the services themselves.

In order to improve the delivery of mental health services to people of all ages, Welsh Government (WG) introduced Wales specific legislation; the Mental Health (Wales) Measure 2010 (the Measure). This legislation included the development of Local Primary Mental Health Support Services (LPMHSS) including services to people under the age of 18.

As a result of WG concerns about CAMHS performance, significant additional revenue investment has been made into CAMHS since the commencement of the Measure. The investment has been directed at both primary care and specialist CAMHS, with the aim of increasing the capacity and capability of CAMHS to deliver timely assessment and interventions. A separate CAMHS strand of the Together for Mental Health strategy has been developed, entitled Together for Children and Young people. This was established to drive the pace and scale of change and to improve the reach and quality of these services.

The DU Assurance review was commissioned by WG to analyse the impact these initiatives have had on improving primary care mental health services for people under the age of 18

BACKGROUND

Part 1 of the Measure requires the LPMHSS to deliver the following five functions:

- Comprehensive assessment.
- Treatment interventions.
- Provision of information, advice and signposting.
- Support and advice to GPs and other primary care workers.
- Supporting onward referral and coordination of next steps with secondary care mental health services.

Activity data reports are required by WG on the first two of these functions, which are the subject of time bound targets. Assessments are required to be undertaken within 28 days of referral, and intervention is required to commence 28 days after assessment.

Assessments under Part 1 can only be undertaken by registrants from within designated professional groups.

The DU routinely monitors local primary care mental health support services' activity and performance data, including those for people under 18.

CAMHS' across Wales have reported lower rates of compliance with these targets than their counterparts delivering services to working age and older adults, frequently missing these national performance targets for the timely delivery of both assessments and interventions. These performance issues are leading to some children experiencing long waits for assessment and intervention.

Consideration of these performance concerns is central to the DU assurance review, which will be undertaken in primary care CAMHS in each of the Health Boards (HBs) in Wales.

The review of primary care CAMHS in Cardiff & Vale University Health Board (C&VUHB) took place during the 11th – 15th February 2019. Verbal feedback was provided to the Health Board Directorate Managers on 4th March 2019.

AIM AND OBJECTIVES OF THE ASSURANCE REVIEW

Aim:

To analyse primary care CAMHS data and engage CAMHS staff and stakeholders to gather enumerative and qualitative data, allowing a reliable evaluation of primary care CAMHS capability and capacity to meet presenting demand. The assurance review uses an appreciative inquiry approach seeking to provide a constructive approach to impact positively on service provision.

Objectives:

- To determine the level of growth achieved in the under 18s LPMHSS, PCAMHS and SCAMHS workforce, following commencement of the Measure and the additional WG investment in these services.
- To evaluate whether there is evidence to suggest a demand and capacity mismatch in primary care CAMHS.
- To determine whether any variance exists between primary care CAMHS services and service performance in Wales? If such variation does exist what is the degree of variation, and what are the implications of any such variation on, for example, waiting times in primary care CAMHS and flow into and from SCAMHS.
- To produce high quality reports, including recommendations to HBs and WG on the assurance review findings.

Key Findings

- PCAMHS staff demonstrated a high level of care and commitment to the children, young people and their families, that they are supporting.
- Limitations are placed on who can refer to the service. Staff reported a lack of established referral criteria.
- A disconnect is evident between PCAMHS and SCAMHS. Attempts have been made to streamline the allocation of referrals between the service components, and further changes are planned once SCAMHS is repatriated into a single C&VUHB service in April 2019.
- Current waiting lists in SCAMHS affect the flow of cases into and out of PCAMHS where this is required. This is leading to PCAMHS staff “holding the risk” without MDT support and creating anxiety for PCAMHS staff.
- The service has an extensive waiting list for therapeutic interventions; this is due in part to a greater focus being placed on assessment at the expense of providing interventions. Staff avoid putting children on the waiting list due to its length and expressed anxiety over “holding” children who are in need of an intervention, which they assess is leaving children at risk. They reported some instances where children on the waiting list have presented in crisis.
- Not all staff receive regular supervision. Supervision and team meetings, which can be used for peer support, are sometimes cancelled to meet work pressures.
- Training in specific interventions for staff has been agreed, however staff expressed concern that this will not commence due to work pressures.
- There are a network of clinics across the localities but these are predominantly in NHS premises. Staff reported that the availability and suitability of rooms to undertake assessments and deliver interventions are not considered child or young person friendly; do not have the necessary IT equipment or the level of privacy required. The use of alternative locations such as the young person’s home or GP premises was described as only taking place by exception.
- Gaps and duplication exist in case note recordings. This is due to the Paris electronic record system not being used as the sole record. The use of paper files and the requirement to transport these files is leading to a potential for a data breach.
- There is considerable variance in practice between practitioners. Risk assessments are brief, and focused on self-harm and suicide risk and do not always include broader risks or vulnerabilities.
- The DU case note audit identified evidence of the use of some therapies, the majority of which were described as CBT. However, no definitive modality was evident throughout the service.
- The audit found limited evidence of the use of outcome measurement. The PCAMHS team believed there to be little evidence that the HB is interested in the quality of its outcomes.
- Many GPs responding to the DU questionnaire described a lack of clarity in referral pathways, a lack of acceptance of referrals, and poor communication of the outcome of assessments.

Recommendations

- 1. C&VUHB and the City of Cardiff and Vale of Glamorgan County Councils should develop a clear set of thresholds for assessment within PCAMHS, ensuring that the service is compliant with Part 1 of the Measure and provides timely access to assessment and intervention.**
- 2. C&VUHB should work with representatives of General Practice in Cardiff and the Vale of Glamorgan to ensure that thresholds for PCAMHS, together with referral requirements, are clearly communicated, understood and followed by staff in PCAMHS and General Practice. Particular attention should be paid to meeting the needs of C&YP in a crisis, and to the potential to offer GPs provision of E-advice.**
- 3. A disconnect is evident between PCAMHS and SCAMHS. The planned review following repatriation of SCAMHS by C&VUHB should be undertaken, ensuring that it addresses the use of a whole system and enables flow into and from PCAMHS.**
- 4. The service has an extensive waiting list for therapeutic interventions. Greater emphasis needs to be placed on undertaking intervention work within PCAMHS, in order to more appropriately balance assessment and intervention functions.**
- 5. C&VUHB should establish agreed standards for the recording of assessments undertaken within PCAMHS. The electronic recording system should be used as the sole record. Compliance with these standards should be regularly audited by PCAMHS managerial staff.**
- 6. C&VUHB and its partner organisations should ensure that suitable clinical environments are available in which to assess and provide interventions to C&YP.**

METHODOLOGY

Data gathering and analysis:

The HB provided the review team with information on the organisation of their CAMHS and in particular, the primary care services for under 18s. This included; the Part 1 scheme, relevant operational policies and procedures, pathways, algorithms, workforce and activity data in both specialist and primary care CAMHS. The DU also analysed publicised National Office for Statistics (NOS) data on the C&VUHB under 18 population and levels of deprivation by Local Authority area.

The data were used to build a picture of the current service model and its staffing, together with the position shortly after commencement of the Measure.

Fieldwork:

Fieldwork within C&VUHB consisted of; an introductory interview with the managers of CAMHS, a meeting with primary care practitioners, administrative staff and their manager during which they described their process for prioritising and allocating referrals.

A case note audit was undertaken of a random sample of 30 current and recent referrals to PCAMHS, and 30 cases of children and young people open to SCAMHS who had not been afforded relevant patient status. The audit analysed the assessment of the referrals and the outcome of these assessments, using a bespoke audit tool.

A GP questionnaire was distributed via practice managers in each GP practice within the HB using DOO Poll.

In parallel to the work undertaken by the DU, the CAMHS/Eating Disorder Network undertook work with primary care CAMHS stakeholders (other than GPs) including children, young people, their families and referring agencies. This work was undertaken by means of questionnaires and the running of focus groups.

Reporting:

Initial verbal feedback was provided to the management of the service prior to the production of this report, and the report has been subject to scrutiny by the management team to ensure factual accuracy. The CAMHS/ED Network analysis of stakeholder views will be reported separately.

Primary Mental Health Team

In Wales primary care services for under 18s may be provided by three service components; the LPMHSS, other primary care CAMHS sometimes referred to as PCAMHS, and in some cases members of specialist CAMHS (SCAMHS) may offer primary care assessments and interventions to under 18s accepted into SCAMHS.

The rationale for primary care mental health services being provided to under 18s from these three potential services components are:

- LPMHSS is only statutorily required to receive referrals from GPs. in order to fulfil their duties under the Measure.
- Referrals from other sources such as schools, and third sector services may therefore be assessed by other primary care CAMHS.
- Some under 18s having been accepted into SCAMHS are not afforded “relevant patient” status and therefore remain primary care patients within the Measure definitions.

These service components may be provided by a single staff delivering both specialist and primary care CAMHS, alternatively primary care CAMHS may be provided by a discreet team.

PCAMHS managerial arrangements

The primary mental health team for under 18s is managed through the Community Child Health Directorate as part of the Women and Childrens Clinical Board. At the time of the visit, Cwm Taf University Health Board (CTUHB) managed SCAMHS, as part of the CAMHS network arrangements. However, the management of SCAMHS transitioned to C&VUHB on the 1st of April 2019.

The Vice-Chair of the UHB and the multi-agency Children and Young People Board provide direct oversight for the service. The Mental Health Legislation Committee, chaired by the UHB Vice-Chair, monitors the services delivery providing assurance of statutory compliance and performance.

Senior operational management of the service is provided by the Directorate Head of Operations, supported by the head of psychology who provides half a day per week of clinical leadership. The service has a full time operations manager. The senior management team reported a good relationship with the adult LPMHSS and that they work collaboratively with the UHB commissioning team.

At the time of the visit, the band 7 team lead had taken the role of team manager and recruitment had commenced to appoint a part time clinical lead. The team includes an intervention lead, this post was filled at the time of the review.

The operational manager is responsible for reporting on the performance of the team. Staff commented that they do not see the data reports against the targets and are not involved in the validation of these performance data.

The review team received inconsistent messages concerning the description of the management and accountabilities of the under 18 PCAMHS management. It was evident to the review team that both an operational manager and team lead were in post at the time of the review. However, during a meeting with staff they stated that they did not have a team manager.

In 2017, the Directorate undertook a review of PCAMHS focussing upon waiting times and the delivery of interventions to children and young people (C&YP). The Directorate management team reported that they now have a strategy for the service which includes developing early help hubs that will link in with a single point of entry, and improving links with schools, communities, and GPs prior to the point of referral. The Directorate are also developing a “road map” of services for Cardiff and the Vale of Glamorgan to ensure that C&YP are directed to the most appropriate service. PCAMHS is included within the HB’s Integrated Medium Term Plan (IMTP) as a priority. However, the Directorate stated that the PCAMHS component of the Local Part 1 scheme has not been reviewed since 2012, when it was first developed at the commencement of the Measure.

PCAMHS staff stated that the service needs a strategy, and that the strategy should prioritise the inclusion of GP education regarding the whole CAMHS system and the introduction of a ‘genuine’ Single point of access.

PCAMHS prioritisation and allocation process

The team reported that only GPs are the only external source of referrals for an assessment. Referrals are received “internally” from SCAMHS. Staff informed the review team that the paediatric service ask GPs to refer cases to PCAMHS. Staff expressed concerns that they would not be able to manage the volume of referrals if paediatric services are able to refer directly into PCAMHS due to the potential level of demand. As a component of the DU review an audit of 80 cases in C&VUHB was undertaken. This audit demonstrated that referrals had been received from three identified sources. The vast majority 94% were received from GPs with 3% of cases redirected from SCAMHS and 4% received from the paediatric service via a GP referral.

Referral Source	Number	% Total
GP	75	94%
Paediatrician	3	4%
GP-redirect from SCAMHS	2	3%

Figure 1

A daily triage system is in place usually staffed by one member of the team. The administration staff rota the staff member to undertake triage.

PCAMHS staff advocated that two members of staff should undertake triage, as they feel a lot of responsibility for the decision making when undertaking triage. During the review a member of the DU team observed the triage process where two primary care staff were in attendance.

Staff reported that triage can be used to speak to people as a pre-assessment. The team describe triage as being like 'duty work' but without time having been scheduled to undertake the actions flowing from the process, such as contacting families, contacting partner agencies and writing letters. It was reported there can be 25 or more referrals pending at any given time, and that triage can last between three hours to a full day's work. Staff stated that if the referral has not been assessed within a week of a breach of the assessment target, it is mandated that they would have to see the person at this point.

Referral information is held centrally within a folder and the outcome of referrals is recorded on the Paris system. However, the “running record” of the referral is kept in the paper format.

Staff reported that it can be difficult to manage actions relating to a referral outcome, as there are no designated individuals to “own the work”, instead work is passed between staff each day. Team members stated that they can spend all day ‘on the purple folder’ but without time dedicated to do so, which they find frustrating because it affects other work they have to complete.

Staff reported that the service does not have specified referral criteria, and that many referrals received concern behavioural problems rather than for children and young people with mental health problems.

One person stated that previously they were able to target whom they would see, but they felt that they were unable to do so since commencement of the Measure due to the duty to assess all GP referrals. Staff also felt that GPs refer to PCAMHS for any wellbeing issues as a first port of call, and there was an expectation from referrers that the service would be signposted to alternative agencies.

The Directorate informed the review team of the intention to create a single point of access for all CAMHS pathways, following the repatriation of SCAMHS to C&VUHB. It is intended that this will reduce the number of meetings that staff are required to attend and reduce the re-direction of referrals between teams and alternative sources of support. It is proposed that any ambiguous referrals would go to triage which would involve staff from both the PCAMHS and SCAMHS pathways.

With the exception of one assistant psychologist all PCAMHS staff currently in post meet the required registrant eligibility to undertake Part 1 assessments as defined by the Measure. Staff reported that assessment slots are allocated by administrative staff, and allocation is based on team members' diaries, and the availability of staff hours. They also reported that they rotate between clinics on different days.

It was reported that a full-time staff member is expected to undertake six assessments per week. Demand equates to approximately 20 referrals a day.

The Directorate management team stated that pressure on the staff to deliver assessments is having an impact upon morale and identified this as a risk and challenge to the service.

Staff reported that if the child or young person did not attend (DNA) for their assessment the referral is closed at that point. Staff described this as 'one strike', if a call is received regarding the child or young person within a week of DNA the service will offer an appointment. Staff stated that providing follow-up for young people who DNA is based on discretion and clinical judgement.

Interface with Specialist Child and Adolescent Mental Health (SCAMHS)

Whilst at the time of the review, CTUHB still managed SCAMHS and therefore separate managerial arrangements for PCAMHS and SCAMHS were in place, both PCAMHS and SCAMHS were located at St David's Hospital in Cardiff.

SCAMHS hold a daily referral meeting and the PCAMHS team attend this 2-3 times a week. During the meeting cases are discussed that either require primary mental health support or require escalating to SCAMHS from primary care. The review team had the opportunity to observe the SCAMHS referral meeting during which representatives from the crisis team, the emotional wellbeing service, PCAMHS, and SCAMHS were present.

Staff reported that PCAMHS can often be used as an interim service while the child or young person is awaiting a service from SCAMHS. PCAMHS staff stated that the wait for SCAMHS can be up to 6-8 weeks for an urgent case and 30 weeks for routine cases. Staff can therefore hold cases within the primary mental health team for weeks or months if there are risks and they are awaiting SCAMHS involvement.

PCAMHS staff commented that maintaining a distance from SCAMHS can be useful if the child has previously had a bad experience of SCMAHS intervention. Staff also commented that they felt the primary mental health team should be bigger than SCAMHS as they are the first port of call.

Findings:

- *Staff reported that some referrals were not appropriate for the PCAMH service and there is a lack of referral criteria in place.*
- *Attempts to streamline the allocation of referrals between PCAMHS and SCAMHS have been made, with further change due when SCAMHS is repatriated into a single C&VUHB service in April 2019. However, currently there is an evident disconnect between the two services.*
- *SCAMHS waiting lists affect PCAMHS flow. Transitions between PCAMHS and SCAMHS are not timely which leads to PCAMHS staff “holding the risk” without MDT support, which is creating anxiety for PCAMHS staff.*

Location of PCAMHS

The primary care team serves the populations of both Cardiff and the Vale of Glamorgan. At the time of the review, the team were based at St David’s hospital in Cardiff, however staff reported that they undertake assessments and deliver interventions at other bases, which are predominantly within NHS premises.

Staff described a network of clinics within the HB localities however, they reported that there are issues with room availability and that the premises do not always provide locations that are suitable for undertaking work with C&YP. Examples were given of rooms that are very clinical in nature including the presence of examination bed, rooms that lack privacy and are not therapeutic or child appropriate. Staff also reported that some locations do not have telephone landlines or desktops, not all have NHS computer access and those that do are often in a shared space, which means there is a lack of confidentiality. The availability of office space has been recognised as a risk and challenge by the management team.

Staff reported that if necessary, they would undertake an assessment at the child’s home adding that before the commencement of the Measure the team would routinely see children at home or at GP practices, however assessments and interventions are predominantly now delivered from health premises. Staff stated that there are challenges juggling the team’s clinic slots and that in order to meet the 28-day assessment target, families can sometimes travel the length of Cardiff for an appointment that is not local to them. Staff stated that they are embarrassed by this and that it can put a lot of stress on families when they arrive at the location.

Peer Support and Supervision

The National Service model for Local Primary Mental Health Support Services requires that staff will have regular supervision and regular opportunities for continued professional development.

Staff informed the review team that they feel like a tight and supportive team. However, they felt that the level of formal supervision they receive is inadequate because of a lack of protected time. Currently staff receive monthly supervision from the team leader, but as this post holder is required to undertake clinical casework and is counted within the team numbers for allocation they can be pulled away to complete assessments, disrupting the managerial role.

The Directorate management team reported that all staff within the service structure receive supervision. PCAMHS staff however, stated that the team leader does not receive supervision. Specific supervision has been provided for staff when delivering Solution Focussed Therapy.

One team member commented that they felt guilty when on sick leave or if they need to take time off, staff also reported that they come in when on annual leave to support colleagues, and often feel guilty about colleagues picking up work.

The Directorate team informed the review that team meetings occur every other week for PCAMHS staff. This was described as precious reflection time, and an opportunity for guest speakers to attend. However, the senior team also reported that this was the first thing to be dropped when there are time pressures in the service. Staff stated that there is no time for team meetings, and that scheduled team meetings are regularly cancelled to enable them to meet assessment targets. The team added that team meetings are a time for peer supervision and that monthly meetings are used to talk about cases. Nevertheless staff perceived the individual practitioner “holds the risk” rather than the service as a whole.

PCAMHS Training

The review was informed that a training survey was completed a year prior to the review. Following this the training and development within PCAMHS includes two staff members undertaking CBT certification, one staff member undertaking systemic family therapy, and team training on brief solution focused therapy and motivational interviewing. However, staff commented that whilst training has recently been offered they are anxious that this may be pulled in order to meet service demand.

Findings

- ***There are a network of clinics across the localities but these are predominantly in NHS premises. Staff reported that the availability and suitability of rooms to undertake assessments and deliver interventions are not consider child or young person friendly, do not have the necessary IT equipment or the level of privacy***

required. The use of alternative locations such as the young person's home or GP premises was described as only taking place by exception.

- *Not all staff receive regular supervision. Supervision and team meetings, which can be used for peer support, are sometimes cancelled to meet work pressures.*
- *Training in specific interventions for staff has been agreed, however staff expressed concern that this will not commence due to work pressures.*

Locality Data

Key indicators of potential demand for CAMHS are contained within the demographic makeup of the HB's population, in particular; the proportion of the population under the age of 18, the distribution of this population and the levels of deprivation within the LAs. These data provide useful predictive information on potential demand. The under 18 populations and the deprivation indices within the two local authority areas comprising the HB were therefore considered within the DU analysis of the distribution of presenting demand and the deployment of the PCAMHS workforce.

Geographical Area:

The geographical area covered by each LA area is detailed in Table 1 below.

Local Authority Area	Area Size
Cardiff	140 km ²
Vale of Glamorgan	331 km ²
Cardiff & Vale UHB	471 km²
Wales	20,780km²

Table 1

Population Age Profile:

Published data are available reflecting different age groups within local authority populations. However, there is inconsistency within the data for children and young people. Data are presented in different data sets for under 16s, under 18s, or under 19s. As a result no consistent measure exists for the child and adolescent population. The data available do nevertheless provide a useful indicator and comparator.

Overall, C&VUHB's under 18 population is comparable with the national average, with 20% of the total population in Cardiff under the age of 18, and 21% in the Vale of Glamorgan. This compares to the national average of 20% see table 2 below.

	<18s	All ages	% under 18s
Cardiff	74155	362756	20%
Vale of Glamorgan	27244	130690	21%
Cardiff & Vale UHB	101399	493446	21%
All Wales	628289	3125165	20%

Table 2

The population of children aged 16 is distributed, as pictured below throughout the HB (figure 1).

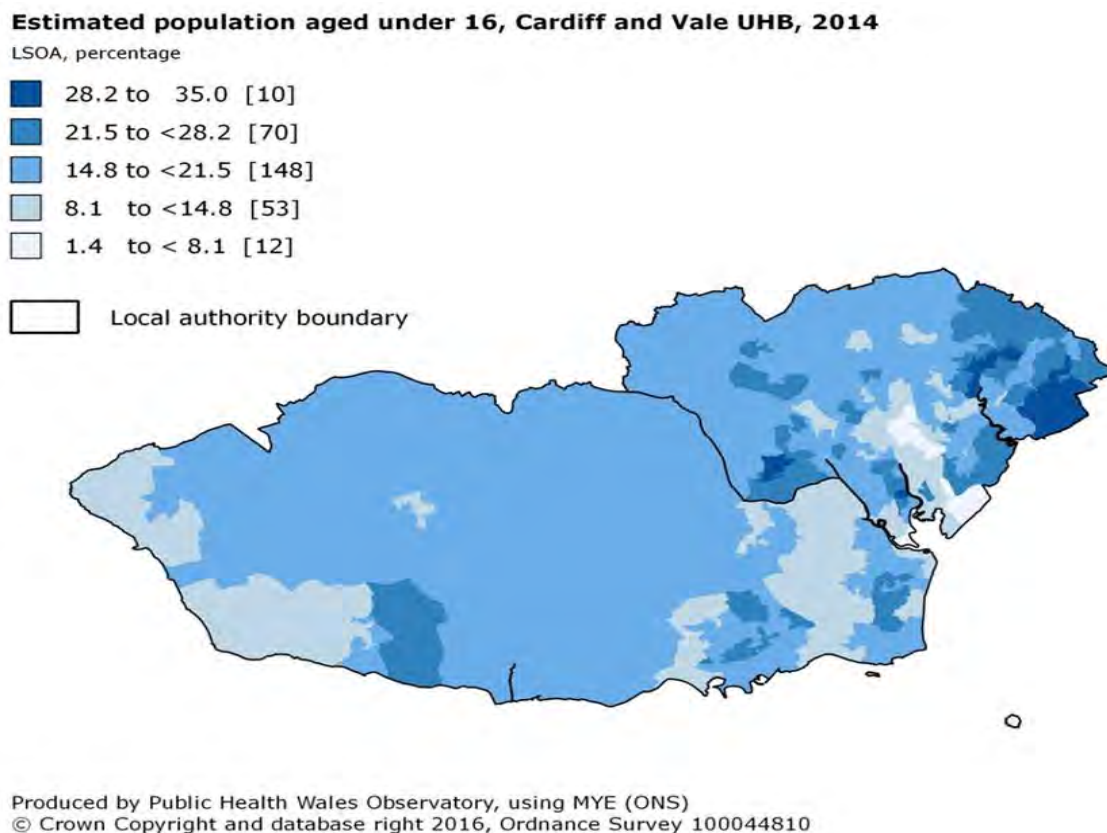


Figure 2

Deprivation:

The average number of children (under 19 years) living in income deprivation is markedly different between the two LA areas. Cardiff exceeds the national average at 27%, whilst the Vale of Glamorgan is under the average at 19% (table 3).

% of the population of children in income deprivation by local authority area

	0 - 18
Cardiff	27
Vale of Glamorgan	19
All Wales	24%

WIMD 2014

Table 3

Income deprivation consists of a single composite indicator calculated from the following elements:

- a. Income-Related Benefit claimants
- b. Certain Tax Credit recipients
- c. Supported Asylum Seekers
- d. Certain Universal Credit claimants

Source: StatsWales

A broader measure of deprivation, the Welsh Index of Multiple Deprivation, includes; income, employment, health, education, access to services, community safety, physical environment and housing. Figure 3 below depicts whole population levels of multiple deprivation, the disparity is clearly evidenced with the urban areas more deprived than rural areas.

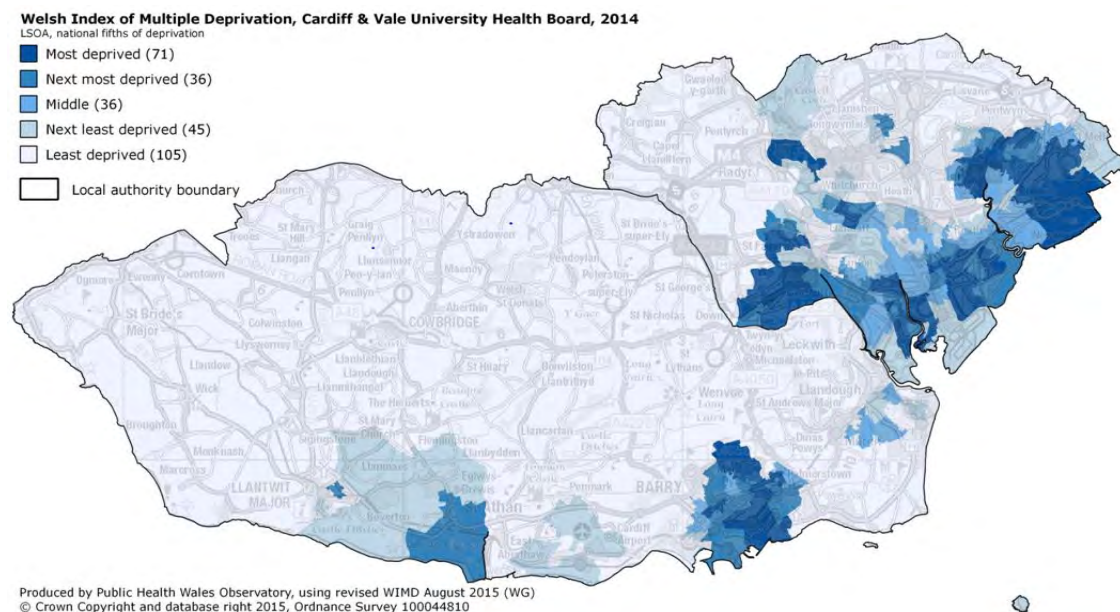


Figure 3

Based on the distribution of the under 18 population and levels of deprivation, it would be reasonable to anticipate that staffing is distributed in such a way as to match service capacity to anticipated demand.

Table 4 below briefly summarises the differences in demography and deprivation. These could assist in predicting demand and the allocation of workforce by LA. However, the small scale of the service, the current level of vacancies and absences, and the required critical mass to run a service make the distribution of workforce to meet anticipated demand a challenge within the current scale of the service.

	Lowest	Highest
Number of children under 18	Vale of Glamorgan	Cardiff
% of children under 18	Cardiff	Vale of Glamorgan
Income deprivation	Vale of Glamorgan	Cardiff
Multiple deprivation	Vale of Glamorgan	Cardiff
Size of geographical area	Cardiff	Vale of Glamorgan

Table 4

Findings

- The factors which may affect demand in each LA area differ, and the capacity directed to meet demand should acknowledge and reflect this. However, the scale of the service and the required critical mass do not currently allow the service to be structured in line with population and deprivation indices.*

Staffing

Workforce growth since commencement of the Measure:

The HB provided the review team with staffing levels for the PCAMHS mental health team both currently and as of 2013. At the commencement of the Measure, the primary mental health team was made up of two band 7 and 0.5 band 6 posts.

Posts	Establishment 2013
Band 7	2 WTE
Band 6	0.5 WTE
Total	2.5 WTE

Table 5

The total agreed establishment submitted by the HB at the time of the review, including posts that are vacant, was 17.9 WTE. This means that if the services did not have any vacancies, the growth in staffing is 15.4 WTE.

Post	Establishment 2019	Vacancies
Band 8a (new role, not yet appointed)	0.6 WTE	0.6 WTE
Band 7 (3 new roles, appointed recently)	4.8 WTE	4.0 WTE
Band 6 Practitioner	5.3 WTE	0
Band 5 resilience workers (new roles, not yet appointed?)	6.9 WTE	6.0 WTE
Band 4 Assistant Psychologist	1.2 WTE	0.6 WTE
Total	17.9 WTE	11.2 WTE

Table 6

The team members have a variety of professional backgrounds including nursing, social work and therapies. However, staff referred to their role as a practitioner and also reported that they had been told to use this title in correspondence. At the time of the review there were 11.2 whole time equivalent vacancies (WTE) within the team, 6.6 of these WTE's were new roles that had not yet been recruited to. The new roles include a part time Band 8A clinical lead to oversee the delivery and development of the service and six full-time Band 5 resilience workers. There are three new Band 7 roles that had recently been appointed, one of which will lead on the provision of interventions

Findings:

- There has been significant growth in staffing establishment since the commencement of the measure. Including the development of new roles that had not been recruited to at the time of the review*

Service Demand and Activity

Referrals, Assessments & Interventions:

The data submitted to the DU for the purpose of the review is detailed in Table 7 below. It illustrates the number of referrals received and the assessment and intervention workload for the PCAMHS between July 2017 – June 2018.

Activity was analysed and is presented in three ways; the total number of referrals, assessments and interventions undertaken per 1000 of the under 18 population, the rate per WTE practitioner as per establishment figures at the time of the review, excluding posts from new investment, and the rate per WTE practitioner based on staff in post.

July 2017 – June 2018	Referrals	Assessments	Interventions
Per DU submission	1354	939	301
Per 1000 population	13	9	3
Per WTE current staffing establishment eligible to assess (7.1 WTE) or deliver interventions (8.3 WTE)	191	132	36
Per WTE current staff in post eligible to assess (6.1 WTE) or deliver interventions (6.7 WTE)	222	154	46

Table 7

These data demonstrate that of the total number of referrals received during 2017 – 2018, there were 13 referrals per 1000 population of which, 69% received an assessment and of those assessed 32% received an intervention.

These data are intended as a theoretical guide to show that if the work were split equally between the available practitioners at the time of the review, each person over the year would have undertaken 154 assessments and started 46 interventions. However, current staff distribution such as part time hours, skill mix, vacancies and absence and staff eligibility to undertake assessment duties under Part 1 of the measure will have an impact upon this.

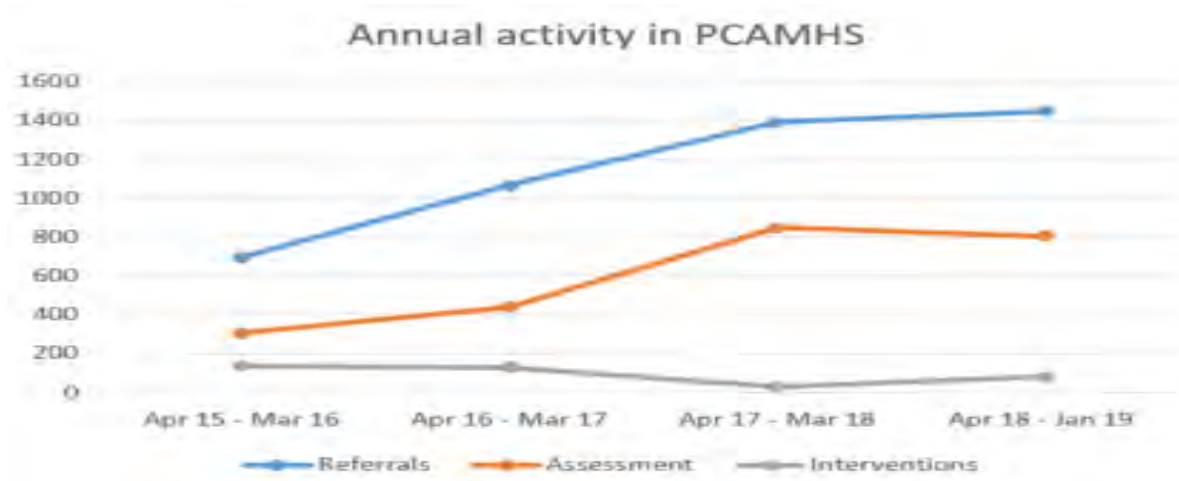


Figure 4

The activity data submitted to WG since 2015 demonstrates that there has been an increase overall in both referrals and assessments, however there has been a decrease in the provision of interventions commenced. To note, these data represent all under 18s including young people who have been seen for assessment and intervention by the adult LPMHSS.

Findings

- *Since 2015, there has been an increase in both referral and assessment activity, however there has been a decrease in interventions delivered.*

Assessment Performance & Waiting Lists:

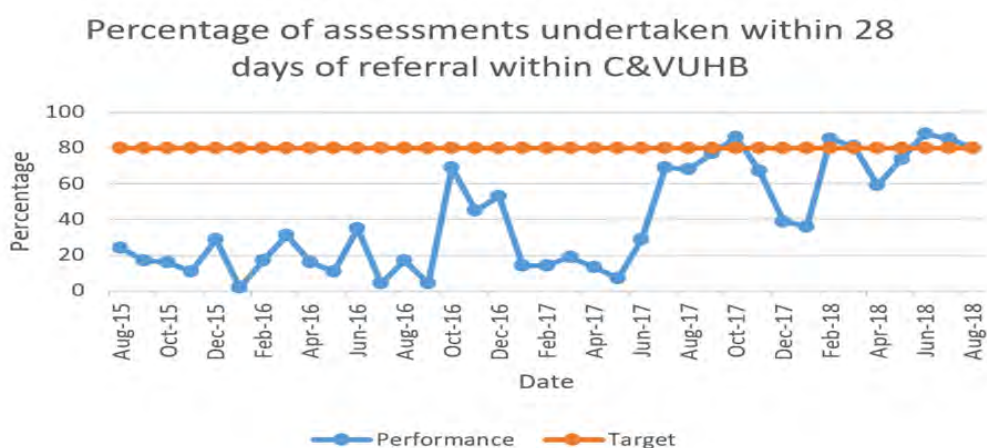


Figure 5

The HB is required to undertake assessments within 28 days of the referral and there is a target for this to be achieved in 80% of cases each month. The above data in Figure 5 demonstrates that the 80% target was achieved on four occasions between August 2015 and August 2018, with two of these occurring in July and August 2018.

A snapshot was provided to the DU of the C&VUHB PCAMHS waiting list for assessments as it stood at the 23rd of August 2018. These data reflect those children waiting for a service from the PCAMHS team, and not all under 18s (who could be waiting for adult LPMHSS). These waiting list snapshot data are set out in Table 8 below.

Assessment waiting list snapshot 23/08/18	Cardiff & Vale
0 - 28 days	78
29 - 56 days	3
57 - 84 days	0
85 - 180 days	0
181 - 365 days	0
366 days+	1
Total waiting for assessment	82

Per 1000 population	0.8
----------------------------	------------

Table 8

The snapshot data provided by the HB for August 2018 demonstrates that of the 82 people waiting for an assessment, 95% are waiting within 28 days. This suggests that there have been improvements made to undertaking timely assessments.

Recording of Assessments:

In order to fully analyse the functioning of PCAMHS a case note audit of primary care referrals, assessments, and outcomes was undertaken. This consisted of cases in each LA area. The case note audit recorded the date the referral was received, the date that the assessment was undertaken, as logged on the assessment pro-forma, and the date that initial intervention commenced.

The National Service Model states that the purpose of a primary mental health assessment is to consider an individual's mental health, and to identify the local primary mental health treatment (if any) and other services which might improve or prevent a deterioration in that person's mental health. The National Service Model further states that all assessments will cover need and risk, including suicide risk where relevant, and the national curriculum for primary mental health support workers states that risk in a primary mental health setting must include vulnerability factors and safeguarding.

A standard assessment pro-forma has been developed and embedded within the Paris electronic record system. The assessment process was recorded on both paper records and the Paris system and the reviewers accessed both in order to audit completed assessments. The assessment of risk is completed as part of the overall assessment with a specific section for risk within the document. Of the 80 case records reviewed 73 (91%) had the assessment details recorded.

The case note audit analysed the quality of the information contained within the assessment record. This included whether there was an assessment of risk, the consideration of safeguarding, and if the assessment considered the views of the young person.

The case note audit found that although staff have access to the Paris electronic system there is still a reliance on paper records. Not all staff have access to laptops that allows mobile working, and the historical use of papers records were contributing factors.

Because of the use of both electronic and paper records, the case note audit identified gaps and duplication in the record. Furthermore, as a result of the use of paper records staff are required to transport these in their cars to assessment locations and will often retain them overnight; this poses a risk of paper records being misplaced or other data protection breaches. The Directorate management team stated that most staff have access to netbooks, however, there have been challenges with purchasing new devices for new staff, and staff commented that they can be difficult to use all day.

It was unclear to the DU review team what is the required standard in respect of recording an assessment. Where assessments had been undertaken, the case note audit found that there was variance in the information being recorded between practitioners. Staff commented that they make the form fit but they all have different approaches. Some assessments were deemed to contain detailed and informative summaries, while others appeared very brief in detail and description. There were some assessments on the Paris system that contained blank fields, giving the impression that the assessment was incomplete, or that the information was fragmented between the electronic and paper notes.

Staff stated that they would like to update the Paris system; they reported that there is a limited word count on some of the assessment sections and that the assessment pro-forma does not reflect the solution focused approach.

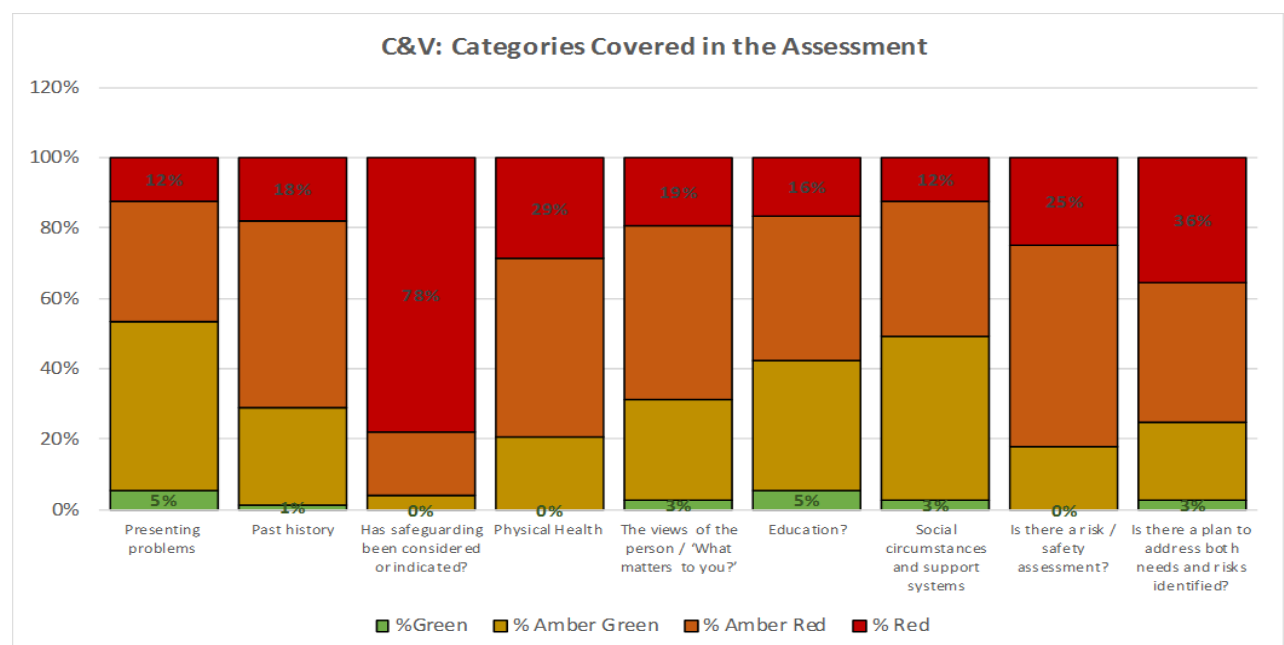


Figure 6

Figure 6 above shows the categories covered in the assessment, with a rating by the reviewers on the quality of the recorded information against each category. Of the cases

reviewed, all categories except for the description of the young person's presenting problems, were deemed either red or amber red in over 50% of cases.

The risks assessment is recorded as part of the overall assessment form. Over 82% of the cases audited were rated red or amber red for the assessment of risk or safety, whilst 36% of cases were rated red for evidencing a plan that addresses both needs and risks.

There was variance between practitioners in the detail contained in the risk assessment. Whilst children and young people are being assessed at a primary care level, the reviewers considered many of the risk assessments to be brief, and had a tendency to focus upon risk of self-harm or suicide, rather than a broader range of risk factors and vulnerabilities.

Issues impacting upon the safety of the young person can be recorded within the assessment pro forma however, there was a lack of evidence that safeguarding had been considered or indicated with 78% of assessments being rated as red.

There was also a lack of evidence of the consideration of the young person's physical health, with almost 80% of cases rated as red or amber red in this field.

Outcome of Assessment:

Of the 80 cases reviewed 34 (42.5%) were deemed to require an intervention from the LPMHSS, 24 (30%) were signposted to other services, which included substance misuse, emotional wellbeing and neurodevelopmental services. Four cases received information and advice as an outcome. There were also four cases that were referred to SCAMHS.

	Cardiff	Vale	Grand Total	% of Total
Intervention from LPMHSS	17	17	34	42.5%
Back to referrer (patient declined / unavailable)		1	1	1.3%
Provision of information and advice	2	2	4	5.0%
Referral to secondary care		4	4	5.0%
Referred/signposted to other services	15	9	24	30.0%
Other (state in comments)	3	3	6	7.5%
(blank)	3	4	7	8.8%
Grand Total	40	40	80	100%

Table 9

Of the outcomes described as other, two young people required a further assessment before the team were able to make a decision, but subsequently did not require further interventions. Two cases were discharged following non-attendance of the assessment (DNA). The reviewers could not determine the outcome from either the paper or Paris records in seven cases.

Findings

- *Despite Paris being in place, a partial reliance on paper notes remains – this is due in part to not all staff having laptops, and to culture and historical practice.*
- *Case note recordings have gaps and duplication as a result of Paris not being used as the sole record.*
- *Some assessments on Paris are very brief or blank – there is considerable variance in practice between practitioners.*
- *Risk assessments are brief, and focused on self harm/suicide and not broader risks or vulnerabilities.*
- *The risk of a data breach exists due to the need to transport paper files.*
- *The audit identified a lack of evidence for the use of outcome measures to inform clinical decision-making.*

Intervention Performance & Waiting List:

The National Service Model states that the assessment process must identify needs in a timely fashion, to ensure a balance of time and activity for the other functions of the local primary mental health service, and specifically the delivery of the mental health interventions intended to support the individual.

Practitioners record all activity that is not an assessment as an intervention. This is standard practice for PCAMHS throughout Wales. The data relate to the number of interventions started per child, not the number of individual sessions delivered. Therefore, the data cannot differentiate between a child seen for one intervention appointment, six appointments or more than six.

Both the duration and frequency of treatment, the “dosage”, and the amount of time staff spend on assessments, will impact on the time available to deliver interventions. The data contained in Figure 7 below do not therefore entirely demonstrate the potential demand for interventions that may be present without these confounding factors.

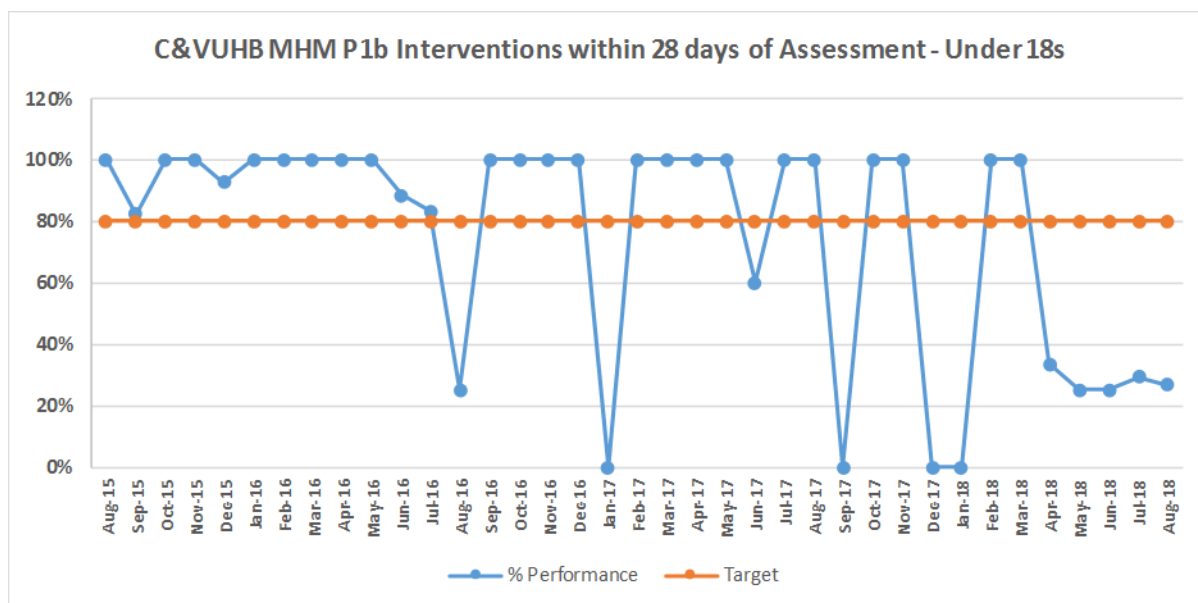


Figure 7

Where identified following an assessment, the HB is required to commence interventions within 28 days and are expected to achieve this for 80% of cases each month. The above data, presents performance against the intervention target as reported to WG. It demonstrates that since August 2016 the 80% performance target has not been consistently achieved and since April 2018 has been below 80% each month.

A snapshot was provided to the DU of the C&VUHB PCAMHS waiting list for intervention as it stood at the 23rd of August 2018, these data are set out in Table 10 below.

Intervention waiting list snapshot 23/08/18	Cardiff & Vale
0 - 28 days	3
29 - 56 days	1
57 - 84 days	0
85 - 180 days	1
181 - 365 days	8
366 days+	0
Total waiting for intervention	13
Per 1000 population	0.13

Table 10

The Snapshot data provided to the DU demonstrated there were 13 people waiting for interventions to commence of which 77% had waited for longer than 28 days.

Recording of Interventions:

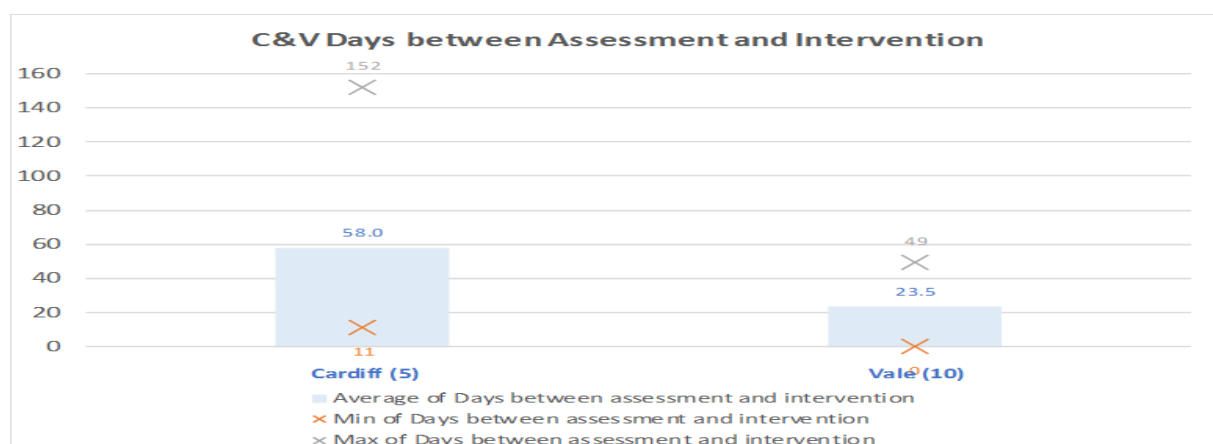


Figure 8

Of the cases audited, the length of time recorded between assessment and commencement of intervention was on average 35 days. The shortest wait between assessment and intervention was 0 days and the longest wait was 152 days.

Whilst the average number of days between assessment and the commencement of intervention was 35, the case note audit identified that the information recorded did not always include the required data. Information gaps within the case notes included the date at which the assessment was completed and the date the intervention commenced. Of the sample audited, there were 65 records where one or both of these dates were missing.

Gaps in information regarding interventions were attributed to practitioners previously not consistently recording interventions on the Paris electronic records system, and errors in the reporting of this information such as different system reports being used. The HB have stated that this has been resolved and the volume and accuracy of reporting interventions has increased.

Of the 80 case notes reviewed, 34 cases identified intervention from the PCAMHS service as an outcome of the assessment 14 of which had been carried out.

Intervention Waiting List:

Staff reported a waiting list for formal interventions and that there is a prioritisation of assessment at the expense of providing interventions.

When describing the intervention waiting list to the review team staff expressed concern and anxiety that they are “holding” children who have been assessed and are awaiting an intervention. They perceived this to be leaving children at risk. In addition they stated that they are not always able to remain in touch with the person whilst they await intervention. This leads to either knowingly holding elevated risk, or not being aware of what, if any, the risks may be.

Children referred to the intervention waiting list are perceived by staff to have a ratio of 50:50 moderate to severe mental health needs. They described instances where C&YP on

the waiting list have presented in crisis at emergency departments. One staff member reported concerns that the current arrangement could lead to a serious case review.

Staff informed the review team that they avoid putting children and young people on the intervention list due to the length of the waiting time. All staff said they would refer more children and young people for intervention but they don't because of the waiting list. It can be concluded from these comments that the existing waiting list whilst long could be considerably longer.

Intervention Modalities:

LPMHSS should offer a portfolio of evidence based, time limited interventions, these interventions may include counselling, psychological interventions (including cognitive behavioural therapy, solution focussed therapy, family work, online support, stress management), bibliotherapy and education.

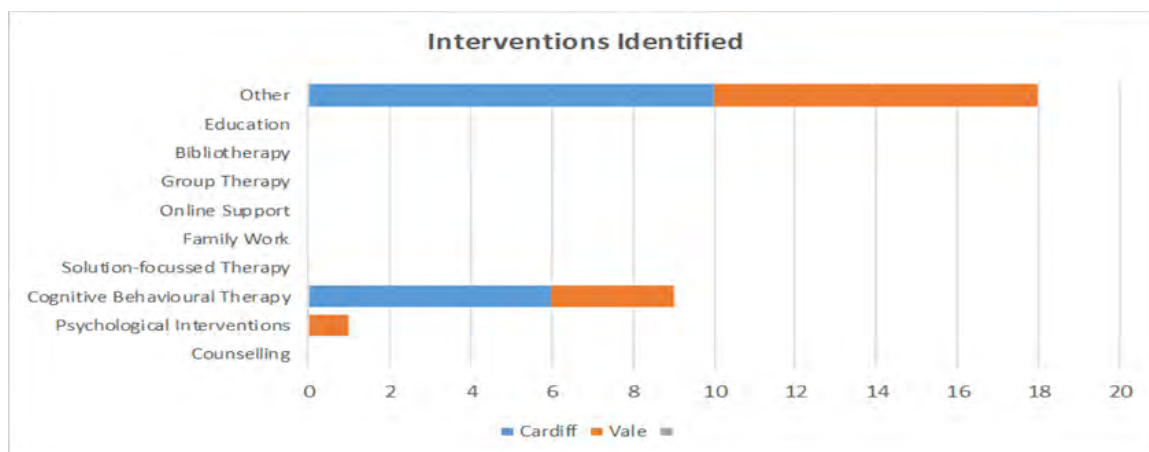


Figure 9

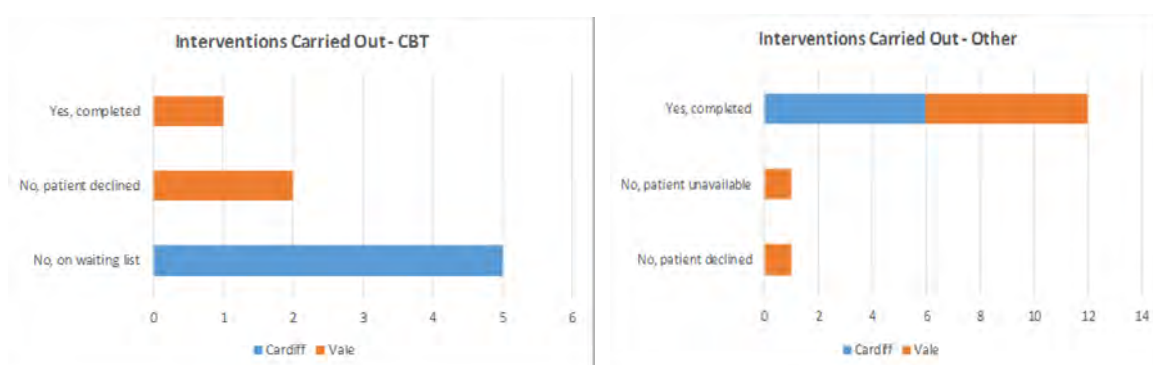


Figure 10

It was not always clear from the audit which interventions were being delivered. Where specific interventions were identified, the majority were recorded as cognitive behavioural therapy (CBT). However, the case note audit recorded a considerable number of interventions as 'other', this was due to a lack of clarity within the case notes on the specific interventions identified or carried out.

There were nine C&YP people identified as needing CBT of which two declined, six were on a waiting list and one had completed the sessions. One case was offered CBT with an outcome of being referred to SCAMHS. Two cases were found to be still waiting for an unidentified intervention.

Staff described having different skills in differing therapeutic modalities and that cases are randomly allocated. As a result the intervention skills used are those which the staff member happens to have rather than being tailored or matched to the young person's needs. Both the staff and the management team acknowledged the need for further training in intervention modalities to improve the availability of suitable modalities to meet specific needs.

The Recording of Interventions and Measurement of Outcomes:

The LPMHSS is required to develop and maintain robust governance systems to ensure the effective use of its resources and achieve optimum outcomes for service users.

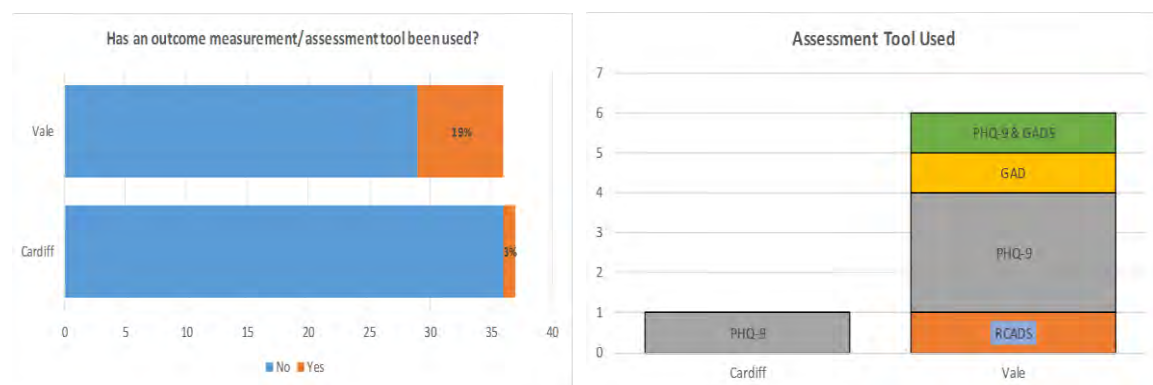


Figure 11

The case note audit found evidence of outcome measurement tools used in 11% of applicable cases. A range of tools were used including PHQ -9, Generalised Anxiety Disorder scale (GAD) and the Revised Children's Anxiety and Depression Scale (RCADS).

Staff commented that they were proud of the outcomes achieved for C&YP. In the past they used specific outcome measures which were sent to the young person with their follow-up appointment letter. However, the team now use symptom-based measures which they feel are too narrow. Staff reported that they would prefer to revert to using outcome scales. One member of staff commented that they used to provide group work in schools and that these had some of the best outcomes of the service. However, the team also stated that they felt the UHB is less interested in the quality of PCAMHS outcomes.

Findings

- ***The service has an extensive waiting list for therapeutic interventions. This is due in part to a greater focus being placed on assessment at the expense of providing interventions. Staff avoid putting children on the waiting list due to its length.***

- *Staff expressed anxiety over “holding” children who are in need of an intervention which they assess is leaving children at risk. They reported some instances where children on the waiting list have presented in crisis.*
- *The audit identified evidence of the use of some therapies, the majority of which were described as CBT. However, no definitive modality was evident throughout the service.*
- *The audit found limited evidence of the use of Outcome measurement. The PCAMHS team believed there to be little evidence that the UHB is interested in the quality of its outcomes.*

Recording of Discharge:

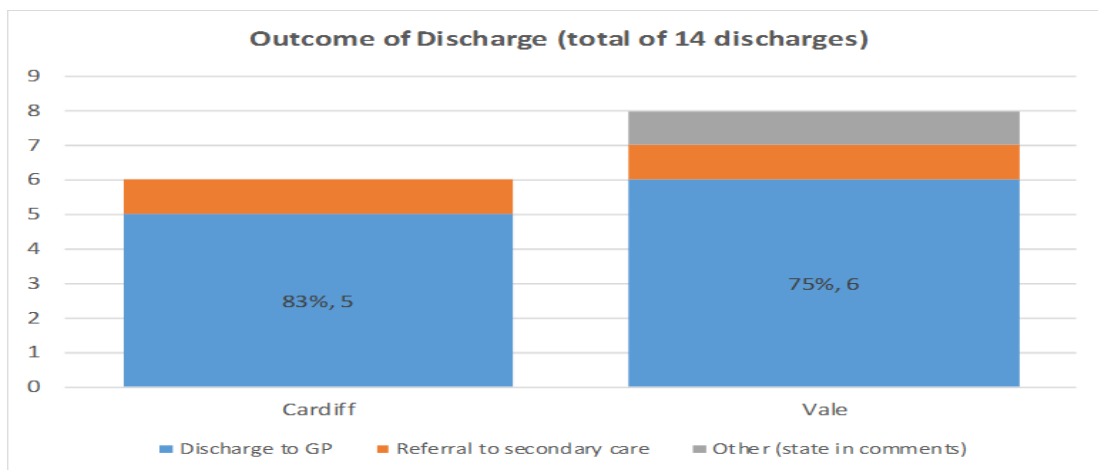


Figure 12

Of the 80 cases audited, 14 were discharged following intervention from the service. Of these 11 (79%) were discharged back to the care of their GP, two were referred to the SCAMHS and one person was referred to the adult LPMHSS. There was evidence of an outcome tool being used at discharge in one case; this was GAD & PHQ-9.

Findings

- *‘The majority of young people are discharged back to care of their GP following intervention’.*
- *‘Outcome measurement is not frequently used at the point of discharge’.*

Audit of SCAMHS:

A sample of 30 cases which were open to SCAMHS but which had not been afforded relevant patient stats, were audited. This was intended as a comparison of the needs of children open to PCAMHS and SCAMHS and to give a brief analysis of the determinants leading to input by SCAMHS, but at the primary care level.

Of the 30 cases reviewed, 50% had been referred by the GP, other referral sources included community paediatrician, looked after Childrens nurse and the primary mental health team.

There were 29 cases where the primary reason for the referral was recorded. The primary reasons for referral included 24% referred for ASD or ADHD, 21% for depression and 21% for anxiety.

Signposting:

In addition to undertaking assessments and interventions, the Measure requires that LPMHSS staff signpost children and young people to other services and liaise with agencies to provide support in meeting their needs.

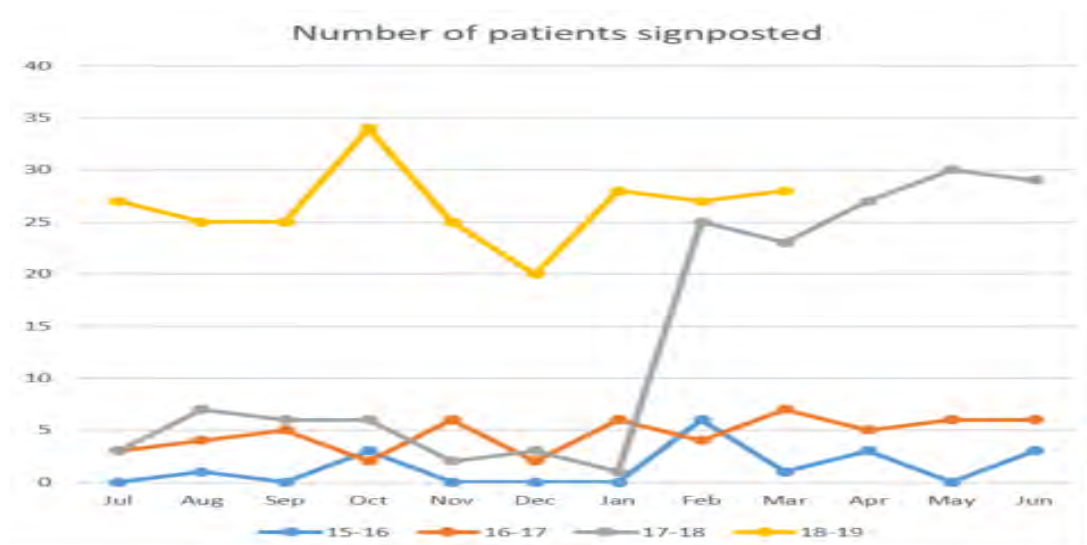


Figure 13

Staff referenced a number of services available to C&YP and their families within Cardiff and the Vale. They demonstrated a good working knowledge of these services, their scope and referral pathways. However, staff described variance in accessibility by the PCAMHS team between these services. For example, some will only accept children over the age of ten.

The team also reported that there are not enough agencies providing services many are receiving high demand and have “tight” access criteria. Staff also commented that the provision of support from the third sector often changes due to short-term funding arrangements.

Provision of Information & Advice:



Figure 14

Part 1 of the Measure requires LPMHSS to provide information and advice. This advice should be directed not only to children and their families but also to schools, General Practice, and other statutory and non-statutory child and family services engaged in meeting the needs of C&YP experiencing emotional and mental health problems. The provision of advice and information can assist other agencies to increase their confidence and competence in meeting the needs of children and their families.

Data submitted by the HB shows that since January 2018 there has been an increase in the number of C&YP who were signposted or received information and advice following a primary care mental health assessment.



Figure 15

It is unclear whether this is demonstrating an increase in the proportion of assessment outcomes that are signposted or an increase the provision of information and advice information and advice, or that data capture within the service has improved.

Whilst it is clear that the number of assessment's being undertaken has increased, not all assessment outcome data is available as such it is difficult to truly ascertain the level of sign posting, information and advice as an outcome of under 18 LPMHSS assessment.

Findings

- *Since January 2018, there has been an increase in signposting and the provision of information and advice as an outcome of the assessment.*

Views of General Practice

An important component of the DU review of C&VUHB PCAMHS was to elicit the views of General Practitioners within the HB. In order to achieve this an online questionnaire was sent to GPs via their Practice Managers.

The survey asked responders to comment on primary mental health services, however, whilst the comments received are of significance across the whole Childrens and young person's mental health system, some comments relate to functions such as crisis response, that are outside of the scope of the primary mental health team. Therefore, they should be considered as a reflection on access to the whole system including both primary and secondary CAMHS.

In total 47 responses were received, 79% of which were from GPs practicing in Cardiff and 21% were from GPs practicing in the Vale of Glamorgan.



Figure 16

Frequency of GP Referrals:

GPs were asked on average how often they make a referral to PCAMHS (figure 17).

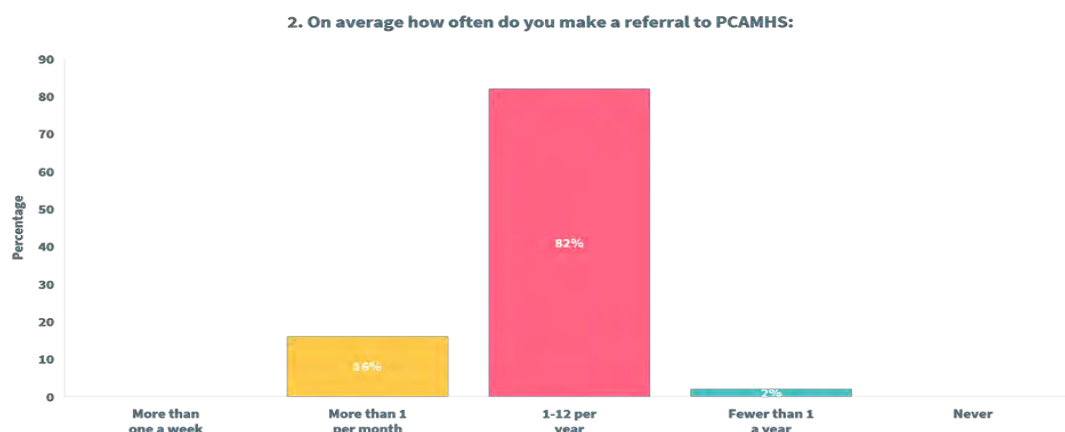


Figure 17

There was some variation in the average number of referral from GPs. Three respondents reported that on average, they would make 1-3 referrals a month, and another reported making six referrals in six months. However, the majority of respondents reported that they would make a referral once every two to three months. Two responses reported making less than three referrals per year.

Reason for GPs making Referrals:

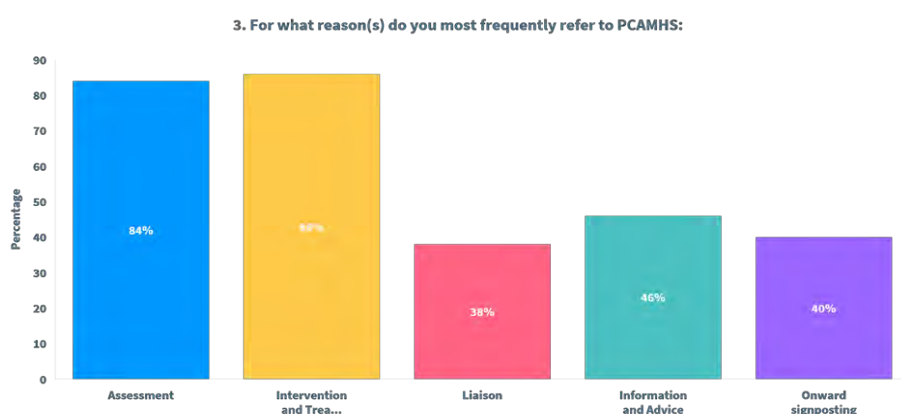


Figure 18

GPs reported that assessment and Intervention or management were the primary reasons for making a referral to the service. A number of responses included depression, suicide or self-harm as a reason for making a referral. Other comments indicated that GPs were not satisfied with the signposting or advice responses from the service.

'I would like them (children and young people) to be assessed. This is the absolute main reason. I do not want a standard letter back suggesting they look at a website. Normally I have identified a patient who is in distress and needs a significant amount of time exploring their issues and formulating a management plan.'

'The service for advice, liaison and signposting is so poor that it's not in the best interests of patients to use CAMHS for this.'

Outcome of Referrals:

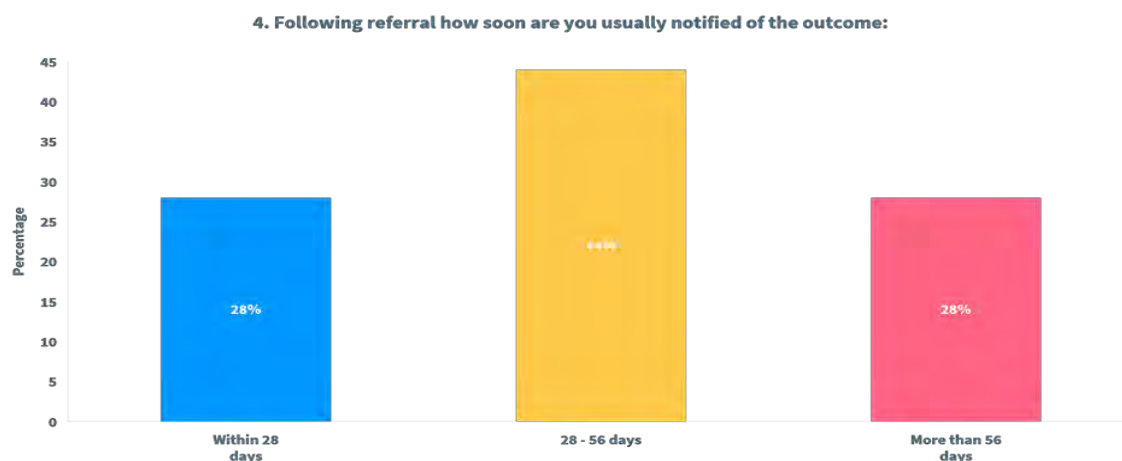


Figure 19

Of the 47 responses received, 28% of GPs reported that they receive notification of the outcome of the referral within 28 days. Where notification was received, many commented that this was notification that the referral had been 'declined' or 'rejected'. Alternatively they were advised on signposting.

'Long wait and often referrals are 'bounced back' with suggestions to signpost to resources that we have already tried'

Comments also suggested that GPs do not receive a notification confirming that the young person is to be seen.

'I will get a rejection letter within 1 month of sending the referral. There is no confirmatory letter sent if they are to be seen.'

'actually the answer is never! we don't get an acknowledgement of the referral and more importantly we receive no notification if urgency of referral is downgraded -all other specialties have the courtesy to let us know that a referral urgency has been changed down or up via wccg'

Many responders commented that communication was poor between the service and GPs.

'On occasions we get a response stating that the referral has been declined, but this is not immediate and can sometimes be months after the referral, meaning that both doctor and patient think they are on a waiting list when they are not.'

'The communication is poor and often delayed'

Satisfaction with PCAMHS:

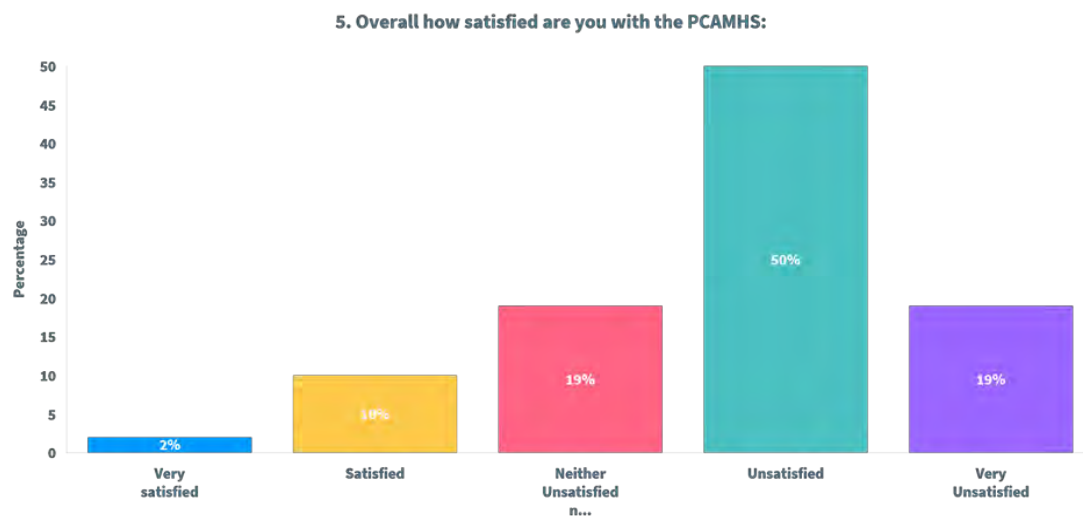


Figure 20

Of those responding to the survey, 69% were either unsatisfied or very unsatisfied with the service. Many of the comments were in relation to the waiting times, responsiveness and communication by the service. A comment was made regarding the interface between PCAMHS and SCAMHS. This concerned the fact that PCAMHS have advised a GP to make a new referral to SCMAHS rather than forwarding the GPs initial referral to SCAMHS.

'Very disappointing with initial referrals, that if felt requires secondary care (i.e. CAMHS) referrals were not directly sent through, and advised a separate, new referral was required'

Further comments were made in relation to accessibility to the service

'very few referrals are accepted, there is supposed to be a one door policy, (i.e. referral on to other agencies if these are deemed more appropriate) but that doesn't work and it is extremely difficult to speak to a clinician for advice'

'There seems to be a disparity between the GP guidelines about onward referral for children's mental health and the acceptance policy.'

Improvements:

6. Can you suggest improvements to the PCAMHS service in your area (if yes, you may want to think about referral pathways, patient access, waiting times and children with mental health crisis please give detail in the comments):

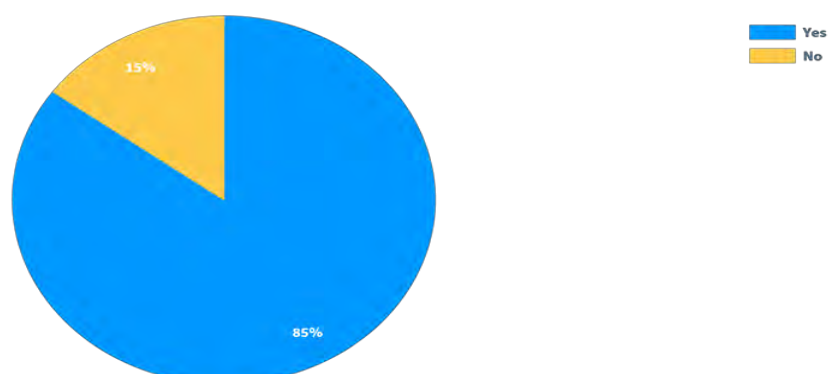


Figure 21

Overall 85% of responders suggested improvements that could be made to the service. A number of comments related to improving how GPs are able to access advice from the service with many suggesting e-advice.

'E-advice, or phone number to speak to member of CAHMS team for guidance re: signposted.'

'Better advice service that is 5 days a week ? E- advice'

'I think giving GP's a list of other services that could be accessed by a referral from us or phone numbers or websites that patients/parents could self-refer as we are often left with a rejected referral and that's it.'

'An advice line phone number would be helpful (if there is one, it is not readily available to GPs)'

Many responders suggested improvements should be made to access especially where the referral is deemed to be urgent or in a crisis.

'Easier access to urgent assessment when I want a young person [seen whom] I feel is at risk.'

'There clearly needs to be more than just two categories of patients. URGENT - (same day) or ROUTINE - (everyone else). This means that severely troubled children often have to wait 9-12 months.'

'Sometimes children who seem to be ' in crisis are rejected as inappropriate'

'CRISIS situations always difficult, does not appear to be any provision for this.'

'A telephone access to scan referrals such as that used in PMHSS would benefit patient as there appears to be a wall when it comes to accessing the service.'

Clarity over referral pathways and improvement to waiting times were common themes for improvement.

'Waiting times, It is often not clear who we should refer to PMHSS, CAMHS, emotional well-being etc'

'I think the main step I would make is have a clear pathway for behavioural difficulties. I would presume this is the majority of referrals to CAMHS - often patients says they have got as far as they can with Families First and are still in trouble. It would leave more time in clinic to deal with depression/anxiety/psychosis etc.'

'Referral pathways would be useful.'

Findings

- ***The majority of responders reported being either unsatisfied or very unsatisfied with the service.***
- ***Many responses described a lack of clarity in referral pathways and a lack of acceptance of referrals.***
- ***Communication and response to GPs regarding the outcome of referrals was considered poor.***
- ***Access to advice from the service was a common suggestion of where improvements could be made including provision of E-advice.***
- ***GPs felt access to the service when the referrals are deemed urgent or in a crisis needs to be improved. Although crisis response is not deemed to be a function of the primary mental team, the team, where presented with a young person in a crisis, should be able and supported to transfer that care without delay to the appropriate level of support .***

ACKNOWLEDGEMENTS

The Delivery Unit would like to extend thanks to the staff of Cardiff & Vale University Health Board for their co-operation and contributions during the review and to the General Practitioners who took time to complete the DU questionnaire.

The views of children, young people, families, carers and wider stakeholders are being sought by the CAMHS ED Network. These will be reported to the Health Board in a separate report.

REPORT TITLE:	Cardiff and Vale Integrated Winter Preparedness and Resilience Plan							
MEETING:	Board Meeting					MEETING DATE:	26.09.2019	
STATUS:	For Discussion		For Assurance	X	For Approval		For Information	
LEAD EXECUTIVE:	Chief Operating Officer							
REPORT AUTHOR (TITLE):	Operational Planning Director (Ext 44574)							
PURPOSE OF REPORT:								

SITUATION:

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

As with other parts of Wales, Cardiff and Vale UHB and its partners are required to develop and approve an integrated winter plan for 2019/20. The experience from last year has been used to inform the development of this plan. The key elements of the plans are described within an overarching document produced by the Health Board and its partner organisations – the Cardiff and Vale integrated winter preparedness and resilience plan.

REPORT:

BACKGROUND:

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

Each year the scale, timing and duration of the demand increase is highly variable and hence difficult to predict with precision. Inadequate provision can have significant consequences for the organisation and our patients; as a result the UHB takes a broad range of mitigating actions in anticipation of the likely pressures.

The production of an annual integrated winter plan has become standard procedure for Welsh Health Boards. While Health Boards lead on the development of the plan, key stakeholders including Social Services, WAST, Public Health and the Third Sector contribute; this reflects the 'whole system' nature of unscheduled care services.

ASSESSMENT:

A detailed review of the 2018/19 winter has been produced and presented previously at Board.

The external 'drivers' of winter pressures for the health and social care system were less pronounced in 2018/19 than they have been in recent years – the incidence of flu was lower, the average temperature was higher and there was limited disruption due to adverse weather. Despite these factors the demand on services was generally the same or higher, and in the case of EU attendances and Medicine admissions significantly higher. Even with the higher activity volumes the unscheduled care system locally responded well with improved performance on the two previous winters and relative to the other Health Boards in Wales.

A multi-agency winter debrief session was held in early July 2019. This further reinforced the importance of integrated working, the impact of additional CRT capacity and the new Get Me Home+ service, and the benefits of the Wales-wide Red Cross and Care and Repair services commissioned by Welsh Government.

Following this review the UHB and partners have developed plans for the forthcoming winter. The Management Executive has received and agreed the specific schemes the Health Board will implement for 2019/20, based upon a risk management approach.

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

The key elements of the plan are:

- enhanced resilience of the out of hours primary care service
- increased community capacity (CRT and Get Me Home+) to support early discharge from hospital
- a focus on respiratory disease, reflecting the significant seasonal pattern for respiratory conditions
- commissioning of additional hospital bed capacity (or equivalent) in line with forecast demand
- further enhanced services for older people, in particular acute frailty and securing the benefits from the ICF investments
- strengthened senior clinical decision-making capacity at key points of the unscheduled care pathway
- continuing the integrated approach to developing the winter plan, working closely with WAST, local authority and third sector partners to promote the 'Home First' principle through admission avoidance and improved discharge processes

RECOMMENDATION:

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

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

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

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

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

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

No



Report Title:	Proposal for Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales						
Meeting:	C&V UHB Board				Meeting Date:	September 2019	
Status:	For Discussion		For Assurance		For Approval	X	For Information
Lead Executive:	Abigail Harris, Director of Planning						
Report Author (Title):	Rachel Hennessy, Programme Director						

SITUATION

The SARC Final Report was considered by the SARC Project Board 1st August. The Boards of the commissioning bodies - health boards, police forces and police and crime commissioners are now being asked to consider and approve the through their individual governance structures throughout the month of September.

Attachment 1. Provides the Final report which includes the detailed background, recommendations and associated costs Boards are being asked to consider.

REPORT

Please provide your report in no more than 2 sides of A4 using the headings below. Essential supporting documentation can be provided as an appendix.

BACKGROUND

This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three acute adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service.

In addition, in phase 1, there is a recommendation for a lead commissioning organisation from within Health to be identified, supported by a joint commissioning boards and the development of an Operational Delivery Network (with a Board).

ASSESSMENT

The proposed model will be staged across three stage.

Stage 1

Stage 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. It excludes costs for ISVAs, Counselling and FME services. Costs for spokes (ISVA, counselling etc), and FME provision will continue to be paid by the current service contractor until the detailed costed models have been agreed (phases 2 and 3) and approved by each commissioning board and service formally procured.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £581,909 per year. The breakdown across Health Boards assumes a split by population.

- Therefore the cost to C&V UHB for phase 1 would be £118,219
- There would be an anticipated reduction in contribution on £83,830 (subject to confirmation of final costs)

Stage 2 and 3

- Stage 2 will look at the provision of the SARC spokes, which includes the provision of ISVA support and counselling.
- stage 3 will look at the forensic medical examination service.

There is a collective agreement across the commissioning organisations that stages 2 and 3 will require detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations individually. There is an assumption the current commissioning organisation will continue to incur existing costs until any new model is agreed and implemented.

Earlier work of NHS Wales Health Collaborative (2015/16) looking at the areas to be addressed in stage 2 and 3 identified costs for the total services model in the region of £3,034,713 (including uplift for 2019)

For comparative purposes, this would mean an additional investment in the service in the region of £1,432,995 across the commissioning organisations.

ASSURANCE is provided by:

- Financial scrutiny and assurance has been provided by the Chief Finance Officers for police and PCCs across South, Mid and West Wales July 2019
- Health boards have considered the financial proposal through their financial representation on the SARC Project and via CEO forum
- The SARC Project Board has approved the service model and costs associated with implementation of phase 1: adult and paediatric SARC hubs, commissioning and network on August 2019
- C&V UHB Executive Group have considered the report.

RECOMMENDATION

The Committee is asked to:

- Approve the overarching model and recommendations
- Approve the costs associated with the implementation of phase 1 only
- Approve work to commence on phase 2 and 3

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		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:

Yes attached to main report

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

Attachment 1	Full report	 final report v0.9 080819.pdf
--------------	-------------	--

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



Sexual Assault Services for South, Mid and West Wales

Summary Report

Executive Lead: Abigail Harris, Executive Director of Planning

Author: Rachel Hennessy, Programme Director

Date: 14th August 2019

Distribution:

- SARC Project Board
- Health Boards (excluding BCUHB)
- South Wales Police, Gwent Police, Dyfed Powys Police
- Police and Crime Commissioners Office for South Wales Police, Gwent Police and Dyfed Powys Police

Assurance and Approval

- Financial scrutiny and assurance has been provided by the Chief Finance Officers for police and PCCs across South, Mid and West Wales July 2019
- Health boards have considered the financial proposal through their financial representation on the SARC Project and via CEO forum
- The SARC Project Board has approved the service model and costs associated with implementation of phase 1: acute adult and paediatric SARC hubs, commissioning and network on August 2019

Purpose and summary of document

This paper provides a summary of the recommendations for the reconfiguration of sexual assault referral centres (SARCs) arising from the SARC programme of work and the high-level costs associated with implementation.

The Final Report was considered by the SARC Project Board 1st August. This paper provides an overview of the recommendations. It will now need to be considered by the commissioning bodies - health boards, police forces and police and crime commissioners - through their individual governance structures throughout the month of September.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three acute adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional

spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service.

The proposed model will be staged across three phases.

Boards will be asked to approve the overarching model and costs associated with the implementation of phase 1 only in September.

Phase1

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. It excludes costs for ISVAs, Counselling and FME services. Costs for spokes (ISVA, counselling etc), and FME provision will continue to be paid by the current service contractor until the detailed costed models have been agreed (phases 2 and 3) and approved by each commissioning board and service formally procured.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £581,909 per year.

Proposed model phase 1	
Health contribution	£581,909
Police contribution	£581,909
total	£1,163,817

The breakdown by health board assuming a split by population would be as follows for phase 1.

Estimated health board split*:- (based on population shares)	Resident populations	%	phase 1
Cardiff & Vale	493446	20%	118,219
Aneurian Bevan	587743	24%	140,811
Cwm Taf Morgannwg	443368	18%	106,222
Swansea Bay	387570	16%	92,854
Hywel Dda	384239	16%	92,056
Powys	132515	5%	31,748
Total Health Boards	2428881	100%	581,909

	Population shares	%	Phase 1
South Wales Police	1283000	54%	314,353
Gwent police	577000	24%	141,373
Dyfed Powys Police	515000	22%	126,182
total police	2375000	100%	581,908

A breakdown by population has been agreed for Health Boards.

For police organisations this is a notional figure and further work will take place to determine how the proportionality will be split.

The phase 1 model would require an additional investment of £633,234 per year across the commissioning organisations.

Contributions	
Current contribution	£530,583
Proposed contributions phase 1	£1,163,817
difference	£633,234

Phase 2 and 3

- Phase 2 will look at the provision of the SARC spokes. £425,115 was allocated in the original modelling work to accommodate this area for ISVAs and counselling.
- Phase 3 will look at the forensic medical examination service. £542,986 was identified as the associated cost of the FME service in the original modelling work.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will required detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

An organisation which currently incurs the costs associated with providing these services in the existing format, will continue to do so until a the detailed model and financial framework has been agreed and the new model implemented.

Earlier work looking at the areas to be addressed in phase 2 and 3 identified costs for the total services model in the region of £2,911,080

For comparative purposes, this would mean an additional investment in the region of £1,251,720 across the commissioning organisations.

Regional model	
Costs of current model	£1,601,759
Costs of proposed model	£3,034,713
Difference	£1,432,954

Based on 50:50 split, contribution to the final model would be expected to be around £1,517,357 for the police and around £1517,357 for health boards. This is based on model developed in phase 1 (2015/16) and may be subject to change following further detailed work on spoke and

FME provision. The tables below show a notional split of the costs only broken down by population.

Estimated health board split*:- (based on population shares)	Resident populations	%	est total
Cardiff & Vale	493446	20%	308,255
Aneurian Bevan	587743	24%	367,162
Cwm Taf Morgannwg	443368	18%	276,971
Swansea Bay	387570	16%	242,114
Hywel Dda	384239	16%	240,033
Powys	132515	5%	82,782
Total Health Boards	2428881	100%	1,517,317

Estimated police force region split*:- (based on population shares)	Resident populations	%	est. total
Dyfed Powys Police	516754	21%	318,637
Gwent Police	587743	24%	364,156
South Wales Police	1324384	55%	834,524
Total police region	2428881	100%	1,517,317

Following the work of the NHS Wales Health Collaborative (2016), the Cabinet Secretary for Health directed Health Boards to ring-fence funding from 2016/17 onwards, in line with the figures in the NHS Wales Health Collaborative report. This report identified a model that would cost health boards £1,684,453 per year.

1. SITUATION

This paper sets the context for the reconfiguration of SARC services across South, Mid and West Wales and provides an overview of the final recommendations from the sexual assault referral centre (SARC) Project Board together with the associated costs.

2. BACKGROUND

In 2013, Welsh Government commissioned a review to examine the extent to which sexual assault referral centres (SARCs) fulfil the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across South, Mid and West Wales, led by the NHS Wales Health Collaborative.

A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model. As North Wales already has a single integrated health and police SARC located in Colwyn Bay, they were excluded from the reconfiguration work. As work continues in Phase 2, North Wales have been included in ongoing discussions, together with an open invitation to participate key pieces of work as they feel appropriate.

Following an option appraisal process, a preferred model emerged which identified a regional configuration of services comprising 3 adult hubs in Cardiff, Swansea and Carmarthen, two children's hubs in Cardiff and Swansea, supported by a network of spokes in Newtown, Aberystwyth, Risca and Merthyr Tydfil.

The service model was developed and supported by a range of stakeholders through a series of workshops and further tested through focused engagement with victims, families, carers and support/third sector groups.

In December 2016, the service model was agreed in principle by the SARC Project Board and an end-stage report was produced for consideration by the boards of the commissioning organisations (health and police force), with the intention of closing phase 1 and moving to phase 2 – the implementation planning phase. Following a number of concerns raised by different organisation, including the need for clarification on the financial model; commissioning; and value for money, the report was withdrawn.

A revised report was considered by the SARC Project Board in December 2017. In order to move forward with Phase 2, agreement was reached in principle. This was achieved subject to further review of the proposals and supporting evidence, which reflected concerns that the proposed model did not meet the needs of the population in the north of Dyfed Powys region and the ability to deliver a two-site children's SARC hub.

In June 2018, Phase 2 the 'implementation-planning' commenced led by C&V UHB on behalf of the partner agencies. This phase gave a commitment to reviewing the proposed service model, activity and costs. A new multi-agency SARC Project Board

was established, Chaired by Maria Battle, Chair of C&V UHB, together with a supporting governance structure.

Following a number of multi-agency workshops, phase 2 recommended a model, which retained the principles of phase 1 - three adult hubs, two childrens hubs and a number of spokes. However, the recommendation for the adults hubs proposes Aberystwyth as the third hub alongside Cardiff and Swansea rather than Carmarthen. Recommendations have also been made in relation to the provision of forensic medical examination services, commissioning and procurement and the establishment of a delivery network.

The project was initially established to look at the acute component of the SARC pathways. However, it is recognised that the wider pathway, in particular the therapeutic element, including the provision of counselling will need to be considered moving forward. This has been highlighted as a priority area by the Children's commissioner for Wales.

This report provides further details of the recommendations and the impact for C&V UHB.

3. ASSESSMENT

3.1 SERVICE MODEL

The definitions of a hub and spoke in the context of the provision of SARC services is as follows:

Definition of a SARC hub

- 'A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector.
- This should include an acute forensic examination with referral pathways in place to local services to support follow up care'
- Provides an acute health needs assessment: includes emergency contraception, Sexually Transmitted Infection (STI) risk, with management and the provision of medication at first attendance where indicated.
- Provides emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals

Definition of a SARC spoke

- A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector'
- Does not provide forensic medical examinations'.
- The spoke should also provide support for victims engaged in criminal justice proceedings.
- A hub would also house a spoke facility for the local community'

The primary difference between the 'hub and spoke' is where the forensic examination and health needs assessment takes place i.e. within the hub.

- **Childrens services**

Current model

Until recently the provision of acute services for children under 14 were from Sapphire Suite located in Singleton Hospital, Swansea Bay University Health Board (SB UHB) and Ynys Saff SARC, Cardiff Royal Infirmary (CRI), Cardiff and Vale University Health Board (C&V UHB). Children attending these services would receive a joint examination with a paediatrician and forensic medical examiner. Historic cases (those over seven days), were provided from a weekly clinic held in Singleton Hospital, Swansea, Nevill Hall Hospital, Abergavenny and Ynys Saff SARC, with out of hours service provision at Ynys Saff SARC for the region of South, Mid and West Wales.

All children over the age of 14 are currently seen for a forensic examination at their nearest SARC. The third sector (New Pathways) support this service and forensic medical examinations (FMEs) are undertaken there by private providers contracted by the police. There is no direct input from health.

Last year as a result of difficulties with recruitment and retention of paediatricians in Swansea, the acute service was suspended. A proposed model, to send all acute cases of children under the age of 14 the Ynys Saff SARC both in and out of hours was developed and approved by the SARC Project Board. This was further consider by Health Board CEOs who gave a commitment to supporting this model and the resources required, for an initial period of 12 months, although it is anticipated this service will continue until the new model is implemented.

The interim model formally commenced 1st April 2019. This model has enabled a clinic to be established five days a week during working hours, supported by the appointment of a new consultant and small team, with the intention to reduce the number of referrals out of hours, which should benefit a child. During the interim phase, historic cases will continue to be seen at Singleton Hospital, Nevill Hall Hospital as well as Cardiff. Out of hours provision will continue to be provided from Ynys Saff SARC for the region.

Proposed model

Phase 2 gave a commitment to reviewing the proposal for two children's hubs and determining the feasibility, especially in light of the concerns regarding recruitment and retention of paediatricians. This work was supported with input from a multi-agency workshop, a dedicated task & finish group and a focus group comprising paediatricians from across the region.

In conclusion, the SARC Project Board is recommending the following:

- Two paediatric SARC hubs, one in Cardiff (C&V UHB) and one in Swansea (SB UHB).
- The age range of children seen for a joint examination with a paediatrician and forensic examiner in the paediatric SARC hubs is increased to include children up to 16 years

- Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the Forensic Medical Examiner (FME).
- Health needs will be considered at each SARC Hub with appropriate signposting.
- Out of hours services will continue to be provided from Ynys Saff SARC at Cardiff, but will the age range will change to reflect to in-hours services.
- Discussions will also take place with BC UHB for children in North Powys to access services in Colwyn Bay where appropriate.

Further work will be required to identify a suitable location for the children's SARC hub in Swansea that meets required standards and guidance for children's services and forensic medical examination and an appropriate funding stream identified. It will also be necessary to develop a training plan for paediatricians to enable them to see children over 14 years of age.

Increasing the age of children attending the paediatric SARCs up to 16 years, has been identified as a priority by the Children's Commissioner.

- **Adults services**

Current model

Service for children over the age of 14 years and adults is currently provided across South, Mid and West Wales by the third sector (New Pathways) from SARCs located in Risca, Merthyr Tydfil, Swansea (this is not the same provision as the children's SARC services), Carmarthen, Newtown and Aberystwyth. The exception to this is Cardiff & Vale where services for adults are provided by NHS Wales through Ynys Saff SARC.

All SARCs across the region currently offer the facility for adults to undergo a forensic examination. The police commission this service from the private sector. The exception is Gwent police who have a mixture of private provider and self-employed doctors. The third sector (New Pathways) support the forensic medical examination at each of the SARCs, as well as providing more therapeutic support such as counselling services. There is no input from NHS Wales into the existing adult SARCs outside of Ynys Saff SARC. FMEs should make appropriate referrals to sexual health and other support services in order to address an individual's holistic health needs.

Proposed model

During phase 2, work has taken place to review the existing proposal in light of updated activity and the need to consider access across the region, particularly for the north Dyfed-Powys region in light of concerns raised previously. Several multi-agency workshops have also taken place. Whilst the recommendations continue to support the development of three adult SARC hubs, the location of those hubs has been amended to reflect the needs of the population of North Dyfed Powys region.

In conclusion, the Project is recommending the following:

- Three SARC Hubs – Cardiff, Swansea and Aberystwyth. SARC hubs will provide a full medical assessment (health assessment and forensic medical examination)
- The remaining existing SARCs (Risca, Merthyr, Newtown, Carmarthen) will act as ‘spokes’
- Acute hubs would also act as spokes for their local population.
- Follow-up requirements will be provided as local as possible, from the nearest SARC spoke for therapeutic support
- Ongoing health needs including sexual health screening will be provided in line with the commissioning arrangements of the local health board in which the individual is resident.

Based on previous activity this suggests potentially an additional 93 adult cases requiring a forensic medical examination per year. This will bring the total anticipated activity for adult forensic medical examinations for adults at Ynys Saff SARC to 179, based on 2017/19 activity. The [Final Report](#) provides further detail on the activity levels that has been used to underpin the proposed service model.

- **FME services**

Current model

As highlighted above, FME services are provided through contractual arrangements between individual police forces and a mixture of private providers and self-employed doctors. The original work in phase 1 did not consider the provision of FME services. However, a commitment was given to looking at this provision in Phase 2. An FME task & finish group was established and a multi-agency workshop held to work through the options. In conclusion the Project Board is recommending the following:

- A Health-delivered Forensic Medical Examination (FME) service as the preferred means of delivery in Wales, with commitment and support from Police and Health Services to achieve it. However, it is realised the transition time may take five to ten years dependant on current police contracts with the private sector and the necessary training of health professionals to undertake the roles.
- A move to a single private provider for FME services. There is an agreement that Health and the Police will take an integrated approach to developing and monitoring a service specification for procuring the forensic services. Due to legislation, the FME service would need to continue to be commissioned by Police.

The proposed model will require a detailed workplan, with a clear commitment from health and police organisations to support the development phase and the long-term running costs of the services. Specifically, this must include the training of staff, possibly concurrently with the interim model. It is important that the training plan is built on national standards and guidance. Options for the identification of an appropriate funding stream to enable this development must be considered as early

as possible in order to have Forensic Medical Examiners trained and ready to deliver the service.

In the interim, there is agreement that Health and the Police would take an integrated approach to developing and monitoring a service specification for procuring the forensic services. Due to legislation the FME service would need to continue to be commissioned by Police.

3.2 COMMISSIONING AND CONTRACTING

Current model

The existing service (New Pathways), has evolved over a significant period of time and is primarily provided by a single third sector provider across South, Mid and West Wales. As such, appears no formal procurement process has taken place to award contracts to the third sector providers.

The police currently pay the third sector for the majority of the SARC service and commission FME provision. Health contribute only to the provision of services in C&V UHB and until recently SB UHB and more recently provide ring-fenced funding received from Welsh Government directly to New Pathways. There appear to be no data and financial returns in place for the third sector, similar to those that are usually part of a formal commissioning arrangement.

Proposed model

Work of the NHS Health Collaborative (2015/16), recommended an independent lead commissioning organisation from health, a joint commissioning structure (comprising health and police as the commissioning bodies) and a move to develop pooled budgets. Further work has been undertaken to develop a proposal, which CEOs will be asked to consider in early Summer 2019.

Guidance has been sought from NHS Wales Shared services. As public bodies providing the funding to SARC services, there is a statutory obligation to go through an open and transparent public procurement process in the case of the SARC proposed Hub and spoke services. The exception to this will be the service at Cardiff and Vale (C&V) UHB and children's services at Swansea Bay UHB, which, as existing NHS service currently funded by NHS and Police, provides for the local population (and will not change), can be excluded from a procurement process.

The lead commissioning organisation will need to work with the commissioning organisations and Shared Services to develop a model for commissioning that recognises the different needs of the population in each region, whilst ensuring standards and guidance are met.

4. IMPLEMENTATION

4.1 Establishing a SARC Delivery Network

Previously there has been a lack of collaboration and integrated working across the region when looking at the provision of services for adults and children who may have suffered a sexual assault. Whilst there has been significant progress through

the work of the Project to develop closer working relationships between organisations and sectors, it is recognised that a formal Network structure would help to ensure this continues.

Proposed model

It is proposed that an All Wales SARC Delivery Network is established comprising a lead commissioning organisation, joint commissioning board and a multi-agency operational delivery network group. This will need to include health, police, commissioners, local authority and third sector. The SARC Delivery Network will be the vehicle through which specialised SARC services for adults and children can be planned and commissioned and delivered on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. This will include the management of a ring-fenced budget.

As the current host of the Project and the largest service provider it is recommended that C&V UHB host the Delivery Network and associated workforce.

5. FINANCE

The financial model in phase 1 was based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes alongside the spokes in the hubs and a regional component. The revised model retains a commitment to this service model.

Agreements supported by the project board in phase 1 (2015/16) have been upheld throughout phase 2 (2018/19), which include the following assumptions used to underpin the finance modelling work:

- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- Clinical supervision is managed within the resources identified in the proposed model
- Cardiff infrastructure costs have been excluded
- Out of Hours referrals will reduce due to extended opening times and proposed expansion to daily clinics
- Paediatrician out of hours are minimal, and costs are based on the current model in Cardiff and Vale

Phase 1, as advised by the finance team at the time, modelled the costing of the workforce based on NHS Wales Agenda for Change (A4C) pay scale (mid-point and including on-costs). There was recognition at the time that the pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. It is acknowledged, however, that these costs only apply to NHS provided services and therefore are notional as a procurement process will need to take place for SARC services outside those currently provided by the NHS,

Funding streams included relate only to those in health and police allocated to SARC services. They do not include any additional grants received by New Pathways for other service provision, which may or may not relate to SARC services.

Financial implications

Assumptions

The financial model follows the original assumptions used in the financial modelling work in 2015/16:

Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.

- Clinical supervision is managed within the resources identified in the proposed model
- Cardiff infrastructure costs have been excluded
- Out of Hours referrals will reduce due to extended opening times and proposed expansion to daily clinics
- Paediatrician out of hours are minimal, and costs are based on the current model in Cardiff and Vale

As advised by the finance team at the time, the cost of the workforce was based on NHS Wales Agenda for Change (A4C) pay scale . There was recognition that pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. A formal procurement process will need to take place to award contracts to the third sector, which it is anticipated would be less than the allocated budget.

Funding streams included relate only to those in health and police allocated to SARC services. They do not include any additional grants received by New Pathways (third sector provider of SARC supporting services) for other service provision, which may or may not relate to SARC services.

Revised Costs and Phasing

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the 'spokes' (stage 2) and the FME services (stage 3) needs to be undertaken to ensure that each component accurately reflects the needs of the service.

Stage 1

Stage 1 will support the implementation of the acute SARC hubs for children and adults and the establishment for the Network and commissioning roles.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £581,909 per year.

Table 1. Contribution split

Proposed model phase 1	
Health contribution	£581,909
Police contribution	£581,909
total	£1,163,817

Table 2 show the proportionality split by resident population. This is a notional split for police organisations and further work will be required to agree how a proportionality split will be made.

Table 2. Distribution or costs phase 1.

Estimated health board split*:-			phase 1
(based on population shares)	Resident populations	%	
Cardiff & Vale	493446	20%	118,219
Aneurian Bevan	587743	24%	140,811
Cwm Taf Morgannwg	443368	18%	106,222
Swansea Bay	387570	16%	92,854
Hywel Dda	384239	16%	92,056
Powys	132515	5%	31,748
Total Health Boards	2428881	100%	581,909

Estimated police force region split*:-			phase 1
(based on population shares)	Resident populations	%	
Dyfed Powys Police	516754	21%	122,201
Gwent Police	587743	24%	139,658
South Wales Police	1324384	55%	320,050
Total police region	2428881	100%	581,909

- **Revenue costs**

The workforce model has been develop in line with the principles of the service specification developed in Phase 1 (2015/16) and reviewed with existing SARC managers.

As advised by the finance team in Phase 1 (2015/16), the cost of the workforce are based on NHS Wales Agenda for Change (A4C) pay scale (mid-point and including on-costs). There was recognition that the pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. It is acknowledged, however, that these costs only apply to NHS provided services and therefore are notional as a procurement process will need to take place for SARC services outside those currently provided by the NHS.

- **Non pay costs**

Non-pay costs comprise all costs not associated with payment of the workforce. This includes general consumables, drugs, travel, ISO accreditation etc. Costs to support the non-pay have been identified in the financial model.

To support the delivery of Phase 1 (Implementation of acute SARC Hubs for adults and children and establishing the commissioning framework and network), the non-pay cost included in the financial case is based on the current non-pay costs incurred by Ynys Saff SARC as the only existing integrated SARC hub for the region providing health and forensic assessment. There is also an additional £20,000 included to reflect the anticipated increase in travel costs for service users associated with a move to three hubs. A clear operating policy will need to be developed to support this. The non-pay costs will need to be monitored closely by the joint commissioning board.

Costs associated with the three-yearly assessment for ISO accreditation are recognised in the financial case. Any work required to meet accreditation standards for Ynys Saff SARC, Cardiff will be included within the C&V UHB major capital business case currently going through the All Wales planning process. Costs associated with relocation of Aberystwyth will need to be included in any appropriate capital bid for Hywel Dda UHB as referenced above, as will those for Children's acute hub in Swansea, led by Swansea Bay UHB. Further, discussions will need to take place regarding Swansea adult hub as the premises are owned outright by the third sector and have recently been subject to complete refurbishment. Clarification will need to be sought regarding the level of involvement by the police in developing the forensic requirements of the new build and assurance from the third sector that ISO requirements have been addressed

The police throughout the UK to allow for quality assurance from suppliers have always provided specialist forensic consumables. No changes to this model have been considered to date.

- **Capital Costs**

Capital costs have not been included in phase 1 or 2 as the focus of the project has been on reconfiguration of existing services.

Therefore, there is an assumption that equipment including scopes, consumables etc. that currently support forensic service at the SARC sites, that will no longer host a forensic facility, will be transferred to the new acute SARC Hubs.

Whilst it is not possible to go into significant detail regarding capital costs at this stage, it is possible to clarify some high level principles associated with management of capital costs. There is also an assumption that existing funding streams will continue until a formal change to the commissioning model is in place. Any changes to revenue and capital responsibilities outside those agreed by Boards in September, will also need to be agreed through a clear joint commissioning framework and will be developed through the proposed joint commissioning and procurement board,

comprising representatives from health, police forces and police and crime commissioners

Where a SARC hub is located on health premises and required capital investment, a business case for capital costs, which may collectively include the costs of equipment, fixtures, fittings and inclusion of examination facilities to meet ISO standards, would be developed by the Health Board hosting the SARC Hub and considered through existing NHS capital planning processes. Development of the business case would require endorsement from police colleagues.

There are currently two capital planning streams in the NHS. The process followed will depend on the level of investment required. Each Health Board has a discretionary capital programme, which addresses smaller capital requirements. This would also be available to apply for replacement equipment. In addition, where major capital investment is required, it would be necessary to develop a formal business case by the hub host provider for consideration through the All Wales Capital Planning Programme.

Where an acute hub is located on an NHS site, ongoing responsibility associated with the maintenance of the site will also be the responsibility of the host Health Board.

- **Transitional Costs**

Transitional costs to support the implementation of the recommended service model e.g. commissioning and Network development, have been built into the overarching finances. Health Boards will continue to support a Programme director to lead the work. Police forces have indicated a commitment to identifying resource to support the Programme Director in the next phase of the work.

- **Additional costs**

It is recognised that the costs associated with the recommended model are only those identified as 'direct costs'. Both health and the police incur significantly more costs associated with SARC service provision, as part of their wider service delivery.

Consideration will need to be given to how any unforeseen costs will be accommodated. This will need to be considered by the joint commissioning board.

6. FURTHER WORK PLANNED

6.1 Phase 2 and 3: 'spokes' and Forensic Medical Examination services

- Phase 2 will look at the provision of the SARC spokes. £425,115 was allocated in the original modelling work to accommodate this area for ISVAs and counselling. Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.
- Phase 3 will look at the forensic medical examination service. £542,986 was identified as the associated cost of the FME service in the original modelling work.

Assuming there are no further increases in stage 2 and 3 this would result in a total model costing £3,034,713.

Regional model	
Costs of current model	£1,601,759
Costs of proposed model	£3,034,713
Difference	£1,432,954

The total costs of phase 1,2 and 3 will be split 50:50 between health and police, with each sector required to contribute £ per year.

Based on 50:50 split, contribution to the final model would be expected to be around £1,517,357 for the police and around £1,517,357 for health boards. This is based on model developed in phase 1 (2015/16) and may be subject to change following further detailed work on spoke and FME provision.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will required detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

7. TIMELINE

It is recognised that it will take several years to implement the recommended model and therefore costs will need to be phased over a period of time. Whilst approval has been given to move forward with the acute service provision, further work will be needed to develop a costed service model for 'spokes' and FME service provision. Each of these models will need to be considered and approved by each of the commissioning bodies prior to moving forward with implementation.

A proposed timeline is attached.

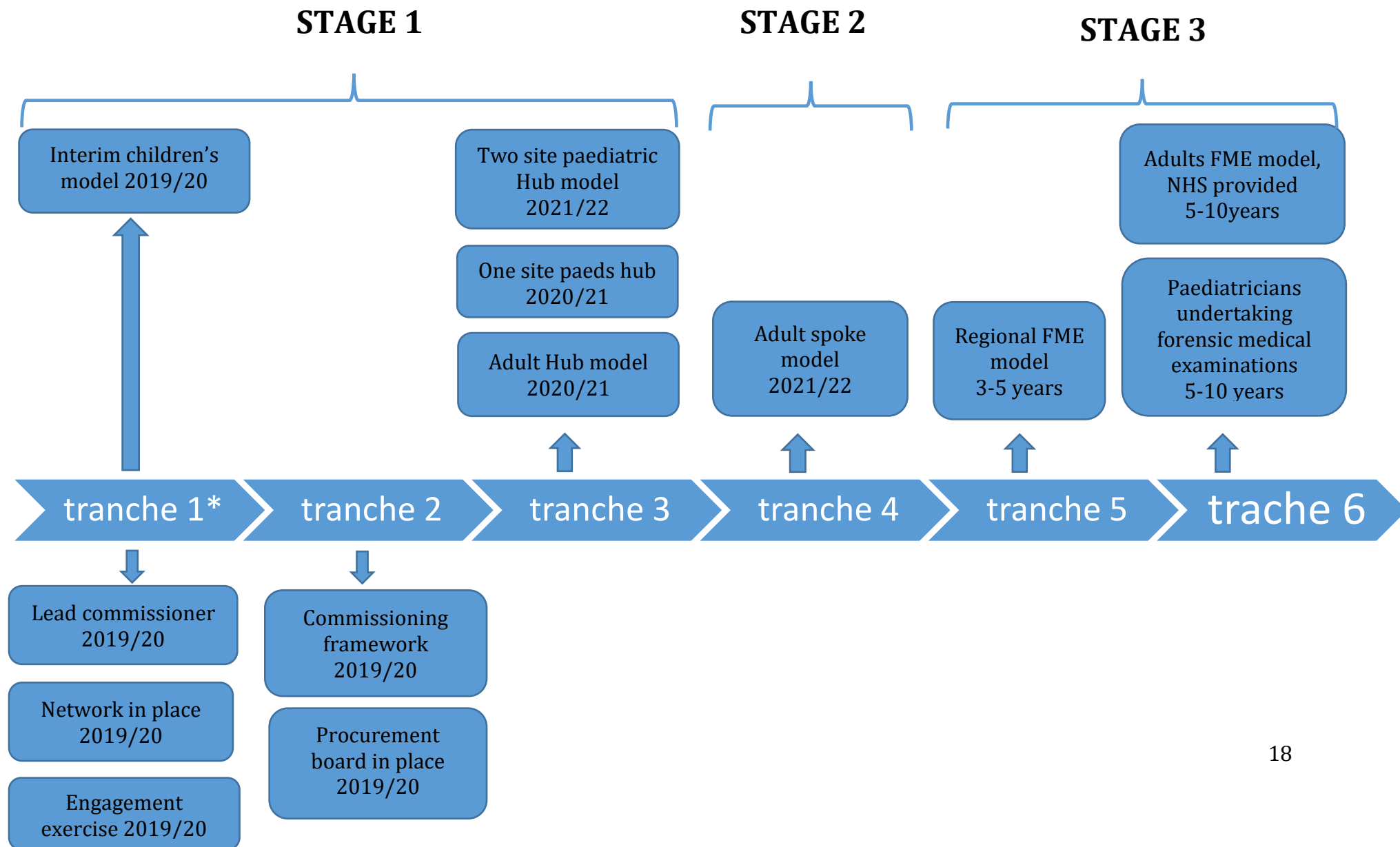
8. RISKS

- Progress with the implementation of reconfigured service model may be significantly delayed as a result of individual commissioning organisations being unable to support the required financial contributions, which as a result may lead to negative publicity for the police, health Boards with Welsh Government and the partner agencies. This may be mitigated by ensuring all

organisations continue to be engaged in the SARC Programme and are aware and involved in developing timelines.

- Progress with implementation may be delayed a result of the need to undertake formal engagement and/or consultation on the proposed model. Clarity will be sought from Welsh Government regarding expectations.
- Progress with implementation may be delayed due to Police and Crime Commissioners Office (PCC) being unable to fully consider recommendations due to the impact on forthcoming PCC elections.
- The total cost of model may significantly exceed the original costs identified as a result of more detailed modelling work and agreed phasing.

Attachment 1. DRAFT TIMELINE



Attachment 2
SARC Paper

Change in Contribution over 3 years (Phase 1 implementation)

Organisation	Current	year 1	year2	year3	Total change in contribution over 3 years	Total contribution on revised model
	£	£	£	£	£	£
AB UHB	86,019	61,409	114,249	140,825	54,806	140,825
C&V UHB	202,061	51,557	95,919	118,231	-83,830	118,231
CTM UHB	51,607	46,325	86,184	106,232	54,625	106,232
HD UHB	53,822	40,122	74,644	92,007	38,185	92,007
PTHB	13,998	13,846	25,759	31,751	17,753	31,751
SB UHB	123,067	40,495	75,338	92,863	-30,204	92,863
total	530,574	253,754	472,093	581,909	51,335	581,909

	Population *	%
Aneurin Bevan	587,743	24%
Cardiff & Vale	493,446	20%
Cwm Taf Morgannwg	443,368	18%
Hywel Dda	384,000	16%
Powys	132,515	5%
Swansea Bay	387,570	16%
Total Health Boards	2,428,642	100%

*data taken from www.statswales.gov.uk (mid year 2017)

Proposal for Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales

Author:	Rachel Hennessy, Programme Director
Executive Lead:	Deputy Director Strategy and Planning, C&V UHB
Approved by:	SARC Project Board
Date document approved:	1 st August 2019
Caring for People, Keeping People Well:	This proposal is key in delivering outcomes that matter to people and providing sustainable services through delivering care across sectors
Financial impact:	Section 6.
Quality, Safety, Patient Experience impact:	This proposal will provide a more accessible and sustainable service for some of the most vulnerable adults and children across South, Mid and West Wales
Health and Care Standard Number:	2.7 Safeguarding Children at Risk and 3.1 Safe and Clinically Effective Care
Equality Impact Assessment:	Section 7.

Assurance and Approval

- Financial scrutiny and assurance has been provided by the Chief Finance Officers for police and PCCs across South, Mid and West Wales July 2019
- Health boards have considered the financial proposal through their financial representation on the SARC Project and via CEO forum
- The SARC Project Board has approved the service model and costs associated with implementation of phase 1: adult and paediatric SARC hubs, commissioning and network on August 2019

Index

section		Page number
	Executive Summary	3
1.	Situation	5
2.	Background	5
3.	Assessment and assurance	6
3.1	<u>Childrens services</u>	7
3.1.1	Children living in North Powys	10
3.2	<u>Adult services</u>	11
3.3	<u>Forensic Examination Services</u>	14
4.	<u>Commissioning Intensions</u>	17
5.	<u>Establishing a SARC delivery network and commissioning framework</u>	18
6.	<u>Finance</u>	20
7.	<u>Equality Impact Assessment</u>	26
8.	<u>Recommendations</u>	27
Attachments		
Att. 1a	<u>Financial Framework proposed model</u>	30
Att. 1b	<u>Phasing of Stage 1</u>	31
Att. 2	<u>Proposed timeline</u>	32
Att. 3	<u>Service specification</u>	33
Att. 4	<u>Key Principles</u>	34
Att. 5	<u>Baseline Data</u>	35
Att. 6a	Indicative <u>Travel times</u>	38
Att. 6b	<u>Proposed pathways based on indicative travel times</u>	39
Att. 7	<u>Equality Impact Assessment</u>	40
Att. 8	<u>Glossary</u>	54

Executive Summary

This paper details the recommendations for the reconfiguration of Sexual Assault Referral Centres (SARCs) across South Mid and West Wales. This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

This Final Report was considered and approved by the SARC Project Board 1st August 2019. This report will be considered and approved through internal governance structures of the commissioning organisations through the month of September 2019.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes presently located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework.

The proposed model will be staged across three phases.

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £578,159 per year.

Proposed model phase 1	
Health contribution	£581,909
Police contribution	£581,909
total	£1,163,817

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations, including Police Chief Finance Officers, to support moving forward with phase 1

Phase 2 and 3

- Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

- Phase 3 will look at the forensic medical examination service. £666,619 was identified as the associated cost of the FME service in the original modelling work.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will require detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

Assuming there are no further increases in costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of £1,375,353 across the commissioning organisations.

Regional model	
Costs of current model	£1,659,360
Costs of proposed model	£3,034,713
Difference	£1,375,353

Based on 50:50 split, Health Boards and police would each be required to contribute around **£1,517,357**.

1. SITUATION

This paper provides an overview of Phase 2 of the Sexual Assault Referral Centre (SARC) project since its inception in June 2018. It provides an overview of progress and outlines the key areas for discussion. There remains a commitment from all agencies to the delivery of a service that is clinically safe, sustainable and meets the needs of the population of Wales. It must also demonstrate value for money.

Further integration between health and the police in the delivery of forensic services continues to be a priority, with a joint commitment to the delivery, in the future, of a public sector provided forensic medical service. This paper needs to be considered in conjunction with the proposed financial framework to support the model (attachment 1). An overarching proposed timeline is also attached (attachment 2.)

On approval of this report by the SARC Project Board, the recommendations will need to be considered through internal governance structures for health, police and Police and Crime Commissioners (PCC) as the commissioning organisations. Any further changes to the service model or funding requirements will also need to be considered by the individual commissioning organisations through their internal governance structures.,

2. BACKGROUND

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCs fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

Following an option appraisal process, a preferred model emerged which identified regional configuration of services comprising children's services located in two hubs at Cardiff and Swansea and adults services located in three hubs in Cardiff, Swansea and Carmarthen, supported by spokes in Risca, Merthyr Tydfil and Aberystwyth. Newtown was only established during the project phase. It was noted that it would be considered an additional spoke for the area of Dyfed Powys.

In December 2017, the model was agreed in principle, subject to a further review. Concerns were expressed by the Police and health organisations in Dyfed Powys that the proposed move to a single adult hub providing forensic examination services in Carmarthen would be detrimental to the population in the north of the region due to the geography.

In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

The remainder of this paper provides details on the service models and recommendations made by the Project to support a regional SARC service model.

3. ASSESSMENT AND ASSURANCE

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: 'A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (with access to emergency Intrauterine Device (IUD) fitting) and Sexually Transmitted Infection (STI) risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

SARC Spoke: 'A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations'. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community.

The table in attachment 3 provides a more detailed outline of the services available at the hub and spokes.

The work to develop a preferred service model for the region is underpinned by these definitions, a set of key principles and a baseline data set (attachment 4).

A series of multi-agency option appraisal workshops have taken place and the outcomes used to inform the final model. The finding of the Equality Impact Assessment (EIA) undertaken in Phase 1 has also been considered.

3.1 Childrens Services

There remains a commitment to the original modelling work (2015), which identified two paediatric SARC hubs (Swansea and Cardiff) to provide paediatric acute and historic services across the region – ongoing support will be provided from the more local SARC spokes.

However, difficulties with recruitment of paediatricians in Swansea in 2018 resulted in a proposal to move to an interim model where acute presentations of children under the age of 14 from across the region are being seen at Ynys Saff SARC, Cardiff. Prior to this, children under the age of 13 were seen at Abertawe Bro Morgannwg (ABM) University Health Board (UHB) in hours, including acute presentations, for the population of Swansea and Ceredigion, Carmarthenshire, Pembrokeshire and parts of Powys. Historic cases will continue to be seen in Swansea, Cardiff and Abergavenny. Out of Hours acute paediatric cases up to 14 years of age will continue to be referred to Cardiff.

Due to the challenges associated with providing a sustainable service in Swansea, it was important to review the proposal for a two-hub paediatric model in terms of feasibility and achievability. On review there was support to increase the age of the paediatric hub to children up to 16 years, in line with national guidance and services in North Wales and an option appraisal exercise took place, the outcome of which was support for a two-hub model across the region.

Following this recommendation, a focus group comprising paediatricians across the region was brought together to look at the feasibility of the model and the necessary actions to support implementation. In line with the service model in England, the paediatricians also felt there would be benefits to developing their role so that they could undertake forensic and health assessment single handed rather than requiring the presence of a forensic examiner as well as a Paediatrician.

The focus group also acknowledged that in order to deliver a future service for children in Swansea (which replicates the in-hours service in Cardiff), appropriate accommodation still needs to be identified, that will meet forensic standards and standards associated with the provision of children's services. A formal options appraisal will need to be undertaken and costed. The outcome will need to be considered by the commissioning organisations. Options may include developing a combined adult and child hub on health premises in

Swansea, exploring the opportunity to 'lease' accommodation from the third sector, or paediatrics remaining stand-alone in an improved environment within Singleton or Morriston Hospital. Benefits of a joint model include the ability to access counselling, and staff experienced in the court process and police interviews, so overall better support for families. A joint model would also provide the benefits of being able to integrate adolescents into SARC services without them having to choose between adult and children's services

Both the interim and proposed service model for children have been developed with the intention of minimizing the number of cases needing to be seen out of hours, although an out of hours service will continue to be available in line with the existing service model.

The proposed service model recognises the importance of having an experienced workforce to ensure the quality received by children is of the highest standard. In order to achieve this standard a critical mass is required to enable clinicians to see a minimum number of children to develop and retain the skills and competencies required to provide a high quality service. It is important a child is seen by the most appropriate individual as the trauma of being seen by the wrong person may be as bad as the assault. At present, the small number of children accessing the service means that it is only possible to achieve this at two sites across the region. The aim is for the majority of children to be seen during the day, and as a minimum, be able to offer a paediatric assessment within 24 hours of referral. This may include the opportunities to explore an out-of-hours rota, which flexes across sites (Swansea and Cardiff) in the future.

In drawing together the conclusions of this work, a number of recommendations are being made to the project board.

In hours: proposal

- *Two paediatric SARC hubs (Swansea and Cardiff) will provide services for children up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner for acute presentations and a single examination by a paediatrician for historic presentation.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the Forensic Medical Examiner (FME). Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the in-hours proposal will require:

- Training of consultant paediatric workforce to manage older children. In general, paediatricians across the NHS see children up to the age of 16 years, except in certain circumstances e.g. cardiac/renal/cystic fibrosis etc .
- Identification of accommodation for paediatric SARC hub to be considered as part of a formal multi-agency costed option appraisal.
- Identified sessions in paediatrician's job plans for SARC clinical service provision, training and peer review
- Financial resources to support training and appointment of suitable workforce

Out of hours: proposal

- *One paediatric SARC hub (Ynys Saff SARC) will provide services for children across the whole region up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the FME. Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the out of hours model will require:

- Training of consultant paediatric workforce to manage older children
- Consideration of a regional consultant paediatric rota for in and out of hours service at Cardiff, supported by a daily fixed clinic and European Working Time Directive (EWTD) compliant.

Forensic examinations for children: proposal

- *Paediatricians will be appropriately trained to undertake forensic medical examination for children presenting at the paediatric SARC hubs.*

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required.
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role.

- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In England this is a common model of care but may require support from Welsh Government in Wales to implement a similar model.

3.1.1. Children living in Powys

Powys covers a large geographical area in the middle of Wales. Services to support the population of Powys may be commissioned from Health Boards in both North and South Wales and from NHS England, taking into consideration the requirements of the population. Further consideration has been given to the proposed children's model, i.e. paediatric SARC Hubs in Swansea and Cardiff and the impact on children in North Powys. Since late 2016, when the SARC provision in Telford closed, there has been no formal pathway in place for children residing in North Powys. Betsi Cadwalader UHB have stepped in to support PTHB on an ad hoc informal basis in the interim.

When considering indicative travel times (Attachment 6) it was felt more equitable for children in North Powys to access SARC services in North Wales, rather than Cardiff or Swansea – ongoing support would be from the more local SARC spoke in Newtown. Whilst there has been no provision for North Powys resident requiring access to SARC services from North Wales previously, it is felt this would be the most beneficial model for children in this region requiring access to FME services. In concluding this the following recommendation is being made for children in North Powys:

- | |
|--|
| <ul style="list-style-type: none">• <i>There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to access SARC services in Colwyn Bay, North Wales, if they require a forensic medical examination.</i> |
|--|

Delivery of service for children in North Powys will require:

- Discussions with Betsi Cadwalader/North Wales Police regarding the preferred model.
- Clear pathways to be developed
- A funding agreement to support cases being seen in North Wales

Timelines

The Interim children's model is for an initial period of twelve months. However, there are no plans to withdraw this service before the preferred service model is implemented.

On approval of the preferred model by the Project Board, work will commence immediately to put in place the enablers to support the implementation of the full children's service model. It is anticipated implementation will be incremental with a lead in time of one to two years.

Further work is required to determine the time frame to support paediatricians undertaking forensic examinations of children.

3.2 Adults services

Services are currently provided by third sector across the region with the exception of in Cardiff and Vale where the service is provided by NHS Wales. All SARCs across the region currently offer the facility for adults to undergo a forensic examination. They are currently located in Merthyr Tydfil, Risca, Ynys Saff Cardiff, Swansea, Carmarthen, Newtown and Aberystwyth.

In Phase 1, the SARC project agreed the principle of a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff, Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystwyth and Newtown – towns with existing SARCs). The decision on a hub and spoke model and the number of hubs in the region was made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region.

Phase 2 reviewed the model, activity, service specification and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. Therefore, after extensive discussion and review of the supporting information, a revised service model was agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystwyth, with the two spokes in Newtown and Carmarthen. In this model, access to forensic services for the north of the region would be retained. Clients in the south of the region, would access the nearest SARC Hub at either Swansea or Aberystwyth depending on where they are resident. This model will support the holistic needs of the clients, increased sustainability and the opportunity for greater integration between sectors, including a closer alignment with the sexual health services. It would also provide more equitable

coverage as part of a strategic model of sexual assault services across South, Mid and West Wales, with SARC hubs located in, Cardiff, Swansea and Aberystwyth.

Data used to underpin the service planning process suggest there are approximately 1654 over 16 year olds with an initial presentation at a SARC across the region (2017/18). Of this figure only 306 underwent a forensic medical examination and therefore would be required to attend the SARC Hub in the recommended model. The remaining 1348 would receive service from their nearest SARC spoke. Individuals presenting at the SARC Hub (306 cases) would return to their nearest SARC spoke or health board providing sexual health services, for follow-up support after the acute examination.

Table 1 gives an overview of how activity levels (The number of individuals presenting for a forensic and health examination, would change based on the introduction of three SARC hubs in Aberystwyth, Cardiff and Swansea.

Table 1. changes in activity levels based on 2017/18 data

Region	SARC	Current number requiring FME	Proposed number requiring FME
Mid and West Wales	Aberystwyth*	13	24
	Newtown	11	0
	Carmarthen	30	0
South West Wales	Swansea*	53	83**
South East Wales	Ynys Saff Cardiff*	86	199
	Risca	67	0
	Merthyr	46	0
	Grand total	306	306

*will be SARC hubs providing forensic and health examinations in the proposed model

** It is recognised that individual in the south of the region are more likely to attend Swansea SARC.

Whilst the preferred model clearly offers a number of benefits for clients accessing the service, there are a number of areas, which need to be considered when moving forward with implementation of the recommended service model.

Support will need to be provided for those who may incur longer travel times, when compared with the current model. Attachment 6 provides indicative travel times from various parts of the region to their nearest Hub. However, it also needs to be recognised that some individuals may chose not to be seen at their nearest SARC hub. The commissioning framework needs to address this and ensure that individuals are able to access services at any SARC Hub they choose across Wales without complications.

Concerns have been expressed that at times there could be multiple cases attending a single SARC Hub. This is not a unique situation and there are examples across the country where SARCs have multiple cases presenting at the same time. In these circumstance cases will be assessed, managed and prioritised based on the needs of victim rather than by the area in which they reside. This service will need to be supported by clear operational protocols and performance monitored closely. During phase 1 (2015/16) modelling work looking at a service model with three SARC hubs, calculated that based on current demand, very few days of the year would have more than one case presenting at the same time.

Welsh Government has also given approval for redevelopment of the SARC in Cardiff, which will have additional capacity to accommodate the increase in demand from Risca and Merthyr Tydfil SARCs resulting from the change in model as well as having the ability to accommodate potential increase in demand.

South East Wales proposal:

- *A single adult hub to support South East Wales, at Ynys Saff SARC, Cardiff (which will also provide spoke services to Cardiff and Vale population) supported by spokes in Risca and Merthyr Tydfil.*

South West Wales proposal:

- *A single adult hub to support South West Wales (will also support a proportion of Hywel Dda population) provided in Swansea, which will also provide spoke services to Swansea population.*

Mid and West Wales Proposal:

- *A single adult hub to support Mid and West Wales provided in Aberystwyth, (which will also provide spoke services), supported by additional spokes in Newtown and Carmarthen.*

When considering the overall model for the provision of adult services there are a number of other areas for consideration, which may help to address concerns relating to governance and access to services:

- Alignment of SARC hubs with health boards, allowing for strengthened governance processes.
- Services (both hub and spoke) may continue to be provided by the third sector, however, operational lines of governance and accountability for SARC provision would be through a health board for the SARC hub service, via the commissioning infrastructure.
- This model would provide the professional and clinical governance structure to support the appointment of clinical coordinators in each centre, alongside the third sector, creating a more integrated service. At present with the exception of Ynys Saff SARC Cardiff, there is no clinical input (with the exception of visiting FMEs) to provide a link between the SARCs and the health service requirements of the individual client accessing the service.
- Future opportunities may exist to provide outreach provision using health premises for follow up medical treatment and psychological support.
- Further consideration needs to be given to the benefits and opportunities for developing local SARC spokes in other areas of the region.
- Spokes continue to be provided by the third sector where appropriate. Whilst there will be a core service specification within a spoke, local police forces/PCCs may choose to commission additional services from the third sector/health to meet the requirements of the local population. That would be at the discretion of the local police force/PCC and outside the remit or costings of this proposal.
- A task & finish group will need to be established to develop the detailed work, including costs associated with the 'spokes' to support the SARC hubs. This will also need to consider therapeutic required.

Timelines

On approval of the proposed models, work will commence immediately to progress with the procurement process to support implementation of the new model. It is anticipated that elements of the new model would be in place 2020/21 but it will take up to three years to fully implement the 'hub and spoke' model.

3.3 Forensic Examination Service

This project promotes a Health delivered Forensic Medical Examination (FME) service as the preferred means of delivery in Wales, and has the commitment and support from Police and Health Services to achieve this. However, it is

realised the transition time may take five to ten years dependant on current contracts and the training of health professionals to undertake the roles.

Currently commissioned by individual police forces across the region: Gwent Police; South Wales Police and Dyfed Powys Police. Three private providers are commissioned alongside a number of self-employed doctors in Gwent. There are concerns with the current model regarding sustainability, clinical governance and limited engagement with local health services.

The proposed model to move towards and NHS provided FME service, if agreed, will require further work to develop a detailed costed model which will independently of this report need to be considered and agreed by the individual commissioning organisations.

In the interim, there is clear agreement that Health and the Police will take an integrated approach to developing and monitoring existing forensic services and wherever appropriate, as existing contracts end, there is a collective agreement to move forward with implementing the principles of the agreed model.

FME Proposal

- *‘Two private providers for South Wales Police/Gwent Police and Dyfed Powys Police, with a move to single provider once current contractual arrangements come to an end.*
- *There is a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.*

Delivery of the FME proposal will require:

- Identification of a lead commissioning police force to support the implementation of a single provider.
- A phased approach due to differing lengths of existing contracts.
- Establishing a task and finish (T&F) group comprising health and police organisations, to develop a detailed service model and associated costs, which addresses both health and forensic needs of the client and ensures standards and guidelines are met.
- Development of a clear model to support an NHS provided FME service, including training requirements which will need to be fully costed and appropriate funding streams identified if required. Due to time needed to train clinicians to carry out a forensic medical examination competently

and to national standards, training may need to start before current contracts have expired.

- Health to support police forces in monitoring and managing existing FME contracts.
- As current legislation stands there would need to be an open and transparent procurement process, which would require Health to tender for the service.

Timeline

On approval of the proposed models, work will commence to establish a joint health/police task and finish group to take forward the work required to move to a fully costed and detailed service model. It is anticipated that elements of the new model would be in place 2020/21 as forces move towards a single private provider for the region. However, it is anticipated it may take up to ten years to fully implement the preferred NHS provided FME services. This will also be subject to approval of funding by individual organisations.

4. COMMISSIONING INTENTIONS

As public bodies providing the funding to SARC services, there is a statutory obligation on health and the police to account for their spend and a requirement to go through an open and transparent public procurement process where a commercial contract is required, which in the current and proposed service model is the case. The exception to this will be the service at Cardiff and Vale (C&V) UHB and children's services at Swansea Bay UHB, which, as existing NHS services currently funded by NHS and Police, provides for the local population (and will not change), can be excluded from a procurement process. This exemption would be based upon case law & codified under the Public Contracts Regulations (Reg 12(7)) where public-to-public collaboration, which is purely in the public interest can be exempt from the regulations. This exemption would need to ensure it meets the tests required under law.

As health is the assumed lead commissioning organisation, following recommendation in phase 1, guidance has been sought from NHS Wales Shared Services regarding any formal processes required to formally appoint contracts between health as the lead organisation and the service provider/s. NHS Wales Shared Services are the All Wales organisation, which supports procurement of contracts, which cross several health regions. Shared Services will need to lead the procurement process and a procurement board established under the wider SARC project structure.

Currently the SARC services are provided predominantly by third sector and funded by the regional police and PCCs. The costing of the preferred model in phase 1 identified a significant increase in funding required. Forensic services

are currently commissioned by the police due to legal requirements, which will need to continue based on their current financial commitment to the provision of FME services.

Contracts that are currently in place with third sector are limited and agreements in the main are extended year on year with majority of agreements/contracts currently to April 2020.

Proposal

- *A formal procurement process, led by NHS Wales to appoint the hubs and spokes across the regional service model.*

This will require:

- Joint collaboration between health and the police to develop a clear service specification and in taking forward the procurement process.
- Development of a clear commissioning and procurement process to address separately the requirement for SARC hubs and spokes in line with agreed phasing of the service model. There will need to be a level of flexibility to ensure local needs are considered and additional finance streams can be accessed, alongside meeting core service requirements.
- Support from Welsh Government to manage any concerns associated with taking forward the process
- Resources from NHS Wales Shared Services to lead the procurement process.
- Agreement on the financial model to support the approved service model and appropriate funding identified. This funding will need to be ring-fenced once approved in order to account for the time it will take to go through the procurement process, award contracts and implement the model.
- Additional detailed assessment, legal input, a governance process/board in place, a definitive statement of service requirements and a panel of end users/stakeholders to assist with any evaluative work.

Timeline

It is anticipated that the actual procurement will take several months to complete, with non-FME contracts awarded and services in place by April 2020.

5. ESTABLISHING A SARC DELIVERY NETWORK AND A COMMISSIONING FRAMEWORK

It is recommended an All Wales SARC Welsh Delivery Network , comprising a multi-agency Operational Deliver Network alongside the joint commissioning board and lead commissioning organisation should be established. Unlike the SARC Project, the network would include north Wales.

The SARC Network would be a multiagency forum and provide a platform to engage with third sector and the public, as well as linking the different strands (health and Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) in Welsh Government. It would lead the development and implementation of an All Wales service strategy and act as a specialist point of contact. It would provide evidence based and timely advice to the Welsh Government and the lead commissioner to assist the service in discharging its functions and meeting their responsibilities. It would also be responsible for undertaking planning for the development and delivery of an integrated SARC service on an all Wales basis and determine services to be procured in Wales, advise, audit and monitor performance and clinical governance and lead in the development of care pathways and service specifications.

The SARC Network will also be the vehicle through which specialised SARC services for adults and children can be planned and commissioned on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. This will include the management of a ring-fenced budget.

The Network will also support the development, implementation and monitoring of a single database across the region which will monitor activity, performance, delivery against standards, outcome measures and support future service planning.

Phase 1 (2015/16) of the SARC Programme identified the need for an independent lead commissioning organisation from health, a joint commissioning board and a move to develop pooled budgets. In line with phase 1 (2015/16) recommendations, Phase 2 (2018/19) has looked further at developing the model needed to support the delivery of the SARC service for the region. The SARC model appears unique in that there does not appear to any other clear examples in Wales where funding is provided across health and another public body (other than local authority). It is recognised that to deliver this model, a formal commissioning structure is required, including a lead commissioning organisation, and a joint commissioning board.

The lead commissioning organisation will be responsible for develop the detailed service specification to support the procurement process, the service planning and contracting and commissioning of SARC services across the region. There will need to be an agreement on a form of collaborative

commissioning, rather than pooled budgets (policy does not currently allow for pooled budgets to be established between health and the police).

Some resource to support both the Network and the commissioning organisation have been identified in the workforce modelling (attachment 1a). Once the service model has been agreed and a lead commissioner identified, a commissioning framework will be developed and an Delivery Network established. As previously noted in section 3.3, the police will need to retain the commissioning lead for FME services.

As the host organisation for delivery of the SARC programme of work and as the largest service provider it is also recommended C&V UHB is appointed to host the Operational Delivery Group as part of the overarching Delivery Network.

Proposal

- *An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation A lead commissioning organisation is identified*
- *C&V takes on the role as lead provider organisation*

This will require:

- Formal recognition by Welsh Government of a SARC Welsh Delivery Network as the specialist advisory body on SARC services for Wales
- Support from Welsh Government, including finances for establishing a SARC Welsh Clinical Network including regional clinical leads and a network manager.
- Engagement from commissioners, providers and service users as appropriate
- Health Boards to identified a lead commissioning organisation

Timeline

Further discussions are required with the commissioning organisations to identify a lead commissioning organisation and develop the commissioning framework with clear governance structures and terms of reference. The appointment of the lead commissioning organisation needs to take place as a priority.

It is proposed that the Project Board will formally close and handover to the Network once the relevant lead organisations have been identified and the supporting structure established. A 6-12 month leading time is anticipated.

6. FINANCES

6.1 Financial assumptions

The financial model in phase 1 was based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes alongside the spokes in the hubs and a regional component. The revised model retains a commitment to this service model. In addition, agreements supported by the project board in phase 1 have been upheld throughout phase 2. In line with this the following assumptions underpin the finance modelling work:

- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- Clinical supervision is managed within the resources identified in the proposed model.
- Cardiff infrastructure costs have been excluded.
- Out of Hours referrals will reduce due to extended opening times and proposed expansion to daily clinics.
- Paediatrician out of hours are minimal, and costs are based on the current model in Cardiff and Vale

The costs for the current model for comparative purposes have been reviewed and updated and are provided in detail in attachment 1a. The costs, including grants, which have been factored into the model, are those provided by representatives from health, police and third sector as nominated, who are member of the SARC finance T&F group.

Funding streams included relate only to those in health and police allocated to SARC services. They do not include any additional grants received by New Pathways for other service provision, which may or may not relate to SARC services

Management of the finances will be through the lead commissioner and associated joint commissioning board. The payment process will need to be determined once the lead commissioner and joint commissioning board is in place.

6.1 Revised Costs and Phasing

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall

model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the 'spokes' and the FME services needs to be undertaken to ensure that each component accurately reflects the needs of the service. This programme of work is seen as a ten-year transformational programme of change.

Delivery of the service model has been split into three distinct stages:

- Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network
- Phase 2: Implementation of SARC Spokes
- Phase 3: Implementation of FME model.

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations to support moving forward with phase 1

Attachment 1a shows the detailed costs associated with phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network and the proposed phasing of those costs in line with the agreed model for this part of the work (attachment 1b).

It is proposed that the implementation of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network will costs £1,163,817.

6.2 Financial Impact for commissioning organisations of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network

It was and continues to be acknowledged that the financial situation for the NHS and for the police service is increasingly challenging and, likewise, third sector organisations are at risk due to uncertainties in respect of funding from statutory bodies, grant funding and charitable funding.

In line with the financial modelling in Phase 1 (2015/16), costs have been split 50:50 between health boards and the police forces/police and crime commissioner offices. It was acknowledged that there is no specific guidance on the respective responsibilities of statutory partners for sexual assault services and services provided within SARCs other than responsibility for forensic medical examination within Wales, which remains with police forces. In light of this the Phase 1 Project Board agreed to take a pragmatic approach to recommendations for a future funding model. This was a shared funding

model, with a 50:50 split between the NHS and the police/PCCs that would then be further split based on population shares.

Table 2. Distribution of Costs based on 50:50 split

Proposed model phase 1 (2015/16)	
Health contribution	£581,909
Police contribution	£581,909
total	£1,163,817

The costs currently incurred by Health Boards to support the interim children's model will be consider as part of the contribution by Health Boards to the final model and not as a cost they will incur in addition to that of the final model.

As identified in Phase 1 (2015/16), costs incurred by each Health Board will be based on a split by resident population. Table 3 outlines these anticipated costs by Health Board, based on the boundary changes, which came into being 1st April 2019. A similar pragmatic approach has been taken to the split by police force region. However, this is for visual purposes only and is only notional. Further work will be required by the police organisations to determine an appropriate proportional split of their funding contribution.

A more detailed piece of work will need to be undertaken led by the lead commissioning organisations and joint commissioning board to determine the final commissioning model.

Table3. Distribution or costs phase 1.

Estimated health board split*:- (based on population shares)	Resident populations	%	phase 1 £
Cardiff & Vale	493446	20%	118,219
Aneurin Bevan	587743	24%	140,811
Cwm Taf Morgannwg	443368	18%	106,222
Swansea Bay	387570	16%	92,854
Hywel Dda	384239	16%	92,056
Powys	132515	5%	31,748
Total Health Boards	2428881	100%	581,909

Estimated police force region split*:-			phase 1
(based on population shares)	Resident populations	%	£
Dyfed Powys Police	516754	21%	122,201
Gwent Police	587743	24%	139,658
South Wales Police	1324384	55%	320,050
Total police region	2428881	100%	581,909

- **Revenue costs**

The workforce model has been developed in line with the principles of the service specification developed in Phase 1 (2015/16) and reviewed with existing SARC managers.

As advised by the finance team in Phase 1 (2015/16), the cost of the workforce are based on NHS Wales Agenda for Change (A4C) pay scale (mid-point and including on-costs). There was recognition that the pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. It is acknowledged, however, that these costs only apply to NHS provided services and therefore are notional as a procurement process will need to take place for SARC services outside those currently provided by the NHS.

- **Non pay costs**

Non-pay costs comprise all costs not associated with payment of the workforce. This includes general consumables, drugs, travel, ISO accreditation etc. Costs to support the non-pay have been identified in the financial model.

To support the delivery of Phase 1 (Implementation of SARC Hubs for adults and children and establishing the commissioning framework and network), the non-pay cost included in the financial case is based on the current non-pay costs incurred by Ynys Saff SARC as the only existing integrated SARC hub for the region providing health and forensic assessment. There is also an additional £20,000 included to reflect the anticipated increase in travel costs for service users associated with a move to three hubs. A clear operating policy will need to be developed to support this. The non-pay costs will need to be monitored closely by the joint commissioning board.

Costs associated with the three-yearly assessment for ISO accreditation are recognised in the financial case. Any work required to meet accreditation standards for Ynys Saff SARC, Cardiff will be included within the C&V UHB major capital business case currently going through the All Wales planning process. Costs associated with relocation of Aberystwyth will need to be

included in any appropriate capital bid for Hywel Dda UHB as referenced above, as will those for the children's SARC hub in Swansea, led by Swansea Bay UHB. Further, discussions will need to take place regarding Swansea adult hub as the premises are owned outright by the third sector and have recently been subject to complete refurbishment. Clarification will need to be sought regarding the level of involvement by the police in developing the forensic requirements of the new build and assurance from the third sector that ISO requirements have been addressed

The police throughout the UK have always provided specialist forensic consumables to allow for quality assurance from suppliers. No changes to this model have been considered to date.

- **Capital Costs**

Capital costs have not been included in phase 1 or 2 as the focus of the project has been on reconfiguration of existing services.

Therefore, there is an assumption that equipment including scopes, consumables etc. that currently support forensic service at the SARC sites, that will no longer host a forensic facility, will be transferred to the new SARC Hubs.

Whilst it is not possible to go into significant detail regarding capital costs at this stage, it is possible to clarify some high level principles associated with management of capital costs. There is also an assumption that existing funding streams will continue until a formal change to the commissioning model is in place. Any changes to revenue and capital responsibilities outside those agreed by Boards in September, will also need to be agreed through a clear joint commissioning framework and will be developed through the proposed joint commissioning and procurement board, with representatives from health, police forces and police and crime commissioners

Where a SARC hub is located on health premises and requires capital investment, a business case for capital costs, which may collectively include the costs of equipment, fixtures, fittings and inclusion of examination facilities to meet ISO standards, would be developed by the Health Board hosting the SARC Hub and considered through existing NHS capital planning processes. Development of the business case would require endorsement from police colleagues.

There are currently two capital planning streams in the NHS. The process followed will depend on the level of investment required. Each Health Board has a discretionary capital programme, which addresses smaller capital

requirements. This would also be available to apply for replacement equipment. In addition, where major capital investment is required, it would be necessary to develop a formal business case by the hub host provider for consideration through the All Wales Capital Planning Programme.

Where a SARC hub is located on an NHS site, ongoing responsibility associated with the maintenance of the site will also be the responsibility of the host Health Board.

- **Transitional Costs**

Transitional costs to support the implementation of the recommended service model e.g. commissioning and Network development, have been built into the overarching finances. Health Boards will continue to support a Programme director to lead the work. Police forces have indicated a commitment to identifying resource to support the Programme Director in the next phase of the work.

- **Additional costs**

It is recognised that the costs associated with the recommended model are only those identified as 'direct costs'. Both health and the police incur significantly more costs associated with SARC service provision, as part of their wider service delivery.

Consideration will need to be given to how any unforeseen costs will be accommodated. This will need to be considered by the joint commissioning board.

6.3 Future costs associated with Phase 2 and Phase 3.

It is acknowledged that further work is required to develop detailed models and associated costs of delivery for the 'spoke' services and FME services. It is recognised that each proposed phase can be considered independently. Each phase will require a separate business case and approval from individual organisations to proceed with implementation. An organisation which currently incurs the costs associated with providing the services to be considered in phases 2 and 3, will continue to do so until a detailed model and financial framework has been agreed and the new model commissioned and implemented.

Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450) (figures have been uplifted for agenda for change banding and inflationary increases). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

Phase 3 will look at the forensic medical examination service. £666,619 (figure has been uplifted for inflation) was identified as the associated cost of the FME service in the original modelling work.

Assuming there are no further increases costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of **£1,432,995** across the commissioning organisations.

Table 4. Differences between current and proposed costs

Regional model	
Costs of current model	£1,601,758
Costs of proposed model	£3,034,713
Difference	£1,432,995

There is no additional funding identified to support the proposed increase in costs above the current service level at present. However, following the work of the NHS Wales Health Collaborative (2016), the Cabinet Secretary for Health wrote to Health Boards outlining his intention that future funding requirements as detailed in the NHS Wales Health Collaborative financial assumptions should be ring-fenced from 2016/17 onwards. This equals £1,684,453.

7. EQUALITY IMPACT ASSESSMENT

An EIA was undertaken in phase 1 (2015/16) of the project, which was used to inform the initial recommendation to the SARC Project Board. This work included review of national evidence and formal engagement with key stakeholders to identify the potential impact on protected characteristic groups. The EIA has been updated to reflect the work in Phase 2 (2018/19) (attachment 6). As Phase 2 continues to follow the principles in Phase 1, the EIA continues to underpin the recommendations in this paper.

It is anticipated that further formal engagement will be required. This will need to be proportional and undertaken in collaboration between health organisations and police organisation. Advice is also being sought from the Community Health Councils in Wales, who had been engaged at the earlier stages of the Project in Phase 1.

8. RECOMMENDATIONS TO THE SARC BOARD

Significant work has taken place with partner agencies over the last 12 months in order to bring forward proposals for a regional SARC service model.

The Project Board are now asked to approved the following recommendations:

Recommendation 1.	<p>There should be two paediatric hubs (<i>Swansea and Cardiff</i>) <i>providing in-hours services for children up to their 16th birthday.</i></p> <p><i>Training and recruitment of staff will be required and a costed optional appraisal to identify appropriate accommodation in Swansea that meets forensic standards and standards for children's services.</i></p>
Recommendation 2.	<p><i>There will be one paediatric hub (Ynys Saff SARC) that will provide services <u>out of hours</u> for children across the region up to their 16th birthday,</i></p>
Recommendation 3.	<p><i>Children 16-17 will have their forensic examination undertaken by an FME at the appropriate local SARC Hub at all times.</i></p> <p><i>This will be subject to evaluation and review moving forward.</i></p>
Recommendation 4.	<p><i>There will be a commitment to developing appropriately trained paediatricians to undertake forensic medical examination for children presenting at the paediatric SARC hubs.</i></p> <p><i>It is anticipated this will take 3-5 years due to training requirements.</i></p>
Recommendation 5.	<p><i>There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to attend for service in Colwyn Bay, North Wales, if they require a forensic medical examination.</i></p>

Recommendation 6.	<p><i>There will be a single adult hub in South East Wales, at Ynys Saff SARC, Cardiff which will provide services to the populations of South East Wales</i></p> <p><i>SARC Spokes for the region will be in Risca and Merthyr Tydfil.</i></p> <p><i>Ynys Saff SARC Hub will also act as a spoke for Cardiff and Vale region.</i></p>
Recommendation 7.	<p><i>There will be a single adult SARC hub in South West Wales provided in Swansea, which will provide services to the population of South Dyfed Powys region and Swansea.</i></p> <p><i>Swansea SARC Hub will also act as a SARC spoke for the Swansea region.</i></p>
Recommendation 8.	<p><i>There will be a single adult SARC hub in Dyfed Powys provided in Aberystwyth, which will provide service to the population of Mid and West Wales.</i></p> <p><i>SARC Spokes for the region will be in Newtown and Carmarthen.</i></p> <p><i>Aberystwyth SARC Hub will also act as a SARC spoke for the Aberystwyth region.</i></p>
Recommendation 9.	<p><i>There will be a commitment from Police organisation to move towards a single provider for FME services across the region.</i></p> <p><i>This will be phased over 3-5 years due to existing contractual arrangements.</i></p>
Recommendation 10.	<p><i>There will be a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.</i></p>

	<p><i>This will require a commitment to formal training of healthcare professionals and recognition within job plans for trainers and trainees on a regional basis. This will also require commitment to management of new/existing contracts with private providers to support the training of clinicians.</i></p> <p><i>Funding will need to be clearly identified to support the training and running of an NHS provided model.</i></p> <p><i>It is anticipated this will take 5-10 years due to training requirements.</i></p>
Recommendation 11.	<p><i>There will be a formal joint procurement process (health and police), led by NHS Wales to appoint the hubs and spokes across the regional service model.</i></p> <p><i>Consideration will need to be given to ensuring there is flexibility in the process to meet local population needs alongside the core requirements of the new service model.</i></p>
Recommendation 12.	<p><i>An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation.</i></p>
Recommendation 13.	<p><i>A Lead commissioning organisation from health is appointed to establish and manage the contracts and commissioning framework as part of the Delivery Network</i></p>
Recommendation 14.	<p><i>C&V UHB is formally appointed to host the Operational Delivery Group as part of the Delivery Network</i></p>

Attachment 1 Proposed Financial Framework May 2019

	JULY 19 VERSION PHASE1 COSTS		
	Proposed		
	wte	band	£000s
Adult SARC HUB			
Sarc Manager	2	8a	114,579
Regional SARC Co-ordinator - South East Wales, South West, Mid & West Wales	2	6	78,575
Crisis worker	5	4	132,797
clinical lead/nurse	2	6	78,575
Crisis workers on call out of hours (adults)	2.5	4	66,399
Children's SARC hub-			
Consultant	2		257,142
Crisis worker	2	4	53,118
clinical coordinator	1.32	4	35,058
Paediatric/sexual health nurse	1.64	6	64,430
Paediatrician on call costs (intensity banding)			41,606
Crisis workers on call (children)	1	4	26,559
Clinical Network/regional costs:-			
Clinical Lead (Adult)	0.2		25,714
Clinical Lead (Children)	0.2		25,714
Network Manager	0.5	8c	40,462
Network/Data support (inc in above)	0.5	5	15,945
Commissioning lead	0.5		28,644
Non pay spend			78,500
Total	53.86		1,163,817

Attachment 1b. staging of costs associated with implementation of the SARC hubs for adults and children

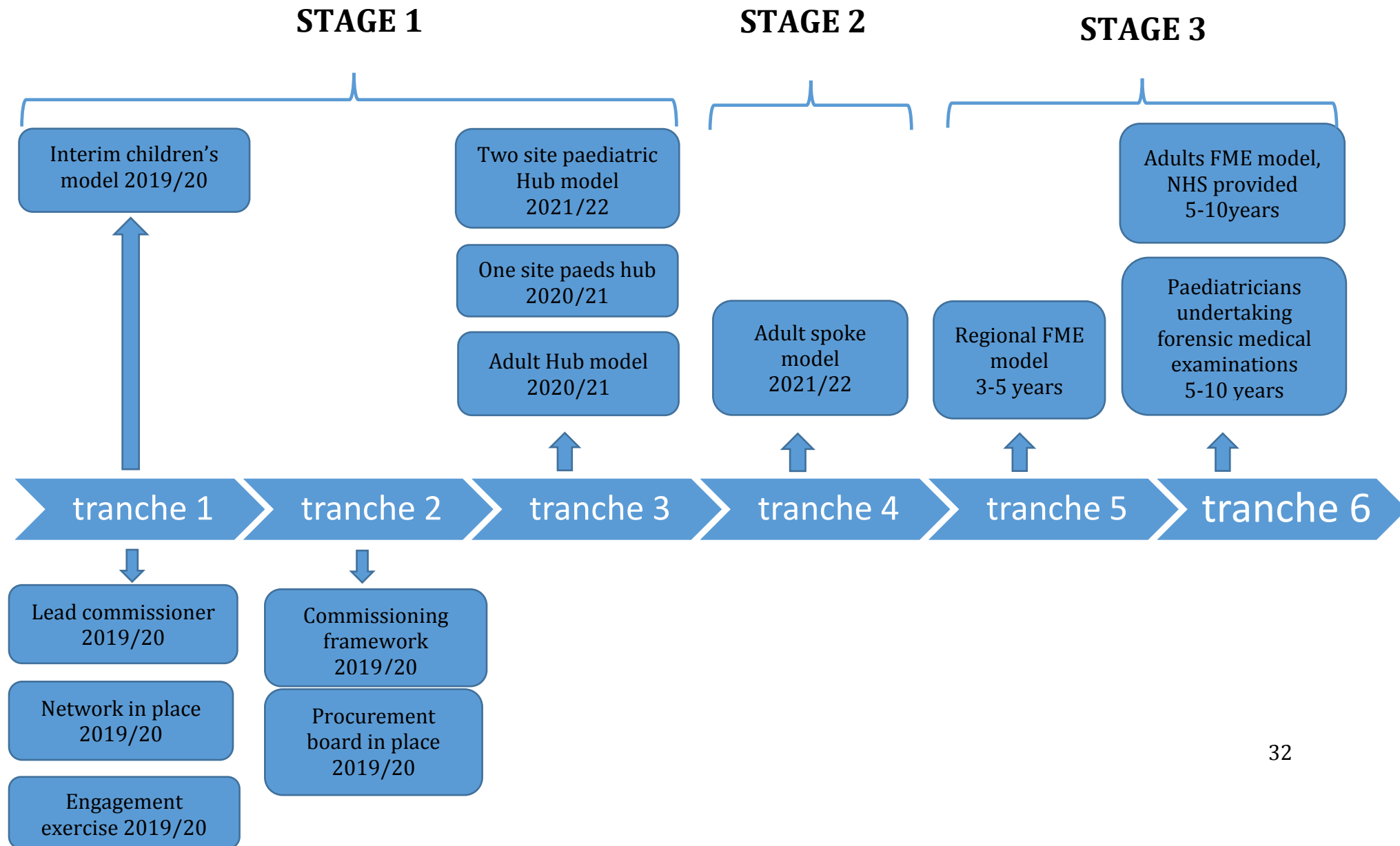
- This phasing excludes costs for ISVAs, Counselling and FME services.
- These costs will be in addition to the costs below and will continue to be paid by the current service contractor until the detailed costed models have been agreed and approved by each commissioning board.
- In the event that the service model for 'spokes' (ISVAs, Counselling) is agreed for implementation prior to 21/22, this figure may change.

phase 1 SARC hubs	19/20 £	20/21 £	21/22
Current costs	510,467		
Interim Children's Model	219,633		
Revised Hub Model (Adults)		470,925	470,925
Revised Children's Model		273,039	477,913
Lead Commissioner	14,322	28,644	28,644
Network	53,917	107,835	107,835
Non pay	58,176	78,500	78,500
Total	856,515	958,943	1,163,817
Current costs	510,467	510,467	510,467
Increased costs	346,048	448,476	653,350

Financial contribution based on population. Appropriate proportionality split to be further determined by police organisations.

	Population	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
Aneurian Bevan	587743	24%	61,409	114,249	140,825
Cardiff & Vale	493446	20%	51,557	95,919	118,231
Cwm Taf Morgannwg	443368	18%	46,325	86,184	106,232
Hywel Dda	384000	16%	40,122	74,644	92,007
Powys	132515	5%	13,846	25,759	31,751
Swansea Bay	387570	16%	40,495	75,338	92,863
Total Health Boards	2428642	100%	253,753	472,092	581,908
	Population shares	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
South Wales Police	1283000	54%	18,432	255,029	314,353
Gwent police	577000	24%	8,289	114,694	141,373
Dyfed Powys Police	515000	22%	7,399	102,369	126,182
total police	2375000	100%	34,120	472,092	581,908
grand total			287,872	944,184	1,163,817

Attachment 2. DRAFT TIMELINE



Attachment 3: Hub and Spoke service specification

Service Specification	Hub	Spoke
Twenty-four hour access to crisis support, first aid, safeguarding, specialist clinical and forensic care and ongoing support in a safe place	X	
The SARC has a core team to provide 24/7 cover for a service which meets NHS standards of clinical governance, the European Working Time Directive and agreed forensic standards	X	
Dedicated forensically approved premises and a facility with decontamination protocols following each examination to ensure high quality forensic integrity and a robust chain of evidence	X	
Access to forensic medical examiners (FME) and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for adults and children. Clients should also be able to choose the gender of the forensic examiner for their clinical examination.	X	
The forensic practitioners should be managed by health with joint funding from Health and Police to meet both health and forensic needs of the victim	X	
The medical consultation including risk assessment of self harm, together with an assessment of vulnerability and sexual health.	X	
There is immediate access to emergency contraception, post- exposure prophylaxis (PEP) or other acute, mental health or sexual health services. Follow-up as needed is coordinated through the spokes to local services	X	
Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant	X	X
Co-ordinated interagency arrangements are in place, including local third sector service organisations supporting victims and survivors.	X	X
Safeguarding boards (for children and adults) through will work with the Commissioning bodies to support the delivering of appropriate care pathways and standards across the service model.	X	X
Minimum dataset and appropriate data collection procedures in each SARC to ensure quality improvement and service user safety (including involvement with audit and risk management)	X	X
Access to support, advocacy and follow up through an independent sexual violence advisor (ISVA) service, to all victims, locally based, including support throughout the criminal justice process, should the victim choose that route		X
Access to appropriate therapeutic support for adults and children to support recovery from the trauma and trauma responses, provided by suitably qualified therapeutic professionals e.g. counsellors		X

Attachment 4: Key Principles underpinning service modelling

Childrens services

- National guidance (FFLM/ Royal College of Paediatric and Child Health (RCPCH) 2015) recommends that the service for the clinical evaluation of children will ideally see children up to the age of 18, but definitely up to their 16th birthday.
- Assessments for children must be undertaken by a qualified medical practitioner with appropriate competences (FFLM/ RCPCH 2012). Where one doctor does not have all the competences for an acute presentation, joint assessment with a paediatrician and forensic examiner is required.
- Paediatricians need to undertake a minimum of 20 forensic examinations per year, in order to maintain their skills. Consideration needs to be given as to how competencies can be maintained due to low numbers e.g. peer review.

Adult services

The option appraisal workshop in 2015, which looked at the service model for adults appraised options based on the following benefit criteria: safety and quality, sustainability and future proofing, access, equity, achievability, acceptability. The principles of this criteria have been considered when making the final recommendation for adult services,

Each SARC hub needs to:

- Be clinically safe and sustainable.
- Have clear clinical governance structures in place and lines of accountability
- Meet the service specification for a Hub
- Meet national guidance and standards associated with providing a SARC hub.

In addition to the above, each SARC spoke needs to:

- Meet the service specification for a spoke.

FME services

- Clinically safe and sustainable
- Forensic nurses are not able to examine children on their own
- FME practitioners cannot be directly employed by health, SLA will be required with police
- Any private contract arrangements will need to require the provider to identify a specific rota for FME SARC services.
- FME practitioners are able to prescribe Emergency Contraception (EC), human immunodeficiency virus (HIV), postexposure prophylaxis (PEP) etc on site (this excludes follow up treatment at present)
- Clear clinical governance structure in place

Each FME service must meet:

- service specification
- FFLM national guidance on training and supervision and provide evidence of doing so
- Minimum caseload requirements - FFLM recommends 20 cases per year
- European working time directive (EWTD) rota compliance minimum 1:6 non resident on call

Attachment 5: Baseline data set (2017/18) to underpin planning process

Table 1. Total number of cases and demographics

Age	<16	16-17	18+	total
No. individuals attending SARC	440	170	1484	2094

Table 2. Total number of cases and demographics

Age	<16	16-17	18+	total
Male	57	9	205	271
Female	382	160	1275	1817
Trans	1	1	4	6
Other	0	0	0	0
Prefer not to say	0	0	0	0
Total	440	170	1484	2094

Table 3. Assault type

Age	<16	16-17	18+	total
Acute	130	51	472	653
Non acute	210	76	338	624
Historic	100	43	672	817
total	440	170	1484	2094

Table 4. Breakdown by area of residency by health board *

	Health Bord	<16	16-17	18+	total
Area of residency by health board	Abertawe Bro Morgannwg UHB	106	40	236	382
	Aneurin Bevan UHB	70	30	354	454
	C&V UHB	120	32	424	576
	Cwm Taf UHB	60	36	172	268
	Hywel Dda UHB	53	21	187	261
	Powys HB	27	10	78	115
	other	4	1	33	38
Total		440	170	1484	2094

Table 5. Breakdown by area incident took place by police force

	Police Force	<16	16-17	18+	total
area incident took place:	Gwent police	69	32	317	418
	South Wales Police	282	104	825	1211
	Dyfed Powys Police	79	29	242	350
	other	10	5	100	124
total		203	170	1484	2094

Table 6. Acute Forensic medical examination undertaken

		<16	16-17	18+	total
forensic medical examination undertaken:	Yes	77	34	272	383
	No	240	101	1116	1457
	declined	114	35	15	164
	other	9	0	28	37
	unknown			53	53
Total		440	170	1484	2094

Table 7. Acute Forensic medical examinations undertaken by region by SARC

Region	SARC	<16*	16 - 17	18+	total
Mid and West Wales	Aberystwyth	0	1	12	13
	Newtown	2	0	11	13
	Carmarthen	3	6	24	33
	total	5	7	47	59
South West Wales	Swansea	5	7	46	71
	Sapphire Suite, Singleton Hospital	18	0	0	18
	total	23	7	46	89
South East Wales	Ynys Saff Cardiff,	33	5	81	119
	Risca	11	6	61	78
	Merthyr	5	9	37	51
	total	49	20	179	248
	Grand total	77	34	272	383

*Data is based on flows as health boards prior to new boundaries coming into place 1st April 2019. Prior to this date Bridgend residents flow to Ynys Saff SARC CandV UHB. There is no change intended to this flow at present. However, this activity will need to be acknowledged under Cwm Taf Morgannwg UHB post 1st April 2019 rather than Swansea Bay UHB (formerly ABM UHB).

**It is assumed that figures for SARCs other than Ynys Saff relate to children 14-16 as current model of care enables children >14 to have a forensic examination at a local SARC. Under the preferred model all children up until the age of 16 will be seen at a paediatric SARC hub.

NB: minimum caseload requirements are 20 cases per annum for a forensic examiner.

	Aberystwyth	Brecon	Cardiff	Carmarthen	Colwyn Bay	Fishguard	Haverford West	Llandrindod Wells	Merthyr	Machynllaeth	Newtown	Pembroke Dock	Risca	Swansea	Welshpool
Aberystwyth	0	1h 43	2h 33	1hr 20	2hr 19	1hr 28	1hr 43	1hr 08	2hr	32min	1hr 08	1hr 57	2hr 32	1hr 55	1hr 26
Brecon	1hr 43	0	1h 02	1h 13	4h 59	2h 08	1h 51	43min	30 min	1h 41	1hr 23	1hr 51	59min	1hr 04	1hr 40
Cardiff	2hr 33	1h 02	0	1hr 17	4hr 01	2hr 11	1hr 54	1hr 37	35min	2hr 34	2hr 16	1hr 50	25min	56min	2hr 34
Carmarthen	1hr 20	1h 13	1hr 17	0	3hr 35	59min	41min	1hr 22	1hr	1hr 48	1hr 59	41min	1hr 22	40min	2hr 16
Colwyn Bay	2hr 19	4h 59	4hr 01	3hr 35	0	3hr 42	3hr 56	2hr 30	3hr 36	1hr 47	1hr 54	4hr 11	3hr 53	4hr	1hr 35
Fishguard	1hr 38	2h 08	2hr 11	59min	3hr 42	0	25min	2hr 57	1hr 53	1hr 55	2hr 29	40min	2hr 14	1hr 32	2hr 47
Haverford West	1hr 43	1h 51	1hr 54	41min	3hr 56	25min	0	2hr	1hr 38	2hr 09	2hr 37	20min	2hr	1hr 18	2hr 55
Llandrindod Wells	1hr 08	43min	1hr 37	1hr 22	2hr 30	2hr 57	2hr	0	1hr 05	1hr 07	39min	2hr	1hr 33	1hr 41	57min
Merthyr	2hr	30 min	35min	1hr	3hr 36	1hr 53	1hr 38	1hr 05	0	2hr 02	1hr 44	1hr 34	36min	43min	2hr 02
Machynllaeth	32min	1h 41	2hr 34	1hr 48	1hr 47	1hr 55	2hr 09	1hr 07	2hr 02	0	45min	2hr 20	2hr 31	2hr 22	55min
Newtown	1hr 8	1hr 23	2hr 16	1hr 59	1hr 54	2hr 29	2hr 37	39min	1hr 44	45min	0	2hr 33	2hr 12	2hr 20	21min
Pembroke Dock	1hr 57	1hr 51	1hr 50	41min	4hr 11	40min	20min	2hr	1hr 34	2hr 20	2hr 33	0	2hr	1hr 18	2hr 54
Risca	2hr 32	59min	25min	1hr 22	3hr 53	2hr 14	2hr	1hr 33	36min	2hr 31	2hr 12	2hr	0	1hr 02	2hr 31
Swansea	1hr 55	1hr 04	56min	40min	4hr	1hr 32	1hr 18	1hr 41	43min	2hr 22	2hr 20	1hr 18	1hr 02	0	2hr 35
Welshpool	1hr 26	1hr 40	2hr 34	2hr 16	1hr 35	2hr 47	2hr 55	57min	2hr 02	55min	21min	2hr 54	2hr 31	2hr 35	0

Proposed pathways for Childrens Services - In-hours		
Paediatric Hub Cardiff	Paediatric Hub Swansea	North Wales SARC
Cardiff	Swansea	Machynllaeth
Merthyr	Aberystwyth	Newtown
Risca	Carmarthen	Welsh Pool
Brecon	Fishguard	
Llandrinod Wells	Haverfordwest	
	Llandrindod Wells	
	Pembroke Dock	

Proposed Pathways for Adult services		
Cardiff SARC Hub	Swansea SARC Hub	Aberystwyth SARC Hub
Cardiff	Swansea	Aberystwyth
Merthyr	Carmarthen	Fishguard
Risca	Fishguard	Llandrindod Well
Brecon	Haverfordwest	Machynllaeth
	Haverfordwest	Newtown
	Pembroke Dock	Welsh Pool

Proposed pathways based on indicative travel times

SEXUAL ASSAULT SERVICES PROJECT, SOUTH, MID AND WEST WALES -
Phase 2
EQUALITY IMPACT ASSESSMENT EVIDENCE DOCUMENT
March 2018

About this document

This technical document has been produced to provide background evidence to support information provided within proposal for the reconfiguration of regional sexual assault services referral centre (SARC) model across South, Mid and West Wales.

This document is meant as a reference guide, it does not provide exhaustive detail. It aims to provide an overview of how the proposals for reconfiguration of SARC services may affect different groups within our population. It is a living document and will be added to by information gathered through all stages up to and including delivery of services where actual impact will be monitored.

This document builds on the initial EIA developed in Phase 1 of the Project, which includes evidence collected through engagement with clients of the SARCs, carers, equality groups and stakeholders

1. Background

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCS fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across mid, south and west Wales, led by the NHS Wales Health Collaborative (phase 1) - a Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

In Phase 1, the SARC project developed a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystwyth and Newtown) – towns where SARCs already existed.. The decision on a hub and spoke model and the number of hubs in the region made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region. In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project

Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

2. Case for Change

Sexual assault referral centres (SARCs) were created in 2007/08 through a Home Office funded initiative to improve the public service response to victims of rape and sexual abuse. There is a wide range of publications setting out legislation, standards and guidance which is relevant to the development of a holistic sexual assault service.

Within Wales, in 2010, Welsh Government published service specifications, developed by Public Health Wales, for services for adults and children who have or may have been sexually abused. In 2013, Welsh Government commissioned a review to examine the extent to which SARCs fulfil the requirements of the Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services.

The Wales Sexual Assault Referral Centre Review 2013 found that:

- The service provided to services users across Wales is inconsistent due to varying resources and service provision
- The national service guidelines, issued by Public Health Wales, state that "SARCs should be accessible to victims of recent rape or serious sexual assault" but there was also a view from frontline staff that the provision should be available to all victims (historic, acute, serious and less-serious assaults)
- Provision for child victims is inconsistent with variations in access to forensic medical examiners (FMEs) and paediatricians
- Preventative and education work is dependent on the commitment of staff over and above their case load
- There is good evidence of benefits to the criminal justice process but no evaluation of benefits to health services of the SARC provision
- The identified cost of the SARC service is supplemented by ad hoc funding from public agencies and services provided in kind (e.g. estate, equipment)
- There are inefficiencies in the processes relating to interdependencies with follow on services which are navigated by independent sexual violence advocates (ISVAs) on behalf of clients
- Demand is highly likely to increase over and above the increase experienced since the introduction of SARCs in Wales
- Regional centres were recommended in the Public Health Wales' service specifications, which is supported by the numbers of forensic examinations required

The 2013 review highlighted the lack of sustainable funding as an issue affecting:

- Impact on range of services available
- Retention of staff
- Efforts to raise funding (some funding streams are not available to all agencies)
- Capacity and capability to raise funds exists in all lead agencies

- Fairness of funding provision
- Reliance on shortfalls in funding being covered by police, Welsh Government and lead health boards on an ad hoc basis

'An Overview of Sexual Offending in England and Wales' published in January 2013 suggested that 15% of adult victims of serious sexual offences report the incident to the police which indicates potential additional demand for services. There is no comparable data for child victims.

2.1 The SARC Project and the service model

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales serves the populations of Aneurin Bevan University Health Board (UHB), Abertawe Bro Morgannwg UHB, Cardiff and Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys teaching Health Board (THB). This includes the police forces, local authority and third sector partners who serve that population. Close alignment between the NHS, police and third sector is necessary to deliver specialist SARC services that are equitable, meet health needs, support forensic enquiry for any criminal investigation, address safeguarding issues (children and adults), and support the wider recovery and safety needs of victims and families.

North Wales have not been part of the initial service development work, but it is recognised that there are significant benefits from working across Wales and there should be a move to developing an All Wales networked service.

The service model addresses the needs of men, women and children of all age groups, but differentiates between children less than 16 years of age, those aged 16 to 17 years of age and adults (18+ years of age). It has been driven by the needs of the victims and provides assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model, has considered the acute phase (delivered by Sexual Assault Referral Centres (SARCs) and follow up (sexual assault services), as defined in the initial phase of the SARC project.

Options for the future configuration of SARCs were initially considered in Phase 1 of the project and a hub and spoke model was agreed as the preferred solution, with three adult SARC hubs and two paediatric SARC hubs supported by spokes, being the preferred configuration.

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: ‘A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care’.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (including emergency IUD fitting) and STI risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

SARC Spoke: ‘A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations’. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community

2.2 Impact on Workforce

Proposals to reconfigure SARCs may affect staff as the final configuration may require staff to have to travel to new workplaces and work more flexibly across health board, police and local authority boundaries. Consideration will also need to be given to the potential impact on workforce associated with an open and transparent procurement process for both the overarching SARC services and the forensic medical examination services.

Appropriate advice will need to be sought from specialists where necessary including, legal, Human Resources, trade unions etc. to achieve an effective transition to any new arrangements. Individual organisations will be responsible for engaging with staff on proposals and agency specific policies. A partnership approach with trade union colleagues will be ensured

3. Equality and Human Rights

Under the Equality Act 2010 there is a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not. This means the needs of people from different groups must be considered and reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantage

e. The Equality Act 2010 gives people protection from discrimination in relation to the following “protected characteristics”¹

- Age
- Disability

¹ Race; Sex; Gender Reassignment; Disability; Religion; belief/non belief; Sexual orientation; Age; Pregnancy and Maternity; and Marriage and Civil Partnerships: Equality Act 2010

- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The Human Rights Act 1998 also places a positive duty to promote and protect rights for all. In Wales, we also have a responsibility to comply with the Welsh Language (Wales) Measure 2011 and All Wales Sensory Loss Standards for Accessible Communication and Information for People with Sensory Loss. We will take all our legal duties into consideration when we make decisions around reconfiguration of sexual assault service across the region.

This document is not intended to be a definitive statement of the potential impact of reconfiguration of sexual assault services and SARCs on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EIA process of the likely impact of the service proposals and to take this into account in making recommendations and decision-making.

4. Equality Impact Assessment

EIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires us to consider how the proposed reconfiguration of SARC services may affect a range of people in different ways. The EIA will help answer the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect different groups differently? Is there evidence of negative impact on any groups of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?
- How will we monitor impact in the future?

Looking at a range of national research evidence and engagement with key stakeholders has helped us to consider the potential impact. In particular, we are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.

While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies.

The report *Transport and Social Exclusion: Making the Connections* (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.

Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.

A literature review was carried out as a first stage of gathering evidence to inform the EIA, which identified potential impacts of the proposal on protected characteristic groups. During Phase1 of the Project, there was also formal engagement with stakeholders to develop the service model. The outcome of this work is available in a separate report.

There was general acknowledgement of the case for change and the feedback gathered fell within a number of key themes:

- Structure / continuity of care - general support for a hub and spoke model but there must be clear and effective working relationships between the hubs and spokes and support groups to ensure continuity of care
- Service model – importance of self-referral and holistic provision
- Information / communication – need for improved communication and information mechanisms for survivors which will improve service awareness and trust
- Funding – needs sustainable funding and development should not damage funding opportunities
- Access to support services – the requirement for support through independent sexual violence advisors (ISVAs) and counsellors, and referral on to continuing support services, was strongly emphasised
- Access - timeliness of access to the right person and the need for trust in the service
- Workforce – capacity to meet the needs of each victim, support for staff and taking opportunities to improve joint working across related services, e.g. sexual assault and domestic violence

United Nations Convention on the Rights of the Child

Children under the age of 18 are protected by the United Nations Convention on the Rights of the Child (UNRNC). Providers have a duty to protect, promote and fulfil the rights of the child. The UNRNC should be considered in conjunction with the Human Rights Act and the duty to promote fairness, respect, equality, dignity and autonomy. Due regard must be given to the specific needs of a person of his/her age, and in particular the right to maintain contact with family members. The convention recognises that children themselves, not adults, are entitled to be involved in decisions that affect them.

4.1 **Potential impact on protected characteristic groups**

This section of the document, recognises the potential impact on protected characteristic groups as identified in Phase 1 of the Project and incorporates the views collected through engagement with clients of the SARCs, carers, equality groups and stakeholders.

4.1.1. Gender

There is evidence from the Crime Survey for England and Wales (CSEW 2013/14) and research papers to show that women and girls are at greater risk than men in terms of sexual assault and are more likely than men to have experienced intimate violence² across all headline types of abuse. The 2013/14 CSEW report found that overall 19.9% of women and 3.6% of men having experienced sexual assault (including attempts) since the age of 16.

Though women make up the larger portion of sexual violence, the Report of the Independent Review into the Investigation and Prosecution of Rape in London, 2015, (Angiolini)³ suggests that men feel a sense of isolation in being able to report such crimes, due to the emphasis placed on “violence against women and girls.” There may be some hesitation from men in accessing services which are traditionally focused towards women and girls, and therefore put men who have been victims of sexual violence at a disadvantage in access to SARCs.

4.1.2 Age

Age is a risk factor for sexual assault. The CSEW found that, among both men and women, the prevalence of intimate violence was higher for younger age groups. Young women were more likely to be victims of any sexual abuse in the last year; 6.7% of women aged between 16 and 19 compared with all older age groups (for example, 2.0% of women aged between 25 and 34). In considering children, more than one third of all rapes recorded by the police are committed against children under 16 years of age⁴.

Potential impact: Young people may have different needs and will require a joint assessment with a paediatrician and forensic examiner. When treating children, the service model will additionally follow the standards and criteria outlined for children’s services⁵.

² Intimate violence is the collective term used by the CSEW to describe domestic abuse, sexual assault and stalking

³ Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

⁴ Crime in England and Wales 2005/06 Home Office Statistical Bulletin (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

⁵ <http://www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf>).

There is a need to consider further the transitional needs of young adults aged between 16 and 18 to ensure that they receive appropriate care, in an age-appropriate setting. Whilst they will be treated as adults for examination purposes, legally they are still considered children and it is important to ensure that their holistic needs are considered within this context.

4.1.3. Race

Ethnicity can increase vulnerability due to the isolated nature of some communities, cultural expectations and issues such as lack of appropriate interpretation facilities.

Women and girls from a black, minority-ethnic (BME) background may find it more difficult to leave an abusive situation due to cultural beliefs or a lack of appropriate services. Forced marriages, Female Genital Mutilation (FGM) (see detail under 'gender' on previous page) and so called 'honour'-based violence are more likely to be prevalent in (although not limited to) certain communities, although the data on these crimes is limited⁶.

Research found around BME women's experience of sexual violence services is not tailored well to the needs of the communities, and should be thought about locally and to specifically develop practice which meets the needs of BME women and girls (Between the Lines, 2015, Thiara, Roy and Ng⁷). This research further suggests a number of gaps existing within service responses to BME women experiencing sexual violence, suggesting engagement with these communities in the delivery of SARC services. The research itself identified the current engagement with BME women as generally inaccessible, making it even more difficult for BME women to access services and disclose pertinent information in an already difficult and complex situation. Services should not be "one size fits all," but meet the needs of the locally identified groups, in order to ensure SARCs are accessible for the at risk populations in that area.

The Between the Lines (2015) report also addresses the cultural barriers between service professionals and the communities, including; cultural taboos, stigma, and language. It is crucial that those professionals responsible for sexual assault services and the SARCs are appropriately educated on the specific cultural practices or beliefs which may impact on Black and Minority Ethnic (BME) women and girls' access to services, and what may prevent them from accessing such services. The research suggests, although this research is women specific, knowledge gained around the need of culturally sensitive services can be effectively transferred to the larger BME groups.

Potential Impact - there is a need to consider requirements of those clients who may require translation or interpretation services, and access to volunteers or staff who can converse in their first language. Cultural issues are also important to take into account.

There is also a need for support and training for staff in SARCs to develop expertise in responding to the needs of BME community. Overall, it is important that the local community is adequately engaged in order to determine which services and professional practice best suits the needs of the

⁶ Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government

⁷ Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence, May 2015 by Dr. Ravi K. Thiara, Sumanta Roy and Dr. Patricia Ng

BME women and girls in that area, as needs are diverse and accessible services is of the upmost importance in the safety and lives of those accessing SARCs across South, Mid, and West Wales.

4.1.4. Disability

The Looking into Abuse (2013)⁸ report states that sexual abuse is prevalent among people with learning disabilities and that it is commonly linked with other physical and psychological abuse. Disabled women may be around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some form of domestic violence in their lifetime⁹.

Potential impact - people with learning disabilities should have a greater access to safety/abuse awareness courses that are developed specifically to meet their needs. Information and services provided in SARCs needs to be evaluated and made accessible to people with learning disabilities. The report

As well as physical disability, there is a need to consider learning disabilities and mental health. Communication needs in these client groups may be more challenging and care should be adapted accordingly, for example, where there is a need for BSL interpretation services. There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss¹⁰ that apply directly to emergency and unscheduled care (in addition to primary care and other secondary care services) and these outline the staff training requirements, communication systems and equipment and patient needs information which should be provided by health boards. BSL interpreters will be required for the deaf community.

4.1.5. Marriage and civil partnership

The CSEW reported that women who were separated had the highest prevalence of any domestic abuse in the last year (22.1%) compared with all other groups by marital status (such as married (3.7%), cohabiting (8.9%) or divorced (15.5%). Married men experienced less domestic abuse (2.1%) compared with all other groups by marital status except widowed (3.9%, difference not statistically significant).

The pattern was slightly different for sexual assault with single women (4.1%) being more likely to be victims compared with those who were married (1.0%), cohabiting (1.6%), divorced (2.6%) or widowed (0.3%). This is likely to be strongly related to age.

4.1.6. Pregnancy and maternity

Evidence has shown many victims of domestic abuse experience such abuse whilst pregnant. Studies show 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth¹¹.

⁸ Looking into Abuse: research by people with learning disabilities, Looking into Abuse Research Team (2013) University of Glamorgan, Rhondda Cynon Taff People First and New Pathways

⁹ Hague, G. Thiara, R. K. Magowan, P. (2008) *Disabled Women and Domestic Violence Making the Links* Women's Aid (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

¹¹ EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

4.1.7. Religion or belief (including lack of belief)

Certain types of violence disproportionately impact on women from some communities and these have been noted under 'race'.

Potential impact - staff need to consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them¹². There are also many issues in relation to prayer, diet, death and dying rituals that would have to be considered. As previously a comprehensive cultural awareness toolkit is available for this purpose.

4.1.8. Sexual orientation

UK surveys have found that the prevalence of violence in intimate Lesbian, Gay, Bisexual, Transgender (LGBT) relationships usually mirrors that in heterosexual relationships, with approximately one in four to one in three individuals in LGBT relationships experiencing domestic abuse at some point. Men are more likely to report violence than women¹³.

Research for the South Wales Police and Crime Commissioner found that the SARCs appeared to be accessible for LGB communities with 7% of adult referrals coming from LGB communities. Research by Angiolini in 2015¹⁴ further suggests that gay men face greater barriers in reporting than their heterosexual counterparts, and that SARCs may not be well enough equipped to address these cases. A specialist LGBT service in London urged that there is a wider recognition and discussion around LGBT reporting and need for a greater understanding around the barriers they face in accessing SARCs.

The Unhealthy Attitudes report by Jones and Somerville¹⁵ provides some clear statistics and information about views and attitudes among health and social care staff which may lead to improper treatment of LGBT people, further emphasizing the need for training on LGBT issues among the workforce. The report states that "Almost three in five (57 per cent) of health and social care practitioners in Wales with direct responsibility for patient care don't consider sexual orientation to be relevant to an individual's health needs." It further reports that "Just one in twenty patient-facing staff said they have received training on the health needs of lesbian, gay and bisexual people or trans people's health needs (both four per cent)."

Potential impact: Professionals and staff should be trained to appropriately meet the needs of LGBT groups, as well as people with other protected characteristics.

4.1.9. Trans*

Trans* is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

¹² http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp

¹³ EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

¹⁴ Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

¹⁵ Unhealthy Attitudes: The treatment of LGBT people in health and social care organisations in Wales, Stonewall Cymru, November (2015)

As a group which already experiences disproportionate levels of mental ill-health it is vitally important that matters of sexual assault are handled appropriately as to not cause further avoidable mental health issues.

The Trans Mental Health Study (2012¹⁷) provided data on participant experiences of sexual violence. 17% of participants reported they had experienced domestic violence as a result of their trans identity, 11% stating they had experienced reoccurring domestic violence. The study also stated that 14% of participants had been sexually assaulted due to their gender identity, and 6% of participants reported being raped as a result of being trans. It was also noted in this study that a large proportion of trans people worry about being sexually assaulted or abused in the future, further impacting on their overall mental health

The 2015 report by Angiolini¹⁶ also suggests that trans individuals face great obstacles in reporting sexual violence, and that services are ill-informed and ill-equipped to understand and handle these crimes. There is a lack of understanding and knowledge around trans issues generally, which transfers into the realm of sexual violence. It is important that these gaps in knowledge are addressed as to allow for proper case handling around sexual violence in the trans community

Potential Impact - In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015¹⁹ Trans* people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

4.1.10. Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure 2011. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. Whilst we recognise that Welsh and English are Wales' official languages, Wales has many different voices. Like two-thirds of the world's population many people in Wales are bilingual or multilingual. This is particularly important in traumatic situations where people are more likely to need to communicate in their first language.

Potential impact - Service users who prefer to communicate in the medium of Welsh may be required to access specialist services which do not have sufficient Welsh speaking staff (this may also be the case for languages other than English). This could affect the service user's ability to

¹⁶ Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

communicate with service providers in their preferred language. Meeting the information and communication needs of victims who speak Welsh will need to be taken into account.

The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. However it is important to recognise groups of other individuals who have suffered life changing conditions that may benefit from community through the medium of Welsh. Research has shown these groups cannot be treated safely and effectively except in their first language (Welsh Language Services in Health, Social Services and Social Care, 2012)¹⁷. Our consideration of equality takes account of this.

- Training – consistency of training for all staff including in relation to the needs of those with protected characteristics to ensure awareness of and responsiveness to cultural differences
- Children and young people – need to ensure equity of access to sexual assault services and health needs
- Equality impact assessment - must promote equality, ensure services are inclusive and services are known as being inclusive and services must make reasonable adjustments to meet needs of those with protected characteristics, regardless of service structure

4.2 Summary of findings to support Phase 1.

Sexual assault tends to be closely associated with gender and age with women and girls at greater risk of sexual abuse than men. However, victims of sexual abuse can be from across the whole spectrum of society, from all age groups, all ethnicities, religions and beliefs, people with disabilities and people from the LGBT community. The research suggested cultural barriers to accessing services for BME women and girls and, also, barriers for LGBT communities requiring wider recognition and discussion around LGBT reporting. The model and configuration of sexual assault services proposed aims to support anyone affected by sexual abuse.

There is a correlation between the evidence from research and from the feedback from engagement. Whilst some protected groups are more at risk than others, no negative impacts on the protected groups are anticipated from the proposed service development. It is anticipated that the work through the project has served to raise awareness of the needs of protected groups which can be used to inform current services and the proposals for the future configuration. They can also be shared with related policy developments, in particular implementation in Wales of the Violence against Women, Domestic Abuse and Sexual Violence (2015) Act. There was recognition that sexual assault services need to be properly resourced to respond to growing demand and to ensure services across the whole pathway of care can be planned on a sustainable basis. Also, the need for equality training for staff, information and signposting, was frequently highlighted through the engagement process.

The service proposals do not introduce any additional obstacles; improving standardisation for access and specialist treatment should improve outcomes across all social groups.

¹⁷ More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)

The impact on protected groups will continue to be assessed following decision making and through implementation, and continuing engagement to identify any negative effects that may arise and associated mitigation measures.

5. Phase 2. Implementation Planning Phase 2018-2019

In June 2017, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service model taking into consideration the impact on the population, whilst also considering work previously undertaken in phase 1, which included the EIA.

Phase 2 reviewed the model, activity, service specification, victim and family needs, expected standards of care including clinical governance and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. It also acknowledged that, due to the small number of cases in the region, it would be difficult for three SARC Hubs to develop a critical mass required to support the workforce in retaining their knowledge, skills and competencies necessary to maintain safe standards of care. Therefore, after extensive discussion and review of the supporting information, a revised service model has been agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystwyth, with two additional spokes in Newtown and Carmarthen.

As a result, in the revised model access to forensic services in the north of the region would be retained including clients from the Powys area. Clients in the south of the region, would access forensic services from the SARC hub in Swansea.

For some of the population in the Dyfed Powys region, the transfer of forensic services from Newtown to Aberystwyth, may result in an increased journey if a forensic examination is required. However, travel times have been evaluated and would be maintained within a 2-hour timeframe for most residents in the north Dyfed-Powys region. Similarly, for individuals in the south of Dyfed Powys who would be travelling to Swansea for a forensic examination, travel time would be maintained within a two hour time frame, as far as possible, with the advantage of having more robust transport infrastructure. To address travel around the region, appropriate arrangements will need to be made, in conjunction with the local police force, to support the client to attend the SARC Hub where necessary. Follow up therapeutic support would continue to be provided from the spoke services within Newtown SARC and Carmarthen SARC, and Aberystwyth, which will also act as a spoke. Any follow-up required with regard to sexual health will be managed by pathways to one of the eight Sexual and Reproductive Health clinics within HDUHB and close to the clients home.

Stakeholders from Dyfed-Powys Police and HDUHB feel that this model provides equitable, safe and sustainable services to their clients and will future proof care in an unpredictable financial climate.

The benefits for an individual living in the north of the Dyfed-Powys region with the placement of the Hub in Aberystwyth, include:

- minimal travel time for the population compared to the model in Phase 1 where forensic examinations would be provided from Carmarthen for the whole of the region;
- The service will be holistic, providing a more complete forensic examination with health assessment to be undertaken in line with FFLM guidance and best practice standards;
- The service will have better links with local services such as sexual health and third sector.
- The service will be more likely to attract the specialist workforce required to run a safe and sustainable service.
- A critical mass of individuals will create more opportunities for the workforce to develop and retain necessary skills and competencies
- Greater opportunity for integration between sectors, including health, resulting in a more seamless service for the individual

The recommendation for the SARC adult hub in Dyfed Powys being in Aberystwyth, supports the development of an overarching strategic picture of sexual assault referral centers across Wales with proposed SARC Hubs located in Colwyn Bay, Cardiff, Swansea and Aberystwyth, supported by more local SARC spokes.

6. Next Steps

The needs of protected groups will continue to be an ongoing consideration during the implementation phase of the project and Health boards, Police and third sector will need to ensure that stakeholders are engaged throughout, venues are accessible and information is provided in a variety of required alternative formats in order to maximise opportunities for participation wherever required.

Attachment 8: GLOSSARY

ABM	Abertawe Bro Morgannwg
BME	Black and Minority Ethnic
C&V	Cardiff and Vale
CSEW	Crime Survey for England and Wales
EC	Emergency Contraception
EIA	Equality Impact Assessment
EWTD	European Working Time Directive
FFLM	Faculty of Forensic & Legal Medicine
FGM	Female Genital Mutilation
FME	Forensic Medical Examiner
HIV	human immunodeficiency virus
ISVA	Independent Sexual Violence Advisor
IUD	Intrauterine Device
LGBT	Lesbian, Gay, Bisexual, Transgender
NHS	National Health Services
PCC	Police and Crime Commissioners
PEP	post-exposure prophylaxis
SARC	Sexual Assault Referral Centre
STI	Sexually transmitted infection
THB	Teaching Health Board
UHB	University Health Board
VAWDASA	Violence Against Women Domestic Abuse Sexual Assault
WHSSC	Welsh Health Specialist Services Committee

Report Title:	Strategic Clinical Services Plan					
Meeting:	UHB Board				Meeting Date:	26.09.19
Status:	For Discussion		For Assurance		For Approval	√ For Information
Lead Executive:	Executive Director of Strategy & Planning					
Report Author (Title):	Deputy Director of Strategy & Planning					

SITUATION

As we move further into the implementation of Shaping Our Future Wellbeing we need to be clear on the clinical approach that will underpin the strategy and which services are delivered where.

The executive and clinical leads have worked together to develop a high level clinical services plan to identify the core clinical service models in terms of service redesign and infrastructure and other enablers required to implement the vision articulated in Shaping Our Future Wellbeing. Once the high level plan is finalised, the UHB will undertake engagement on the emerging models influencing the role and function of UHW and UHL in particular.

BACKGROUND

Caring for People; Keeping People Well is why we exist as a UHB, with a vision *that a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are*. The UHB Shaping our Future Wellbeing Strategy 2015 -2025 sets out how we intend to deliver our strategic objectives and achieve this vision. As we move further into the implementation of Shaping Our Future Wellbeing we need to be clear on the clinical approach which will underpin the strategy and which services are delivered where – UHW, UHL, Health & Wellbeing Centres and Wellbeing Hubs. Aligned to this is the need to replace the UHW building to ensure it is fit for purpose. Therefore the clinical models at both UHW and UHL need to be clarified and confirmed in order to provide direction and context for the UHB infrastructure and inform the Programme Business Case.

Two executive and clinical leadership workshops were held in 2018 to agree the approach to the development of the clinical services plan, building on previous strategic clinical planning work. A further corporate workshop with broader clinical representation was held in October 2018. From these events and using the outputs from other programmes of work notably but not exclusively, Shaping Our Future Wellbeing: In Our Community, Cardiff & Vale of Glamorgan RPB Area Plan, UHB Estates Strategy and the UHB transformation programme, a high level draft UHB strategic clinical services plan document was produced and presented to the UHB Board in December 2018.

The clinically led workshops identified:

- UHW as the hyper acute site (tertiary centre, high acuity, complex medical/surgical); and
- UHL as the ambulatory care/low acute site (ill but stable – not dependent on critical care or 24/7 acute medical care).

To further develop the high level clinical services plan to a point where more extensive engagement can be undertaken, additional work to determine the clinical models has been required to define and scope sustainable future configuration for three areas:

1. Tertiary service provision across the UHB;
2. Urgent unscheduled care model (initial focus UHL); and
3. Elective surgery (initial focus UHL).

These planning outputs have been prioritised as they are key to inform the design and functionality of the new hospital building for the replacement of UHW and to provide strategic clinical direction and context for the ongoing development of services and infrastructure across the UHB particularly at UHL and St David's hospitals as well as the evolving locality-based Health and Wellbeing Centres.

Over time, the UHB's services will be increasingly based in the community to support this model of care, with only those services that require either a critical mass, access to critical care or theatres or specialist diagnostic or medical equipment provided in one of the two acute hospitals (UHW/UHL).

It is important to note that the complementary work in developing the primary and community services and supporting health and social care infrastructure to support the increased capacity in the community to deliver more care at home and in the community is being driven through:

- The UHB's partnership Transformation work with Local Authority, Public Health and wider stakeholders developing integrated and jointly commissioned services in the community focussing on prevention, early intervention and home delivered care through the Regional Partnership Board.
- The UHB's internal Transformation programme focussing on data-driven, evidence-based clinical pathway redesign methodology to improve outcomes and redeploy resources to deliver value based healthcare.
- The UHB's Shaping Our Future Wellbeing: In Our Community programme and the Primary Care Estates programme to develop effective and integrated infrastructure solutions in the community to support redesigned models of care.

Clinical audit and specialist informatics analysis support is required to test the deliverability and impact of the secondary care component of the service model options on future patient flows and transfers.

ASSESSMENT

Work Undertaken to Date

1. Tertiary Services

This work is proceeding in parallel and aligned with the broader strategic, clinical service planning. A baseline assessment of current service delivery has been completed, identifying 100+ services provided at either regional, supra-regional, All Wales or UK level. The Project Initiation Document and an outline stakeholder engagement plan were agreed at the Strategic Clinical Reference Group on 12th August 2019. An internal vision planning workshop with representation from each clinical board and directorate providing tertiary services took place on Friday 26th July 2019. The outcome was a SWOT analysis and draft vision statement which will

be used for wider communication and stakeholder engagement. It is expected that the project will be complete with an agreed Tertiary Services Strategic Plan published early in 2020.

2. Urgent Unscheduled Care Model (initial focus UHL)

A planning event was held on Wednesday 22nd May 2019. The aim was firstly, to provide clinicians with the opportunity to discuss the three options for urgent unscheduled medicine determined through the earlier work and test if there was a favoured option. Secondly, to use those discussions to test and shape the thinking underway to describe how services at Barry Hospital may evolve in line with the health and social care community transformation agenda. This will see the development of the Barry hospital site into a more integrated Barry Health and Wellbeing Centre.

Work on which services should be provided at Barry Hospital is being led by the Vale Locality with the aim for a coherent strategy for the building aligned to the urgent unscheduled care medicine model and vision for Health and Wellbeing Centres whilst meeting the overarching vision for the Vale Locality: *'to plan, deliver and enhance integrated accessible, community based health and social care services that keep you as independent, well and content as possible'*.

The outcome of the discussions were as follows:

- There was strong support for a model which combined no front door medical admission at UHL with pathways for rapid assessment, diagnostics and monitoring in primary care/community.
- There will be a need to provide 24/7 cover for all patients on UHL site (MH, surgery, palliative care, medicine). The elective surgical services model, general medical model and the rehabilitation model will influence how this is provided.
- There is a commitment to support the development of a Health and Wellbeing Centre at Barry. In addition a willingness to improve the facility in the shorter term in relation to identity and coordinating services accommodated/provided from Barry Hospital to ensure that there is a coherent vision to develop a facility the community is proud of.
- It was acknowledged that there is an exciting opportunity to determine our models, and how we provide effective, high quality services closer to the person's home, congruent with Welsh Government Policy and aims of the Parliamentary Review.

To take this work forward a planning event, with a smaller number of key individuals focusing on the GP 24/7 non-admission medicine model took place on Wednesday 24th July 2019. The outcome from these discussions was the development of an action plan and a subgroup to shape a longer-term, integrated, community-based model for 24/7 unscheduled care as well as identifying some early quick wins (for this winter if at all possible) and to look at the opportunities for optimising the Barry Health & Wellbeing Centre capacity and potential, alongside the work that the Vale Locality are leading. The proposed GP 24/7 non-admission model will be subject to an engagement programme.

To further develop the specification on the Barry Health and Wellbeing Centre, the outcomes from the workshop discussions will be used to facilitate local engagement sessions to define a clear plan for the Barry Health and Wellbeing Centre.

Alongside this, Fiona Jenkins, Director of Therapies and Health Sciences is leading work on developing the UHB model for rehabilitation. This is important in not only shaping the future model but also supporting the clinical models across hospital and community sites. A workshop was held on Wednesday 3rd July 2019 and the resultant model tested initially with the Stakeholder Reference Group and has been finalised for wider promulgation.

3. Elective Surgery (initial focus UHL)

The provision of elective surgical services is already well-developed at UHL and the vision for the future described at a high level. The sustainability of existing and further development of additional elective, surgical services is being tested through the development of a surgical service model specification. This defines the service model in the context of the key clinical standards alongside the service, workforce and infrastructure dependencies to deliver a sustainable service model across the elective surgical specialties.

These models are being developed with key clinical leads. Engagement conversations are currently taking place on the non-complex planned surgery model for UHL, using ENT surgery as the initial service area to move some adult day-case and 23 hour stay patients to UHL. General surgery and orthopaedics are the next priorities building on the experience of ENT and also the existing services models in place e.g. CAVOC.

The outcome from the urgent unscheduled care model discussions were tested with the emerging surgical model for UHL at a surgical services model planning event held on Friday 2nd August 2019. There was general support for the proposed model with UHL as a Surgical Centre of Excellence for non-complex routine planned surgery. It was acknowledged that the Health and Wellbeing Centres and Hubs were a necessary component of the whole system e.g. to support diagnostics and pre-surgery work-up/rehabilitation closer to home.

ASSURANCE is provided by involvement of Clinical Boards to develop and agree the clinical models with oversight and direction from the Strategic Clinical Reference Group (SCRG). A draft Clinical Services Plan was taken to SCRG on 15th July and 12th August 2019, HSMB on 1st August (verbal) and 5th September 2019, Management Executive on 8th August and 12th September 2019 and the Strategy and Delivery Committee on 3rd September 2019 (Appendix 1). It is submitted to the UHB Board for final approval, following which it will be published for wider engagement commencing on Monday 4th November 2019.

A separate engagement plan has been developed (Appendix 2) which is being discussed with the South Glamorgan Community Health Council on 16th September 2019. The programme of engagement will focus on exploring views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy. It will be undertaken with our staff, partners and stakeholders.

The aim of engagement will be to share our vision for how we see hospital services developing over the next decade as part of a transformed system and to test our thinking, particularly in relation to how we see key service areas develop including emergency and acute care, planned surgery and tertiary services. Specific service changes may require further engagement and/or consultation.

A range of engagement materials will be developed to enable effective engagement with key stakeholders.

RECOMMENDATION

The Board is asked to:

- APPROVE the draft Strategic Clinical Services Plan for production by Medical Illustration and subsequent wider engagement as per the draft engagement plan with staff, general public and stakeholders between 4th November and 31st December 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		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:

The Equality and Health Impact Assessment is under development.

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



Cardiff and Vale UHB Draft Strategic Clinical Services Plan 2019 – 2029

Foreword

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK, providing local healthcare services for around 500,000 people in Cardiff and the Vale of Glamorgan. Working with many professional groups, we promote healthy lifestyles whilst planning and providing healthcare in people's homes, community facilities and hospitals. We are also the main provider of over 100 specialist services for the people of South Wales, Wales and for some services, the wider UK. We are very proud of this role both as a local NHS organisation and a provider of hospital services for local, regional and national patients. This role, however, creates unique challenges for us in the way we use our resources (our staff and our buildings) to meet those local and specialist needs going forward.

The demand on the services provided by the health board will increase in the short, medium and long term mainly because of population growth. An increasing proportion of that population are ageing or are very young (under 16), and both groups have a high reliance on healthcare. For these reasons alone, we cannot sit still in the way we provide our services. But add to that the increasing number of medical innovations and you get a degree of change that needs to be carefully planned for. We have therefore developed a draft Strategic Clinical Services Plan 2019 – 2029 which brings together a number of existing and emerging programmes of work to make us fit for the future.

Our Shaping Our Future Wellbeing Strategy 2015 – 2025 provides a change programme for everything we do: for healthcare being provided away from hospitals and nearer to people's homes, delivering outcomes that are important to the patient, providing standardised treatment delivered efficiently, and finally, encouraging our population to lead healthy lifestyles and self-manage conditions where appropriate. Included in this programme is an ambitious plan to build community facilities which will give easier access to health and wellbeing services closer to home. On top of this come other projects to improve day to day operational efficiency. We also want our patients, from our local population and the wider regional and national population, to receive the specialist hospital care they need in the most appropriate setting. To this end, we want to seek your views on our ideas for ensuring that we have the right services at the University Hospital of Wales (UHW) and at University Hospital Llandough (UHL). We want to continue to develop UHW as our hyper acute tertiary centre (complex medical/surgical patients, critical care, 24/7 diagnostics) and UHL as our less acute, planned surgical centre, ambulatory care site (ill but stable not dependent on 24/7 acute medical care).

We believe that implementing these plans, we will deliver better patient outcomes, better patient satisfaction, better value and better satisfaction for the teams of people working for the Health Board.

Furthermore, these plans provide a foundation for a renewed UHW, a 'UHW2' that will be state of the art and offer care suitable for the mid-21st Century. UHW has served us well since 1971 but it is no longer able to provide the space and facilities required by modern medicine. A UHW2 would not only see further improvements for patients and staff, but will also be a more sustainable and energy efficient facility. This will also enable UHW to play its role as a major trauma centre, emergency department and home for acute services accessed by the people of Wales.

The aim in this engagement is to share our vision for how we see hospital services developing over the next decade as part of a transformed system. We want to test our thinking, particularly in relation to how we see key service areas develop including emergency and acute care, planned surgery and tertiary services. Whilst it may take years to fully realise our clinical model, we are already starting to make changes to support the delivery of Shaping Our Future Wellbeing. This draft clinical services plan provides the framework for changes which have already begun and decisions which will be taken in the short, medium and long term. Specific service changes may require further engagement and/or consultation.

We are pleased to present our draft Clinical Services Plan for 2019 -2029.

Len Richards
Chief Executive

Charles Janczewski
Interim Chair

Dr Stuart Walker
Medical Director

Contents	
Introduction	5
• How we see our future health care model	8
Background	
• About the health board	9
• About our population	11
National planning context	13
Our current service provision	15
Improvement and Implementation	20
Shaping our Future Wellbeing Strategy 2015 -2025	22
Why is healthcare changing?	
• Future demand for healthcare	25
• New treatments and technologies	26
• Workforce changes	27
Our vision for services	28
• Tertiary services	29
Our planning and design principles	30
Future configuration of healthcare services	31
Next steps	36
What does this mean for:	
• A new University Hospital of Wales (UHW2)	38
• University Hospital Llandough (UHL)	39
• Wyn – our patient at the centre	40
Engagement and Consultation	44

Strategic Clinical Services Plan - Introduction

Caring for People; Keeping People Well is why we exist as a health board, and our vision is *that a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are*. Our [Shaping our Future Wellbeing Strategy 2015 - 2025](#) sets out how we intend to achieve this vision through delivery of ten strategic objectives. Our strategy was developed with four core principles at its heart, which are set out below, and these remain key guiding principles as we set out how we see our clinical services developing over the next decade.



Shaping Our Future Wellbeing is very much in line with the aspiration set out in the Welsh Government's ten year plan for health and social care services, *A Healthier Wales*, and commits us to increasing the focus on prevention and earlier intervention, reducing the amount of provision delivered on our main hospital sites through increasing what we do in local communities, closer to peoples' homes.

In addition to providing cradle to grave, whole system services for our local Cardiff and Vale population, we are the largest provider of tertiary services

in Wales and we treat patients with very complex specialised needs from around Wales. This means that we are often at the forefront of cutting edge and new and innovative treatments and therapies. This, coupled with our extensive research activities, enables our patients to have access to many of the new treatments and therapies available, some of which are only accessible through participation in drug trials.

In order to deliver our plan, we will need to work with the wide range of partners, both at a local level, and across Wales, who make up our health and care system to transform, over time, how we support people to live well in their local communities. We have acknowledged that our model for primary care in particular will need to change over time, and the Welsh Government's emerging model for primary care signals the changes we need to make over the next decade. Our [primary care clusters](#) are already developing plans for how cluster and locality models of care could be delivered in the future, and with our partners, we are working on setting out our integrated model for local-placed models of health and care which reflect the needs of the local populations.

As we reach the mid-point in the delivery of our strategy, we are reviewing our progress so far, and are refocusing our efforts in the areas where we need to make more rapid progress over the next five years and beyond. We have introduced 'Wyn' a character who represents our patients and the populations we serve. Learning from other healthcare systems that have transformed the way they deliver care has confirmed the importance of putting the patient and the person at the centre of our planning and delivery of services. Providing a face and name to our patient provides a very real focus to our discussions so that we are always considering 'what is in the best interests of Wyn?', and 'how can we improve things for Wyn?'

Our research activity forms a key strand of our partnership with Cardiff University, and enables us to collaborate with partners across Europe for the benefit of patients. Clinical innovation and teaching the next generation of clinicians (doctors, nurses, health scientists and therapists) form the other key parts of our relationship with Cardiff University, University of South Wales and Cardiff Metropolitan University. We have numerous clinicians who undertake a dual role as academics involved in research and teaching, and deliver front line patient care services.

This clinical services plan focuses on how we see hospital services developing over the next decade as part of a transformed system, providing the necessary support to primary care to enable people to remain living independently at home, and to provide timely access to specialist hospital treatment, whether this is as an acute emergency, or as planned treatment that can only be provided in hospital. We know that the way our hospital system is designed is not delivering the best experience or outcomes for Wyn. We know that compared with the best healthcare systems in the world, we provide too much of our care in hospital settings. Wyn can sometimes wait too long to access the advice, diagnosis or treatment he needs, and often the system makes it difficult for Wyn to return home quickly if a spell in a hospital was needed. It is important to recognise that overall our outcomes benchmark well with other NHS providers across the United Kingdom, and our patient experience feedback is very positive overall. But we know that there is a lot more we need to do to deliver the services required into the future. Over the next decade we will see an exponential growth in the number of older people living in our communities, in line with the national trend. We will also see the whole population in Cardiff and Vale growing rapidly as a result of Cardiff being the fastest growing core city outside of London. We also know that unhealthy lifestyles are contributing significantly to what is known as ‘the burden of disease’ – people being diagnosed with chronic conditions, such

as diabetes and heart disease or cancer where an unhealthy lifestyle was likely to have been a contributory factor.

We want to provide value based healthcare so that we can deliver outcomes that matter to Wyn. This care will be delivered as close to home as possible and where applicable, supported by social care provided by Local Authorities, the Third Sector and other partners. Our hospitals should only provide assessment or care that cannot be provided in the community. When care is needed in a hospital environment, it will be high quality, safe and compassionate.

We know that the facilities we will need to provide transformed services will need to be very different. In 2018 we developed an estates strategy which set out the condition, utilisation and functional suitability of our current infrastructure, and the outline plans for developing our estate over the next decade. The detailed plans will be informed by this clinical services plan, and the detailed service models that will follow. We know that we will need significant investment in our infrastructure, including replacing the University Hospital of Wales (UHW) which is no longer fit for purpose, and our business cases to secure the resources needed will need to clearly demonstrate the added value and benefit to patients and communities locally and across Wales.

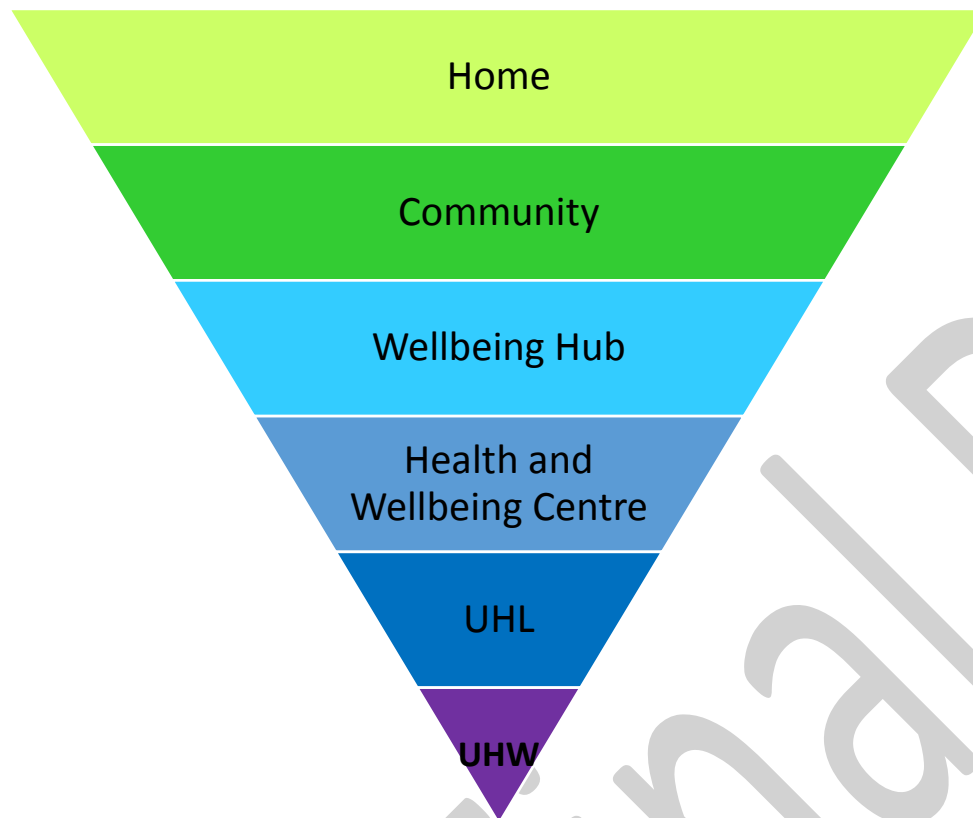
UHW is not only a hospital for our local population but also a specialist facility serving the whole of Wales. A redeveloped facility will provide the opportunity to create a flagship of international standing. As the needs of the local, regional, supra-regional and national populations increase, our estate needs to react accordingly.

This clinical services plan does not attempt to describe how we see each individual service will develop over the next decade - it gives an overview of how we see the key service areas develop – for example, emergency/acute care, planned surgery and tertiary services. The plan also

outlines how we see therapies and treatments develop over the next decade informed by advances in technology and innovations in treatment.

Final Draft

How we see our future health care model



All services orientated to keeping people well at home. Long term management, accessing advice and support, rehabilitation and intervention all at home.
Community Centre, pharmacy, GP practice, optician, dentist.
Cluster Based services- wellbeing and first contact urgent care services.
Diagnostic and locality based services best served at larger population size.
Planned surgical centre, ambulatory care, low acuity medical specialties, rehabilitation and mental health centre (Cardiff & Vale). Supra-regional neurological and spinal rehabilitation service, Cystic Fibrosis Unit (S Wales).
Emergency and high acuity medical and surgical specialties (Cardiff & Vale). Critical Care, Major Trauma Centre (S Wales). Regional, supra-regional specialised services (Wales). Co-location with Cardiff University.

Background

About the health board

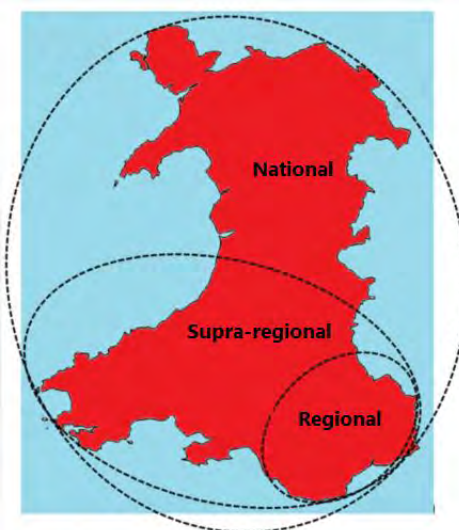
Cardiff and Vale University Health Board (UHB) was established in October 2009 and is one of the largest NHS organisations in the UK, and provides services at a local, regional, supra-regional and national level.

As a Health Board, we have a responsibility for planning, commissioning and providing services for around 500,000 people living in Cardiff and the Vale of Glamorgan (from Trowbridge/St Mellons in the east to Llantwit Major/St Bride's Major in the west). This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. Together, these provide a full range of health services for our local residents.

As a provider of 100+ specialised tertiary services we have a responsibility to deliver care at a regional, supra-regional and national level, for around 3,200,000 people, for example:

Regional (South East Wales)	Supra-Regional (South and West Wales, and South Powys)	National (All Wales)
Cardiac surgery	Clinical immunology	All Wales Medical Genetics Clinical Service
Specialised neurology	Cystic fibrosis	Orbital prosthetics
Vascular surgery	Neurosurgery	Neuropsychiatry

Map of the reach of our tertiary services provision



The cost of delivering this extensive range of services is around £1.4 billion annually and we employ around 14,000 staff who work across a range of sites, and delivering care in people’s homes.



About the local population we serve



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. We acknowledge that our needs assessment is for Cardiff and Vale of Glamorgan populations only and it does not cover all the regions from which patients come to access our services as a tertiary provider.



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 has now exceeded 500,000 for the first time.



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. The ageing population in other areas across Wales will also have an impact and is equally important for our tertiary services e.g. cardiac surgery.



Health inequalities: There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 34% 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).



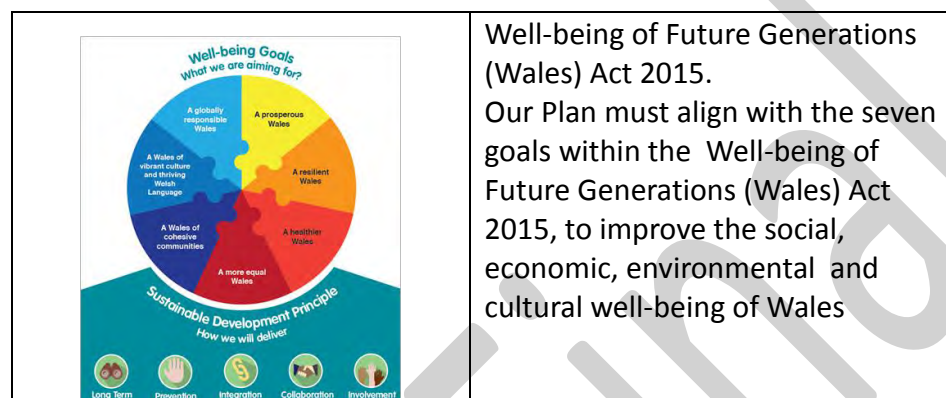
Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

National Planning Context

Planning within the health board is influenced by national policies, underpinned by speciality/professional standards and regulatory requirements.



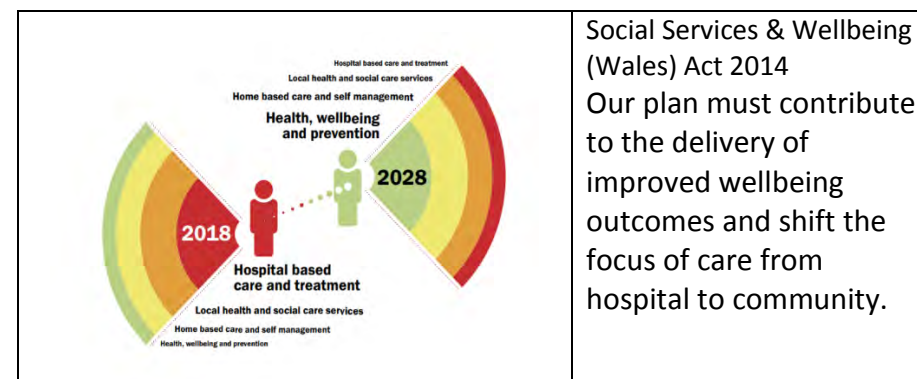
We have been working on the practical implementation of **prudent healthcare** principles since spring 2014. Our approach has also encompassed the findings from the Parliamentary Review endorsing the “one system” vision with four aims – the Quadruple Aim – that health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and well-being, a cared for workforce, and better value for money, describe the foundation blocks on which we have developed our approach to prudent healthcare planning and delivery. The prudent principles are strongly reflected in our Shaping our Future Wellbeing strategy, which has at its core ‘*caring for people, keeping people well*’ and are at the heart of our Transformation and Improvement Programmes.



Well-being of Future Generations (Wales) Act 2015. Our Plan must align with the seven goals within the Well-being of Future Generations (Wales) Act 2015, to improve the social, economic, environmental and cultural well-being of Wales

The **Wellbeing of Future Generations (Wales) Act 2015** came into force on 1st April 2016. It requires public bodies to set and publish wellbeing objectives that are designed to maximise its contribution to achieving each of the seven national wellbeing goals, through the five ways of working (prevention, collaboration, involvement, integration and long-term). We have a [webpage](#) describing our contribution to achieving the Act’s goals. Our ten year Shaping Our Future Wellbeing strategy was developed through co-production with our citizens and patients, placing a strong emphasis on prevention and care closer to home.

The Social Services and Wellbeing (Wales) Act came into force on 6th April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. This means that we must work with our Local Authority colleagues through the Regional Partnership Board to drive integration, innovation and service change. We are doing this through our [Integrating Health and Social Care Programme](#).





The long-term aim is to build a Wales that is prosperous and secure, healthy and active, ambitious and learning, and united and connected.

Our Plan needs to contribute to the overall Healthy and Active aim to improve health and well-being in Wales and in particular in Cardiff and the Vale of Glamorgan, for individuals, families and communities, with significant steps to shift our approach from treatment to prevention.

This strategy provides a joined-up framework to enable all organisations in Wales to work across boundaries, putting the citizen at the heart of our collaborative planning and service delivery. It provides a clear context within which Shaping Our Future Wellbeing directly fits. The five priorities that have emerged from this strategy as having the greatest potential contribution to long term prosperity and wellbeing provide a helpful focus for the UHB and partner stakeholders. The four themes within the strategy align with Shaping Our Future Wellbeing and our [Public Service Board Wellbeing Plans](#).

The **Parliamentary Review of Health and Social Care** was launched in September 2016 to consider the sustainability of health and social care in Wales. The review makes 10 recommendations with a focus on developing ‘One system of seamless health and care for Wales’. These recommendations supported the direction of travel which the health board has already started to take, to deliver more sustainable and integrated services for our population underpinned by a focus on prevention, self-care and the principle of ‘home first’. Recommendations around the implementation of the Quadruple aim, new models of seamless care and putting people in control of their own health support the principles of Shaping Our Future Wellbeing and our perfect locality model. We will continue to work with our regional and national partners to strengthen planning arrangements to support seamless models of care.



A Healthier Wales 2018 confirms our direction of travel but challenges us to increase the pace in our transformation journey particularly working with our partners and be bold in our ambition for our communities. Our plan must support the national vision and values to enable our population to live longer healthier and happier lives.

A Healthier Wales sets out a long term future vision of a whole system approach to health and social care, focused on health and wellbeing, and on preventing illness. It emphasises the creation of a ‘wellness system’ over the next 10 years, with prevention increasing in importance; and describes the quadruple aim for NHS Wales – specifically, improved population health and wellbeing, better quality and more accessible services, higher value health and social care, and a motivated and sustainable workforce.

Our current service provision

As a health board we are responsible for ensuring that our Cardiff and Vale of Glamorgan citizens have access to high quality primary care services, which include: General Medical Services (GPs) General Dental Services, Community Optometry Services (Opticians) and Community Pharmacy Services to support the delivery of high quality, responsive and sustainable services to meet local need. Based within the heart of the community, they work with hospitals and other community-based healthcare staff to provide health advice, assessment, treatment and care. We have recently launched Primary Choice to help people choose the right health advice, care and treatment for their needs, so that they see the right person, first time in their local communities. Services are provided across the whole of Cardiff and Vale of Glamorgan within three **Localities: Cardiff North and West, Cardiff South and East, and the Vale of Glamorgan**. Each Locality has three Primary Care **Clusters**, where services work together in planning and delivering services for local communities, responsive to their local health and well-being needs.

Area	Current Population	Main GP Surgery Premises	GP Branch Surgery Premises located in cluster	Community Health Premises	Dental practices	Optometrists	Pharmacies
NORTH & WEST LOCALITY							
Cardiff North Cluster	102,687	10	3	Llanishen Health Centre Pentwyn Health Centre Rhiwbina Health Centre	14	14	19
Cardiff West Cluster	55,488	8	2	Radyr Health Centre 200 Fairwater Road	8	8	13
Cardiff South West	66,445	11	1	St David's Hospital Riverside Health Centre Parkview Clinic (not operational due to storm damage)	9	9	10
NORTH & WEST LOCALITY TOTALS	224,620	29	6	8	31	31	42
SOUTH & EAST LOCALITY							
City and South Cluster	40,985	7	1	Grangetown Health Centre Wellbeing Hub @ Loudoun	8	8	10
Cardiff East Cluster	54,857	4	1	Rumney Medical Centre Llanedern Health Centre Llanrumney CELT Cardiff East Locality Team Llanrumney Medical Centre	7	3	10
Cardiff South East Cluster	63,414	8	4 (including branch sites of Practices based in other clusters)	Cardiff Royal Infirmary Roath Clinic HMP Cardiff Health Centre	5	6	16
SOUTH & EAST LOCALITY TOTALS	159,256	19	6	9	20	17	36
VALE OF GLAMORGAN							
Central Vale Cluster	64,297	7	7 (including 3 branches from Western Vale practices)	Barry Hospital Broad Street Clinic	9	8	14
Eastern Vale Cluster	36,677	4	0	Penarth Health Centre Dinas Powys Medical Centre Avon House	5	5	9
Western Vale Cluster	28,785	3	1	Llantwit Major Health Centre Cowbridge Health Centre	6	6	6
VALE OF GLAMORGAN TOTALS	129,759	14	8	7	20	19	29
HEALTH BOARD TOTAL	513,635	62	20	24	71	67	107

*colours to cross match to map on page 10.

As a tertiary service centre we are responsible for providing services of a specialised nature or for rare conditions to the people of Wales, as mentioned previously. These services are typically provided on an inpatient basis following referral from their local GP or hospital consultant. The full detail of these services will be outlined in our Tertiary Services Plan.

Our hospital services are currently provided from five sites across Cardiff and the Vale of Glamorgan: the University Hospital of Wales (UHW– for Cardiff & Vale and Wales)/ Noah’s Ark Children’s Hospital for Wales (CHfW – for Cardiff & Vale and South Wales), University Hospital Llandough (UHL – for Cardiff & Vale and South Wales), St David’s Hospital (SDH – for Cardiff & Vale), Barry Community Hospital (for Vale) and Rookwood Hospital (for Cardiff & Vale and South East Wales).

University Hospital of Wales (UHW)

The University Hospital of Wales is the largest hospital in Wales. It is also the largest provider of specialist tertiary services in Wales. It opened in 1971, had remedial work undertaken in 1978 and has been subject to a number of redesign and changes over the years as additional and more complex and specialised services have been provided and other hospitals have closed. Due to the changes and advances in medical care it is no longer fit for purpose nor has the right infrastructure or capacity within its buildings. It delivers a range of highly specialised and complex inpatient, outpatient and day-case services such as Cardiac surgery, a major Emergency Department, 26 Operating Theatres, Level 3 Critical Care, organ transplantation, acute oncology and birthing for mothers and babies at high risk. Complex investigations and tests using the full range of diagnostic facilities such as all types of blood and tissue tests, CT and MRI scanning are available 24 hours a day, 365 days a year. It has 934 beds across a full range of specialities and is co-located with the Noah’s Ark Children’s Hospital for Wales, University Dental Hospital and Cardiff University School of Health Sciences.

Noah’s Ark Children’s Hospital for Wales (CHfW)

Phase One of the Children’s Hospital for Wales opened in 2005 as a purpose designed and built facility with a separate entrance for children’s medical and cancer services. In 2015, Phase Two opened with the full spectrum of paediatric services including purpose designed wards, Paediatric Intensive Care Unit, Neonatal Intensive Care, operating theatres, radiology department (MRI and x-ray), hydrotherapy pool, therapy and play areas. It has 137 beds. It will remain on the same site as UHW and no additional changes are envisaged.

University Dental Hospital (UDH)

The University Dental Hospital (UDH) is a stand-alone building on the main University Hospital of Wales site. It has strong links with Cardiff University School of Dentistry and provides dental care for patients who are screened as suitable for treatment by undergraduate dental students. The School of Dentistry is

the only dental school in Wales and provides unique and important leadership in dental research, training the next generation of dentists and dental therapists, and patient care.

University Hospital Llandough (UHL)

The University Hospital Llandough was originally built in 1933 as an infectious disease hospital and with significant refurbishment and development over time has developed into a district general hospital. It has 661 beds across a range of specialities including the Hafan y Coed Mental Health Unit, Older People's services, the Breast Unit and regional specialist Cystic Fibrosis Unit. It has the full range of diagnostic facilities such as blood tests, CT and MRI scanning, but these are available 24/7 for existing inpatients and during routine working hours for outpatients and clinics. Work is underway in preparation for the relocation of spinal and neuro-rehabilitation services from Rookwood Hospital, which will be completed in 2023, following a significant investment of Welsh Government capital funding.

Rookwood Hospital

Rookwood Hospital, originally a home for gentry, became a convalescent home for Welsh paraplegic pensioners in 1918 and subsequently a hospital for people with spinal and neurological injuries and their rehabilitation, a site for elderly care assessment and Day Hospital and the Artificial Limb and Appliance Service (ALAS). It currently has 48 beds which will transfer to UHL in 2023. Elderly care services will relocate to St David's Hospital in 2019/20. This hospital will close in 2023 although there are currently no plans to relocate ALAS from its current location.

St David's Hospital (SDH)

St David's Hospital opened in 2002 and was one of only a few hospitals in Wales to be funded via the Private Finance Initiative (PFI) programme. It has 72 beds and provides inpatient rehabilitation and elderly care services, a range of outpatient services including dental clinics, therapies, the Children and Adolescent Mental Health Service, a children's centre and the Gender Identity Clinic/Service. There are no diagnostic facilities on this site.

Barry Community Hospital

Barry Community Hospital opened in 1995 and provides a range of primary and secondary care services, including an Elderly Care rehabilitation ward, outpatient clinics including blood tests, Minor injuries unit (08:30 – 15:30 Monday to Friday), Radiology Department (plain x-rays only), outpatient therapies, GP Out of Hours service, dental clinics and a Young Onset Dementia Ward. It has 39 beds. As part of Shaping our Future Wellbeing: In Our Community programme it will become a Health and Wellbeing Centre for the Vale Locality. We have been engaging on proposals for a different model of care for frail older people in the Vale of Glamorgan.

Inpatient bed profile

Hospital Beds	UHW/CHfW	UHL	Rookwood	SDH	Barry	Total
Surgical	315	97	0	0	0	412
Medical	249	330	0	72	23	674
Specialist	271	6	48	0	0	325
Obstetrics & Maternity	99	0	0	0	0	99
Paediatrics	137	0	0	0	0	137
Mental Health	0	228	0	0	16	244
Total	1071	661	48	72	39	1891

As we change our local healthcare system to a fully integrated whole system seamless service model, work through the finer details of our urgent unscheduled care and surgical service models and deliver on our transformation programme, we expect the number of beds and how each of our hospital sites function as a part of that system to change. The configuration at UHW in particular, will also be influenced by the tertiary services plan and the highly complex and specialised services that it provides for the rest of Wales. The development of Health and Wellbeing Centres and Wellbeing Hubs will enable more Cardiff and Vale citizens to access assessment and treatment in the community, closer to home.

A Year in the life of the Health Board

A sample of some of the activities which took place across the health board in 2018/19.

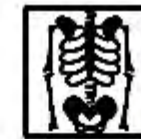


134,971
A&E
visits



£ 1.4b annual
budget

Took part in 2,003,260
patient
contacts



Performed
292,116
X Rays

Community staff
supported 705 palliative
patients through the
Continuing Health Care
process



7,555 referrals made
to the Community
Resource Teams

Performed 46,212
operations in hospital
theatres



Helped 122,622
people to access
out of hours
services



Dispensed 10,037,645
prescription items

Took part in 547,215 patient contacts
by community staff; 290,254 were by
District Nurses



9 primary care clusters,
with 513,635 people
registered with a GP

22 year difference
in health life
expectancy



Employ 12,177 FTE staff
members



Carried out
5,615,159
blood and
urine tests



Cardiff – fastest growing city in
UK; ↑ of 36,000 people



Helped 16,667
people access
mental health
services



Improvement and Implementation

We have established an internal [Transformation Enabler Programme](#) to create the right organisational environment and conditions to create a step change in the way we undertake our activities, and continue to deliver the best services for Wyn and all our patients. Our five Enabler Programmes focus on data-driven, evidence-based clinical pathway redesign methodology to improve outcomes and use our resources in the best possible way to deliver value based healthcare and align with the quadruple aim. They have been carefully selected to make big improvements in four key priorities of reducing length of stay (better outcomes for patients), reducing outpatient appointments (better patient satisfaction, better staff satisfaction), improving theatre productivity (better value) and lastly reducing waste, harm and variation (better value, better patient outcomes, better staff satisfaction). We are monitoring these against quality, resources and activity.

HealthPathways	Designed by clinicians for clinicians, HealthPathways is a digital repository of pathway information. Launched on 14 th February 2019 the system now has 40 live pathways with a further 20 expected to become available soon. Since launch, HealthPathways pages have been visited over 10,000 times.
Digitally Enabled Organisation	This programme of activity aims to improve efficiency through greater digital support and best practice, reducing duplication and increasing accuracy of patient records. The three elements of the programme include embracing technology, enabling our workforce and implementing a digital change model to deliver a refreshed digital vision.
Leadership and Culture	The UHB are introducing a new Leadership and Development Programme looking at our top 80 leaders and their preferred leadership styles whilst observing the climate they produce in the health system. Significant planning alongside knowledge from our Learning Alliance Partnership has resulted in a comprehensive programme of activity being rolled out from July 2019 onwards, beginning with Amplify 2025.
Accessible Information	The ability to use data and information to improve decision making is a key part of the UHB's Transformation approach. Data from Lightfoot, Signals from Noise has already enabled a reduction in Length of Stay over the winter period. Plans for the National Data Resource (NDR) and the business case for Clinical Data Repository (CDR) are progressing well and the team are in an excellent position for effective local implementation of this National Programme to provide accurate clinical information in a usable format.
Alliancing (working together to achieve a common goal)	Working in a multi-agency environment initially focussing on Falls Prevention, the Alliancing Programme has made excellent progress. Funding from The Health Foundation has been secured, a number of productive sessions have been undertaken and proposals have been agreed with CEDAR (Research Organisation) to support the evaluation of the approach.

Alongside these programmes, many other initiatives and activities are being undertaken throughout the organisation that are increasingly aligned to Shaping our Future Wellbeing and designed to achieve our key priorities. Some examples of which are: Valuing our Patient's Time (Outpatients), Virtual Fracture Clinic, Patient Knows Best, Hunchbuzz, Sepsis, and the Cardiff and Vale Way for Transformation and Improvement.

Patient Knows Best



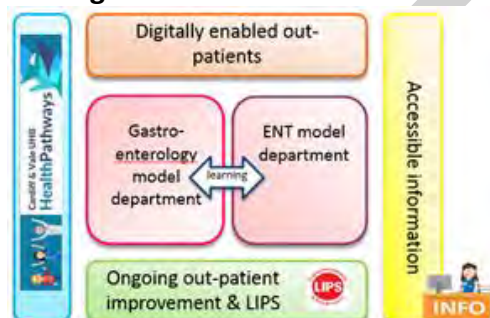
Enabling patients to have access to their electronic health record is a key part of empowering our patients about their health and wellbeing. A roll-out in ENT as part of the 'Valuing our Patient's Time' programme has demonstrated that the time saved via unnecessary appointments and improved processes has allowed specialist nurses to target elderly and isolated patients for treatment.

Improvement and Implementation: The Cardiff and Vale Way



A new approach to Transformation is being developed to support the widespread change that the organisation is currently undertaking. A focus on benefits is key, along with a streamlined and accessible change methodology supported by a restructured team, and the development of a Visual Management System. Procurement of a Collaboration Hub will bring all transformation and Improvement information into one central place for improved governance and decision making.

Valuing our Patient's Time



Outpatient transformation is being undertaken through the lens of valuing our patient's time. Service changes to outpatient processes are focussing on two departments - Gastroenterology and ENT, taking on board the outcomes from the many small projects taking place.

The programme will help to support patients in a primary care setting, whilst specialist services are accessed according to appropriate clinical prioritisation.

Shaping our Future Wellbeing Strategy 2015 – 2025

In 2015 the Health Board set out its direction of travel in *Shaping Our Future Wellbeing*, our 10-year strategy. The strategy is based on our belief that everyone should have the opportunity to lead longer, healthier and happier lives. But with an ageing population and changing lifestyle habits, our health and care systems are experiencing increasing demand. We need to rapidly evolve to best serve the needs of the public and ensure that we are able to offer sustainable health services for everyone, no matter their circumstance. We want to achieve joined-up care based upon a 'home first' approach, empowering Cardiff and Vale citizens to feel responsible for their own health. We want to avoid harm, waste and variation in our services to make them more efficient and sustainable for the future. We want to deliver outcomes that really matter to patients and the public, ensuring that we all work together to create a health system that we are proud of.

In developing our strategy we worked with staff, people who use our services and partner organisations to shape our strategic direction. The strategy sets out how we intend to deliver our strategic objectives. It describes the challenges we face, the principles which underpin the development of our services and the steps we intend to make to bring about the change required to achieve our vision. It recognises the need to take a balanced approach to achieving change for **our population, our service priorities, our sustainability** and **our culture**. At its heart are the key principles of 'Home First' and 'Empower the Person', to help people live well in their communities.

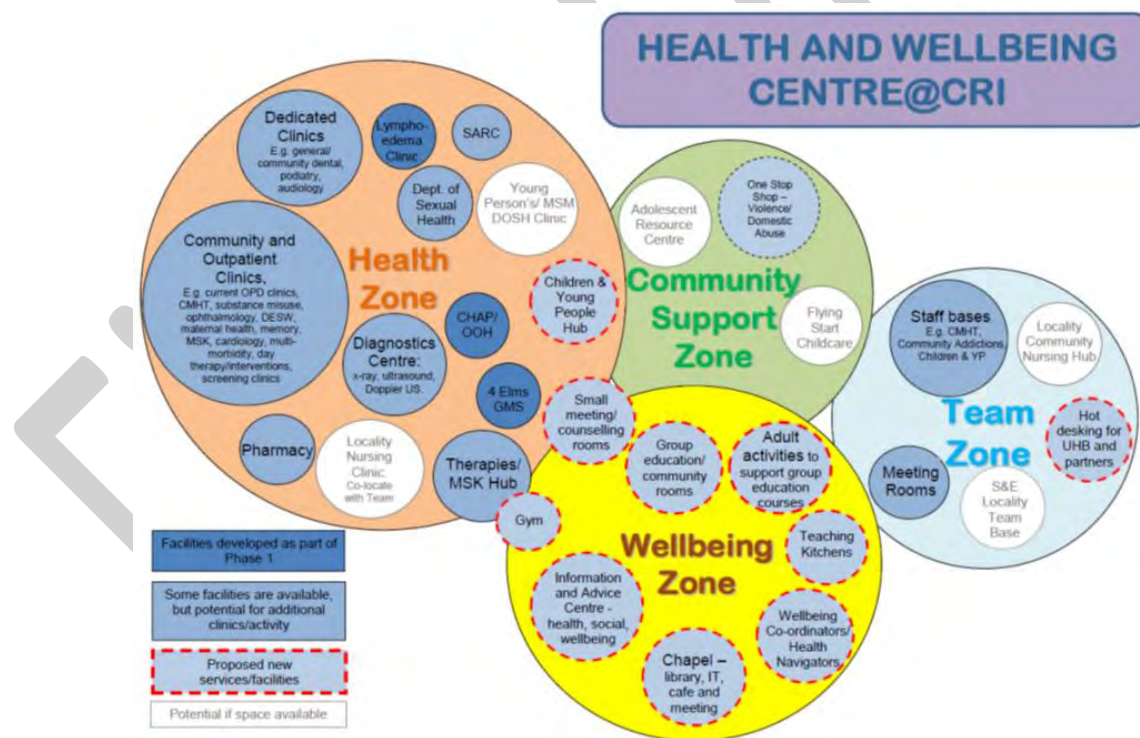
As part of delivering the strategy we have already set out a whole system service model which was developed with our partners and our [Perfect Locality](#) specification sets out how we see services in the community developing and how we make best use of the wide range of public, independent and third sector community assets and resources that are available to support health and wellbeing.



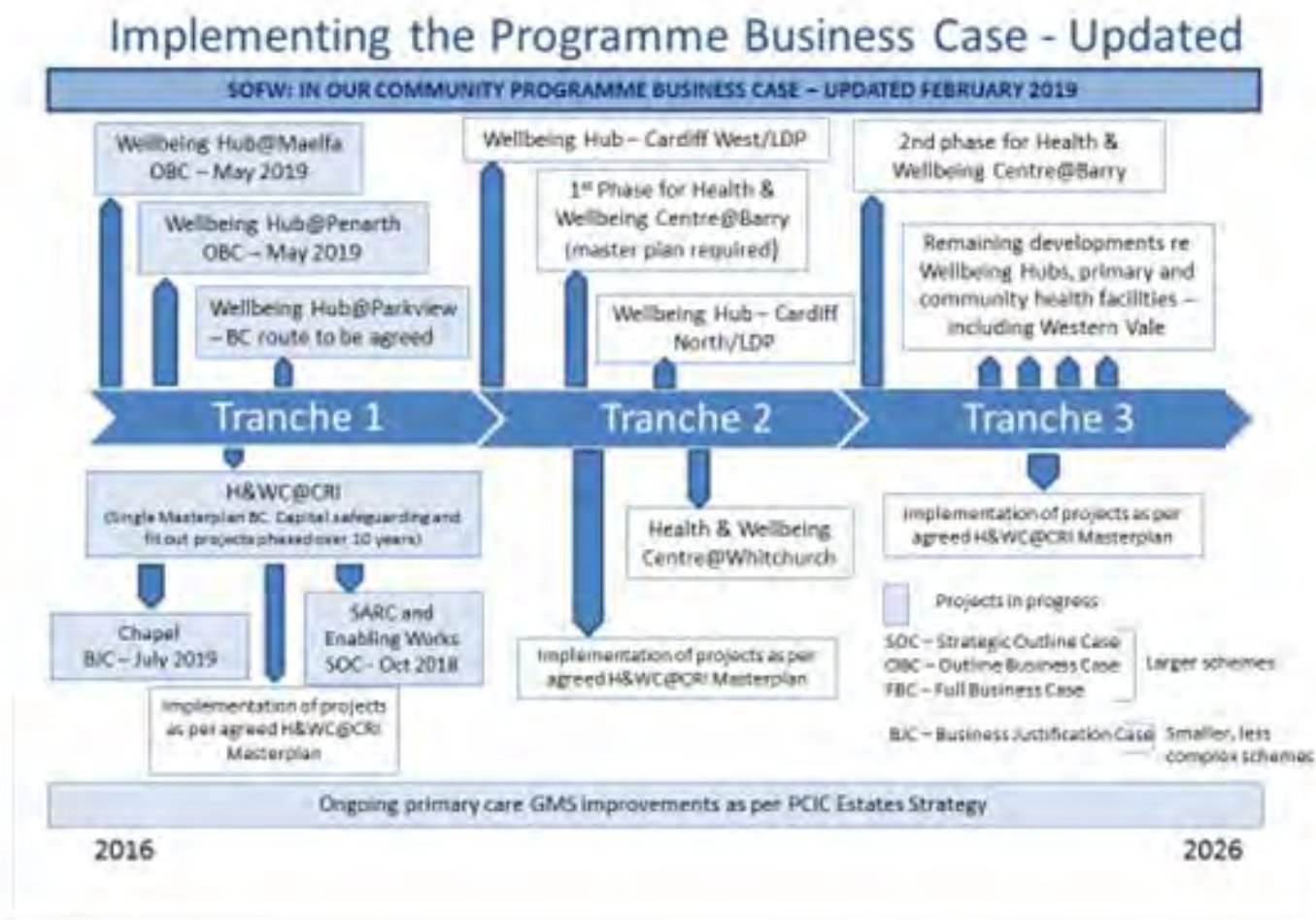
The whole system model describes how services will integrate with local authority, third and independent sectors in relation to caring for people in the community. As technology continues to develop access to services will be available from other sites than the main hospital bases. This includes outpatient appointments and reviews being undertaken over skype (or similar systems), test results and monitoring via Apps or smartphone technology. Services will integrate across the traditional primary/secondary care interface to ensure that a prudent approach to healthcare is delivered by the most appropriate person/team. Health pathways for the majority of conditions, developed collaboratively by GPs and hospital based clinicians, will set out how patients will access information, diagnosis and treatment, ensuring that, where possible, care is provided at or as close to home as possible. Over time, services will increasingly be based in the community to support this model of care, with only those services that require either a critical mass, access to critical care or theatres or specialist diagnostic or medical equipment provided in one of our two acute hospitals.

Shaping our Future Wellbeing: In Our Community is the next phase of this work with a series of new community facilities (buildings) to give easier access to health and wellbeing services closer to home. Our plan is to develop a Health and Wellbeing Centre in each of the three localities (Cardiff Royal Infirmary, Barry and North Cardiff) and a Wellbeing Hub in each of the Primary Care Clusters (nine in total).

Outline vision for services within a Health and Wellbeing Centre



The Programme will be rolled out in three phases over the coming 10 years. Phase 1 is underway. In July 2018, Welsh Government received the overarching Programme Business Case which describes our local needs, what services should change and how we want to go about doing it. In August 2019 this was formally endorsed by Welsh Government allowing us to move forward with our plans.



Why is healthcare changing?

Future Demand for Healthcare

We have already briefly described how the population is expected to change over the next decade and what this will mean in terms of demand for healthcare.

- The growth of our local population and the changing demographic requires a very different model of service delivery and supporting physical and digital infrastructure. It is clear that the current shape and way we provide services is not fit for purpose to meet the future demand.
- The main increases in local demands for health care services will be from the increasingly older population who will continue to require support to manage one or a combination of chronic conditions and to reduce and manage the risks associated with increasing frailty, including dementia. Local demand for palliative care support will also increase due to this changing demographic.
- There are currently almost 65,500 children under the age of 15 living in Cardiff and 23,600 living in the Vale – 89,100 in total. 74% live in Cardiff and 26% are in the Vale. By 2029, this total population will increase by 20% to 107,200. This compares to a Wales average of 0.2% increase over the same period. The demand will arise from the increased incidence and diagnosis of mental ill health in young people, and advancements in the early diagnosis and personalised treatment regimes for rare diseases. Major trauma experienced by children is also showing an upward trajectory.
- In adults, the main causes of premature death and disability remain cancer and circulatory diseases, areas where unhealthy lifestyle behaviours have a significant contributory factor. Survival rates for cancer in Wales remain amongst the worst in Europe due to a number of factors, and our clinical services plan reflects the need to ensure our system is able to support earlier cancer identification and intervention, alongside the work we are doing to support healthy lifestyle choices and delivery of care pathways that optimise people's chances of recovery following a cancer (or other disease) diagnosis and treatment.
- Health Inequality and the gap in healthy life expectancy is worsening, the focus must be on eliminating this gap such that a person's chances for a healthy lifestyle are the same wherever they live.
- The UHB's ambition is to develop whole system pathways for all services in order to optimise the provision of care at home or within the community. The demand for local secondary care should be at least partially if not wholly offset by the provision of more care and support in the community.
- For those patients who live outside of the UHB's resident catchment population the demand for care will be very different. All community and local secondary care will be provided by the patients' host health board. However, for the wider population of the south central and south east regions it is anticipated that the UHB will play an increasing role in the provision of specialist emergency or complex services that can only be provided from one geographical central place due to the relatively low volume of patients requiring a critical service mass in one centre, or where there is a requirement for very specialist clinical skills or equipment. We will increasingly work in networks, where clinicians may work in a regional networked service, with

clinicians forming part of a regional workforce for particular specialist services, where patients are seen locally for all pre and post-operative care, and the specialist intervention being provided in the tertiary/regional specialist centre.

- The UHB will continue to deliver and develop its tertiary services to meet the health needs of the regional, supra-regional and national populations. This includes the establishment of new services, such as the Major Trauma Centre and the Gender Identity Service, as well as progressing ongoing and future developments, such as Advanced Therapeutic Medicinal Products and the Genomics Strategy for Wales.

New treatments and technology

Healthcare is a rapidly developing and evolving industry with huge investments worldwide in health care research and innovation. Our research and innovation activities, and tertiary services, keep us at the forefront of these developments. In the last year, novel cell and gene therapy treatments have been introduced, with the health board being one of the first accredited centres for new CAR-T therapies (chimeric antigen receptor T-cell), where therapy is specifically developed for each individual patient and involves reprogramming the patient's own immune system cells which are then used to target their cancer. It is a highly complex and potentially risky treatment but it has been shown in trials to cure some patients, even those with quite advanced cancers and where other available treatments have failed. These treatments will increasingly present the possibility of curing patients with a cancer or rare genetic disease diagnosis, or providing therapies that significantly slow the rate at which a disease progresses.

Precision and personalised medicine and point of care testing and diagnosis will challenge the traditional way services are delivered.

Medical IT (information technology) is evolving quickly with a single electronic patient record, where a single, one system view of the patient's details and medical information will shortly be easily accessible by all clinicians involved with their care and treatment. Modernisation of our information technology infrastructure is needed to provide an appropriate digital platform to support service transformation and enable clinicians to work in very different ways. Situated in the right environment allows clinicians to network, share practice, share research and avoid professional isolation.

Technology is also developing at a rapid rate with a significant proportion of the population now using smart phones to conduct many aspects of their daily lives. There are already many healthcare systems taking advantage of this technology to support patient initiated contact with services, as we are doing through the introduction of Patient Knows Best, and introduction of virtual on-line consultations, though Skype type contacts. The Kaiser Permanente healthcare system now provides more than 50% of its outpatient appointments via this mode of delivery. Many homes now have Amazon Echo type devices which connect to the voice-controlled intelligent personal assistant service such as Alexa. There are many trials being undertaken about the role these devices can play in supporting people to remain living well and independently in their own homes.

Modern hospital building standards dictate access to natural light, privacy, quietness, access to fresh air, minimal environmental impact and the right facilities to ensure modern infection control requirements with sufficient space to allow people to be active and speed up recovery or prepare better for surgery (prehabilitation/rehabilitation).

Workforce changes

Our workforce is also key to transforming our system as we apply the 'only do what only you can do' Prudent health care philosophy. We will see the continued expansion of multi-disciplinary and multi-agency teams where the most appropriate professional takes the lead in the co-ordination and delivery of care, with the necessary inputs from all team members.

The changing demographics of our workforce and scarce skills will also influence how we deliver services, supported by increasing opportunities presented by artificial intelligence. The newly introduced FIT testing (faecal immunochemical test, a screening test for bowel cancer) is using automatic analysis process – artificial intelligence (a machine analyser) to review samples as this demonstrated to be more reliable than human review, with lower error rates in the measurement/interpretation of a result.

The life science sector is a key contributor to the economy in Wales, and has the potential to grow significantly over the next decade, linked to the work of the Welsh Government's Life Science Hub and the two City Regional Deals (Cardiff and South East Wales and Swansea and South West Wales). As a health board providing a significant contribution to the research, teaching and innovation activity in Wales, we will have a key role to play in realising this potential. In the medium term, this will bring better jobs and more wealth to Wales.

Our vision for services

Our vision as determined in our *Shaping Our Future Wellbeing Strategy* is to optimise the independence and health and wellbeing of our citizens by taking a truly whole-system approach through an integrated seamless service model. The majority of care will be provided based on standardised clinical health 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. Key to our clinical services plan will be our need to provide safe and sustainable services that deliver the best possible patient outcomes and patient experience – really putting Wyn at the heart of our services.



Tertiary Services Vision

Tertiary services are specialised services which are generally provided for small numbers of patients or are high cost, and so need to be planned for populations of more than one million.

In recognition of the unique challenges and opportunities associated with providing tertiary services, the UHB is in the process of developing a vision for tertiary services with our partners across Wales.

The vision will:

- Describe the Health Board's ambition for tertiary services;
- Reference the UHB's unique role as a tertiary service provider in NHS Wales; and
- Explain the impact of the vision for patients and carers.

Following a workshop with representatives from the Clinical Boards that host tertiary services, further work is underway to develop a clear vision for tertiary services, which can be used as the basis of a compact between the UHB and each of its partners involved in the delivery and commissioning of tertiary services – including Local Health Boards, NHS Trusts, WHSSC, Academic Institutions, and Welsh Government.

Our Planning and Design Principles

To make this vision a reality we have been working with clinicians and wider stakeholders to develop this strategic clinical services plan and describe the major service changes and critical enablers required to reshape our clinical services in order to meet the future needs of our population. This includes the redesign of our hospital based services around a very different model of care and the need to rebuild the University Hospital of Wales. 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 or closer to home. The focus for the acute intervention element of care and treatment will be on providing those services that can only be delivered in a hospital environment.

Our Design Principles

- We will work collaboratively with our neighbouring UHBs, Local Authority and other public and third sector partners to provide care through a connected health and social care system to improve health and wellbeing.
- 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 focussed 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.
- Redesigned clinical pathways and services driven by the UHB's Transformation programme will deliver improved outcomes and value-based healthcare.

What will be delivered where and how will they be delivered? The future configuration of healthcare services

As outlined previously our population is changing. To meet the changing needs of our population we need to change how our services are provided. Where possible our services will be delivered predominantly in patients' homes or from facilities in the community.



- In citizens' **homes** – either accessed online through developing e-services on new digital platforms or delivered by increasingly integrated locality and cluster-based health and social care community teams to maintain citizens' independence and wellbeing at home.



- In **primary care and community facilities** such as GP practices, community pharmacies, optometrists and dental practices. General medical services (GP primary care services) are currently delivered by 62 independent practices. Increasingly services are being planned and delivered on a primary care cluster or locality basis, in line with the emerging primary care model. Increasingly multi-disciplinary and multi-agency teams will provide a greater range of services in local communities.



- In **Wellbeing Hubs**. These 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 or in newly developed facilities such as those under development at Maelfa and the Cogan Centre in Penarth. There will be at least one Wellbeing Hub per cluster.

Core Services Proposed for Each Wellbeing Hub

- ✓ GP services
- ✓ Community midwifery services
- ✓ Health Visiting
- ✓ Primary Mental Health Services
- ✓ Community Children's services
- ✓ Some specific outpatient services to meet cluster health priorities
- ✓ There will be a range of additional services that will be developed with cluster leads and stakeholders to provide a tailored service model to respond to individual cluster needs



Phase 1:

- Health & Wellbeing Centre @ CRI
- Wellbeing Hub @ Parkview
- Wellbeing Hub @ Maelfa
- Wellbeing Hub @ Penarth

Phase 2:

- Health & Wellbeing Centre @ Barry

Phase 3:

- Health & Wellbeing Centre @ North & West Cardiff

In each of our three localities there will be a **Health and Wellbeing Centre (H&WBC)**. 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 (care/treatment/tests provided on an outpatient basis)
- 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.
- *Cardiff Royal Infirmary (CRI)* – will become the Health and Wellbeing Centre for the South and East Locality
- *Barry Hospital* – will become the Health and Wellbeing Centre for the Vale Locality
- *North Cardiff* – a small part of the Whitchurch Hospital site is proposed for redevelopment to provide the Health and Wellbeing Centre for the North and West Locality.

Core Services Proposed for Each H&WBC

- Ambulatory care for rapid assessment of patients with specific conditions without the need for emergency admission
- Range of point of care testing services and plain film x-ray
- Enhanced enablement services
- Range of outpatient services
- Community Mental Health Teams
- Community Childrens Services

There will be a range of additional services that will be developed with locality leads and stakeholders to provide tailored service models to respond to individual locality needs or enhance/develop existing regional service e.g. Sexual Assault Referral Centre (at CRI) Younger Onset Dementia Centre (Barry)

This work is being taken forward via the Shaping Our Future Wellbeing: In Our Community programme. We are currently in Phase 1 with a full separate engagement programme.

Our hospital based services 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.

Working with our clinicians we have agreed the outline model for our two major hospital sites:

- UHW will be the hyper acute site (tertiary centre, high acuity, complex medical/surgical patients); and
- UHL will be the ambulatory care/low acute site (ill but stable – not dependent on critical care or 24/7 acute medical care).

In order to develop these models fully and to inform the design and functionality of the new hospital to replace UHW and provide the strategic clinical direction and context for the ongoing development of services and infrastructure across the other UHB sites, including the Health and Wellbeing Centres, work is ongoing to clarify the future configuration of:

1. Tertiary service provision across the UHB;
2. Urgent unscheduled care model (front door emergency admissions at UHW and GP 24/7 non-admission model); and
3. Elective surgery (Surgical Centre of Excellence at UHL for non-complex surgery).

Barry Community Hospital

There is a commitment to support the development of a Health and Wellbeing Centre in Barry for the Vale of Glamorgan Locality to support more care to be delivered by primary care through cluster working, and integrated health pathways. The current plans are to develop Barry Hospital into the Health and Wellbeing Centre which will mean changing the focus of the services provided there. In addition a willingness to improve the facility in the shorter term in relation to identity and coordinating services accommodated/provided from Barry Hospital to ensure that there is a coherent vision to develop a facility the community is proud of and is aligned to the urgent unscheduled care medicine model and vision for Health and Wellbeing Centres. This work is being led by the Joint UHB and Local Authority Vale Locality Team and forms part of the *Shaping Our Future Wellbeing: In Our Community* programme.

St David's Hospital

We want to develop St David's Hospital as a centre of excellence for rehabilitation, aimed at supporting people not quite ready to go home but who do not need to be in an acute hospital. As part of this we have already created an additional rehabilitation ward, freeing up resources at UHW. Our plan is to provide all community hospital rehabilitation services following an acute episode of care at St David's Hospital with the full range of specialist rehabilitation staff and all members of the multi-agency disciplinary team present on site. This will include assessment, day hospital, therapies and inpatient services.

University Hospital Llandough (UHL)/Llandough Campus – Our low acuity site for ill but stable patients



Clinical Approach for UHL

- ✓ Site for ill but stable individuals (post-acute/step down, rehabilitation)
- ✓ Surgical Centre of Excellence - non-complex planned surgery
- ✓ Specialist services that are not dependant on critical care or 24/7 on-site acute medical admissions

Assessment/short term intervention

- Daytime imaging services – x-ray, Ultrasound, CT, MRI.
- Hot pathology/diagnostic daytime service.
- Routine endoscopy – screening, planned and follow up.
- Where patients in the community become unwell and unstable and require a specific clinical assessment, diagnostic investigation or short-term clinical intervention that is not deliverable within the community services, then the ambulatory acute medicine pathway will support the referral of triaged patients to a daytime Acute Ambulatory Medicine (AAM) service. The pathways for this service are under development and will necessarily require clear links into the community based and specialist based service provision to ensure that care can be quickly stepped up or down based on the patients' clinical needs. The opportunity to provide this AAM support within the H&WB centres will be tested to optimise local access to community based care.
- An Urgent Unscheduled Care model workshop with representation from a broad spectrum of professionals and colleagues across specialities and organisations yielded strong support for a no front door acute medical admission model at UHL, with pathways for rapid assessment, diagnostics and monitoring in primary care/community, recognising that there will be a need to provide 24/7 cover for all patients on UHL site (Mental Health, surgery, palliative care, medicine). This is subject to further work to define the GP 24/7 non-admission medicine model.

Medicine/Mental Health

- Inpatient and hospital based mental health services (as currently provided).
- Services to support the step-up and step-down care for patients that are not well enough to be cared for in the community but do not require immediate or 24/7 access to critical care or specialist clinical services or who require intensive specialist rehabilitation. This care will be delivered based on condition specific pathways and include Day Hospital and an Elderly Care Assessment Service.
- General rehabilitation and ongoing medical inpatient care – stepped down from UHW or local residents repatriated from other regional acute hospitals.

Surgery

- Elective Treatment Centre service (Surgical Centre of Excellence) – Clinical colleagues have been involved in the development of an expanded elective surgery service to optimise the capacity for non-complex elective surgical care for high volume, low risk short stay surgery based on the successful CAVOC model. This will be supported through the development of additional theatre and Post Anaesthetic Care Unit, anaesthetic daytime capacity and a comprehensive pre-assessment model including prehabilitation/rehabilitation.

Tertiary Services

- Specialist neuro and spinal rehabilitation services (transfer in 2023) and Cystic Fibrosis will be delivered from new purpose built facilities.

Other

- Partnership *palliative care model*.

New University Hospital of Wales – our hyper acute site tertiary centre for complex medical/surgical patients (24/7, 365 days dependency on critical care)



Clinical Approach for UHW

- ✓ Site for acutely ill and complex medical/surgical patients
- ✓ Regional, Supra-regional and national Tertiary services
- ✓ Acute services dependant on co-location with 24/7 specialist services e.g. Critical Care (L3)
- ✓ People supported back to the appropriate care location when no longer requiring high intensity/ specialist care

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. Ward and service configuration will be aligned to reflect clinical interdependencies. 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. There will be immediate access to all essential diagnostic, critical care and specialist clinical services on a 24/7 basis for acutely unwell patients requiring an emergency admission or a complex, specialist or high risk elective procedure.

- Those acute services currently provided at UHL that would deliver a benefit to patients from co-location with critical care, specialist clinical support services or those services that are not clinically safely sustainable in the long term will transfer to the new UHW e.g. 24/7 urgent unscheduled care medical intake, critical care services.
- Major Trauma Centre for South Wales.
- Emergency Department (A&E) for Cardiff and the Vale of Glamorgan 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.
- Unselected acute medical intake for Cardiff and the Vale of Glamorgan catchment.
- 24/7 emergency theatre capacity including dedicated major trauma theatre.
- 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.
- Complex elective surgery – including cancers, spinal, maxillofacial, vascular, robotic surgery.
- A co-located consultant and midwifery-led birthing centre.
- Specialist tertiary services including cardiac and neurosurgery, blood and marrow transplant, renal surgery, nephrology and transplant, thrombectomy, advanced gene and cell therapies and All Wales Genomics service.
- Noah's Ark Children's Hospital for Wales and all paediatric emergency, intensive care (PICU) and inpatient services.
- Neonatal intensive care – all levels.

It will provide this level of care for some regional patients and South Wales patients for new services either:

- commissioned through Welsh Health Specialised Services Committee and planned collaboratively with Swansea Bay UHB, or through
- regional collaboration with partner UHBs in South Central and South East Wales i.e. Cwm Taf Morgannwg and Aneurin Bevan UHBs.

Next Steps

Tertiary Services

The planning work on developing the strategic plan for tertiary services has commenced, with a baseline assessment of current service delivery. The aim is to develop a clear, compelling, and coherent vision for tertiary services with our partners across Wales, including Local Health Boards, Local Government, Universities, and Welsh Government. This work is proceeding in parallel and is aligned with the broader strategic, clinical service planning such that it informs the Programme Business Case for the re-provision of UHL. There will be a full engagement programme on the model. It is expected that an agreed Tertiary Services Strategic Plan will be published early in 2020.

Urgent Unscheduled Care Model

There is strong support for an urgent unscheduled care model which combines no front door medical admission at UHL with pathways for rapid assessment, diagnostics and monitoring in primary care/community, recognising that there will be a need to provide 24/7 cover for all patients on UHL site (Mental Health, surgery, palliative care, medicine). The elective surgical services model, general medical model and the rehabilitation model will influence how this is provided. There is ongoing work to develop the GP 24/7 non-admission medicine model recognising that sometimes it is social care support which will prevent people from being admitted to hospital; we will need to look at how this can be provided. Once outlined, the model will be tested with our stakeholders.

Elective Surgery @ UHL – Surgical Centre of Excellence (non-complex surgery)

The provision of elective surgical services is already well-developed at UHL and the vision for the future described at a high level. The sustainability of existing and further development of additional elective, surgical services is being tested through the development of a surgical service model specification. This defines the service model in the context of the key clinical standards alongside the service, workforce and infrastructure dependencies to deliver a sustainable service model across the elective surgical specialties. The initial focus is to move planned day case and 23 hour surgery to UHL for non-complex patients building on the surgical models already established at UHL. Engagement is already taking place on this proposal and will shape how it progresses through the full spectrum of specialties.

Rehabilitation Strategy

A rehabilitation strategy has been developed with full clinical and local authority involvement, led by the Director of Therapies and Health Sciences, with the overarching aim of 'helping people to live longer, healthier lives'. This will support the clinical models at each of our sites, including within the community. The model as outlined in the diagram on the following page has been tested with the Stakeholder Reference Group and will be published and shared widely.

Helping People to Live Well



So what does this mean for the new UHW and UHL/Llandough Campus?

University Hospital of Wales 2 (UHW2)

The new University Hospital of Wales (UHW2) will be the site for the hyper acutely ill patient for Cardiff and the Vale of Glamorgan and the largest provider of tertiary services in Wales. It will be built with and have, the latest design and technology for the full spectrum of specialities available 24/7 for local, regional, supra-regional and national services.

To complement the service change described in this document, a new UHW is required to provide modern healthcare in line with clinical pathways, service models, standards and regulations. In undertaking such a major investment, the following results must be achieved:

- *Better Patient Outcomes:*
 - World leading health outcomes for high acuity patients delivered from the new UHW but which is part of a system that empowers people to live healthy lives.
 - Reduction in health inequalities within Cardiff and the Vale.
 - Reduced length of stay through pathway management and latest prehab and rehab techniques, and strong repatriation agreements when patients come from other health boards.
 - Reduced admissions as care delivered closer to home.
- *Better Patient Satisfaction*
 - A highly accessible site.
 - A healing environment with the latest medical techniques, better adjacencies of services and departments.
- *Better Staff Satisfaction*
 - Right sized capacity meeting the need of Cardiff, Vale of Glamorgan, South Wales and Wales.
 - Benefitting from closer relationships with Cardiff University where innovation is shared.
- *More Sustainable*
 - Reducing carbon consumption.
 - Sustainable transport options.
 - Green space.

- Wider benefits for the local communities.
 - A design for the local community to enjoy.
 - Flexible to react and anticipate the changes seen in 21st Century healthcare.
 - Create high value local employment.
- *Better Value*
 - Lower running costs.
 - Increased income from commercial activity.
 - Research and Development activity directly benefitting patients through more clinical trials.
- *Wider macro benefits*: additional years of employment for a healthier population, social value of healthy life years gained, etc.

University Hospital Llandough/Llandough Campus

UHL will be a thriving and active fit for purpose local hospital site for ill but stable individuals who are not dependent on critical care for their admission or inpatient stay. A range of services based on condition specific pathways, will support earlier assessment, treatment and rehabilitation such that length of stay is as short as possible and as much assessment, treatment and care as possible is provided in the community at Health and Wellbeing Centres, primary care or Wellbeing Hubs. It will be a Surgical Centre of Excellence for non-complex planned surgery providing day case and 23 hour stays for a range of specialities. In 2023 the specialist neuro and spinal rehabilitation services will transfer from Rookwood Hospital into new purpose built facilities. It will remain the prime site for inpatient Mental Health Services for the UHB.

So what will these changes mean for Wyn?

At the centre of our strategy is the need to put the patient at the centre of our service planning and delivery. So as we mentioned at the beginning of the document we have created 'Wyn' to help us illustrate how changes proposed by the Health Board will impact upon our patients.

Wyn is 77, born and raised in Cardiff and knows the streets of Wales' capital city like the back of his hand. He lost his wife five years ago and now lives alone in his own house. Two out of three of his grown-up children emigrated many years ago, so he mostly relies upon his friends and his daughter Cerys, who has remained local, for support. He is a retired history teacher, enjoys being active and meeting up with friends, although his mobility is not as good as it used to be. He is an ex-smoker with chronic obstructive pulmonary disease (COPD – a bad chest) and has diabetes.

<i>Wyn attends his GP practice with a lump in his groin that comes and goes. It isn't painful but it is troublesome and he is concerned about it.</i>	
Current service	Future service
<p>The GP assesses Wyn and diagnoses an inguinal hernia. She refers him to the General Surgeons for assessment and surgery. Wyn waits 8 weeks for his outpatient appointment in UHW. At his appointment he has blood tests and a pre-operative assessment and is deemed as low risk. He can therefore have his surgery on the Surgical Short Stay Unit at UHW.</p> <p>Wyn waits for a date for his surgery and is notified by letter of a date which is 3 weeks away. He is told to ring up on the morning of the day of surgery to check there is a bed for him.</p> <p>Wyn rings on the day and unfortunately due to other pressures and more urgent patients there isn't a bed for him and his surgery is cancelled. This is particularly frustrating as his daughter has arranged time off work to take him. He waits for another date and hopes that it won't be cancelled next time.</p>	<p>The GP assesses Wyn and diagnoses an inguinal hernia. She refers him to the clinic session the following week at the Health & Wellbeing Centre. Wyn sees the Advanced Nurse Practitioner, has bloods taken and a pre-operative assessment which all determine that he is low risk for surgery. This means he can have his surgery at the Surgical Day Unit in UHL. Wyn is given a date for 2 weeks' time. His daughter takes him to UHL on the morning of surgery. Wyn has his surgery under a spinal anaesthetic, recovers as planned and is discharged home the following day.</p>

<i>Wyn is out shopping and has a fall. After a long wait he is taken to UHW by ambulance where it is discovered that he has broken his hip and requires surgery.</i>	
Current service	Future service
<p>Wyn arrives at A&E (Emergency Department), is triaged, has an x-ray and blood tests and diagnosed with a broken hip.</p> <p>He waits a while in A&E whilst a ward bed is allocated to him and eventually is admitted to the general surgery ward as this is the only bed available and waits for surgery to repair is broken hip.</p> <p>Wyn has his surgery the following day and returns to the ward for recovery. As his surgery has taken place on a Saturday there is limited rehabilitation until the therapists return on Monday. His mobility is limited and he is a little confused after the surgery so Wyn starts to decondition. He walks to the toilet using a walking frame under the supervision of the ward staff. He is assessed by the therapists on the ward, which is very different to his home environment, and it is decided that he would not be able to cope at home without a lot of support. Wyn waits for assessment by a social worker to decide what support he would need and can be provided. The assessment is completed and he needs a package of care which takes two weeks to sort out. Wyn is not happy being in hospital, his mood is low and he becomes a bit more confused due to being in a strange environment, which all limit how much he walks. Wyn is in a downward spiral, he has now been in hospital for six weeks and his discharge seems further and further away. He wonders if he will ever get home or if, as everyone seems to be indicating, he will need to go into a care home.</p>	<p>Wyn arrives at A&E, is triaged, has an x-ray and blood tests and diagnosed with a broken hip.</p> <p>He waits a short while in A&E whilst he is admitted to the trauma and orthopaedic ward. He has surgery later that evening to repair is broken hip.</p> <p>Wyn sees the therapists the next day even though it is Saturday and starts to mobilise with a walking frame. The ward staff contact the Get Me Home plus (GMH+) service so that Wyn can be discharged home with support (package of care) as soon as he is medically fit. Wyn is told that he has been referred to the GMH+ team and will be discharged in the next few days. A member of the GMH+ team visits Wyn on the ward, assesses him for suitability and arranges for him to be discharged within 24 hours. A GMH+ team member meets Wyn at his front door, provides equipment and assesses his needs all within his own environment. A package of care, including a full therapy programme starts immediately avoiding the lengthy stay in hospital and maintains Wyn's mental wellbeing and independence in his own home.</p> <p>On discharge from the GMH+ team Wyn is referred to the 'Elderfit' classes in his local community.</p>

<i>Wyn has developed a chest infection.</i>	
Current service	Future service
<p>Wyn is well known by his GP practice who look after him for his chronic obstructive pulmonary disease (COPD). He is starting to feel unwell and rings the GP but is unable to get an appointment until much later in the day. Throughout the day he starts to feel worse, is struggling to catch his breath and his daughter is getting increasingly worried and phones 999 for an ambulance. Wyn is admitted hospital.</p>	<p>Wyn's COPD has been well controlled of late and he hasn't been admitted to hospital with an exacerbation for the past 6 months. His GP practice and team have been monitoring him at home for the past year using Skype technology for his COPD. He rings his GP practice as he is starting to feel unwell and his chest is getting worse today. The practice nurse links in with Wyn via Skype, gets him to use his Point of Care Testing kit and reads the results on her computer at the GP practice. She gives him an immediate appointment in the Cardiff North Wellbeing Hub – an acute care hub where all the GP teams in the Cluster work together to see patients who need to be assessed urgently the same day. Cerys takes Wyn to the Hub where he is seen by a GP, his medication is reviewed and he is prescribed antibiotics for his chest infection. The GP also arranges for Wyn to be assessed by the Elderly Care Assessment Service the following day as he is finding it a little more difficult to breathe whilst walking and doing little chores about the house. Wyn (and Cerys) is very happy that he is able to stay at home and not be admitted to hospital.</p>

Wyn's great niece Catrin lives in Pembrokeshire. She has been involved in a car accident, sustaining multiple broken bones and was admitted to UHW via the Major Trauma Centre. She needs to be repatriated to a local hospital closer to home in Hywel Dda Health Board for her rehabilitation.

Current service	Future service
<p>As a result of her car accident Catrin is taken by ambulance to her local district general hospital A&E department. She is assessed in the Emergency Department and X-rays are taken. She waits to see the Orthopaedic surgeons who feels she needs transfer to the University Hospital of Wales (UHW) for her treatment. Following a wait for a non-urgent emergency ambulance to be available she is transferred and arrives at UHW the next day where she is again assessed by the Orthopaedic surgeons and listed for surgery to repair her broken bones.</p> <p>Her surgery takes place the following morning and she then spends a few days at UHW recovering from her operation and physiotherapy is arranged to get her exercising and mobilising.</p> <p>Catrin is medically fit and stable enough to be returned to a hospital closer to home. Unfortunately she cannot be transferred immediately as her local hospital has prioritised the beds they have available for their new patients and it takes 4 days before Catrin is transferred back to Pembrokeshire by ambulance.</p> <p>Once in her local hospital, Catrin is again assessed for her needs and therapy is arranged. Catrin is much happier to be closer to her family and friends but feels that she is starting at the beginning again rather than a continuation of where she was in her treatment and rehabilitation.</p>	<p>Catrin is assessed at the scene of her car accident by the Ambulance crew who call for the Emergency Medical Retrieval & Transfer Service (EMRTS) as she has suffered multiple fractures with life-changing injuries. Following assessment and pre-hospital treatment at the scene by a medic and critical care practitioner she is flown by helicopter to the Major Trauma Centre (MTC) at UHW.</p> <p>On arrival at the MTC UHW she is met by the Trauma team and is rapidly assessed and imaging (x-rays, CT scan) undertaken. By the time she leaves the Emergency Department her injuries have all been identified and she is taken directly to the operating theatre for treatment of her injuries.</p> <p>Following her surgery she is transferred to the polytrauma unit and the next morning a rehabilitation prescription is drawn up and rehabilitation starts in the ward that day.</p> <p>Once she is fit to go back to her local hospital a discharge plan is agreed between the MTC and the local hospital. Transfer is rapidly arranged and happens the next day.</p> <p>The rehabilitation prescription goes with Catrin and rehabilitation continues at her local hospital immediately following the agreed plan.</p> <p>She is discharged home more rapidly with better functioning of her injured limbs.</p>

Engagement and Consultation

We will undertake a programme of engagement with our staff, partners and stakeholders focusing on exploring views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy.

We want to share our vision on how we see hospital services developing over the next decade as part of a transformed system and test our thinking, particularly in relation to how we see key service areas develop including emergency and acute care, planned surgery and tertiary services.

A range of engagement materials have been developed to enable effective engagement with our patients, staff and key stakeholders. We will be holding a workshop in each Local Authority area and drop-in sessions at our hospitals where you can learn more about our ideas. All details and documents are available on our website: [details to be inserted](#).

Engagement Questions

We are seeking comments on the following questions:

- What are your views on our ideas for a whole-system model based on joined up care that enables people to maintain or recover their health in or as close to home as possible?
- What are your views on our vision for how we see hospital services developing over the next decade, in particular our ambitions for the future roles of UHW and UHL?
- What needs to be in place to deliver this vision?
- What challenges or barriers will we need to address?
- How would you like to be involved in this work going forward?
- What action can you take, or have taken, to support us in delivering this vision?
- Any other comments?

You can reply to the engagement:

- via the online form on the website ([insert link](#));
- download a copy of the form and submit by email ([dedicated SOFW email address to be created](#));
- send a hard copy of the downloaded form to the following address.

Department Name

Woodland House
Maes y Coed Road
Heath
Cardiff
CF14 4HH

You can also contact the South Glamorgan Community Health Council:

Email: CAVOG.Chiefofficer@waleschc.org.uk

Postal address:

Pro Copy Business Centre
Parc Ty Glas
Llanishen
Cardiff
CF14 5DU



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

Clinical Services Plan – Clinical Models at UHW and UHL Engagement Plan 2019

1. Purpose

To present a plan to undertake an eight week engagement from 4 November to 31 December 2019 on the emerging clinical models for UHW and UHL as part of the development of the UHB's Clinical Services Plan and implementation of Shaping Our Future Wellbeing.

2. Context

Caring for People; Keeping People Well is why we exist as a UHB, with a vision *that a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are*. The UHB Shaping our Future Wellbeing Strategy 2015 -2025 sets out how we intend to deliver our strategic objectives and achieve this vision. As we move further into the implementation of Shaping Our Future Wellbeing we need to be clear on the clinical approach which will underpin the strategy and which services are delivered where – UHW, UHL, Health & Wellbeing Centres and Wellbeing Hubs. Aligned to this is the need to replace the UHW building to ensure it is fit for purpose and therefore the clinical models at both UHW and UHL need to be clarified.

A number of executive and clinical lead workshops were held in 2018 to start to develop a clinical services plan. A high level Plan was presented and discussed at a number of key strategic meetings in December 2018 including the UHB Board, the Community Health Council Service Planning Committee, the UHB Stakeholder Reference Group and the Cardiff and Vale of Glamorgan Public Services Boards. Further engagement with clinical leads in the first half of 2019 has resulted in the development and testing of a number of options for Urgent Unscheduled Care and Elective Surgery service models, the output of which now need to be discussed more widely with stakeholders, staff and the public.

The aim will be to share our vision for how we see hospital services developing over the next decade as part of a transformed system. We want to test our thinking, particularly in relation to how we see key service areas develop including emergency and acute care, planned surgery and tertiary services. Whilst it may take years to fully realise our clinical model, we are already starting to make changes to support the delivery of Shaping Our Future Wellbeing. The clinical services plan provides the framework for changes which have already begun and decisions which will be taken in the short, medium and long term. Specific service changes may require further engagement and/or consultation.

3. Objectives of the engagement

- **Remind** people of the ambitions and direction expressed in the UHB's Shaping Our Future Wellbeing Strategy
- **Describe** the context regarding future demand for healthcare and the challenges
- **Set out** the high level Clinical Services Plan vision for an integrated network of care
- **Share** the work undertaken to define and scope sustainable core clinical service models
- **Explain** our ambitions for the two major acute hospital sites, providing a high level description of their future roles
- **Invite** feedback on the vision for how we see hospital services developing over the next decade as part of a transformed system
- **Seek** views on what will be needed to make this vision a reality and what barriers and challenges we will need to overcome
- **Describe** next steps and how the outcome of the engagement will be used

4. Scope of the Engagement

This engagement will focus on exploring views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's SOFW strategy.

5. Key Audiences

The engagement process will seek the views of the following:

- General public
- Staff
- Primary Care Practitioners
- AMs and MPs
- Local elected members
- Town and Community Councils
- Community Health Councils
- Public Services Boards
- Regional Partnership Board
- Third Sector
- Carers

- Over 50s (via 50+ Forums)
- Children and Young People
- Local Partnership Forum
- Stakeholder Reference Group
- Healthcare Professionals' Forum
- UHB Volunteers
- Residents living in the vicinity of the two hospital sites
- Local Medical Committee
- NHS Wales organisations including Health Boards and Trusts

6. Engagement materials

A range of engagement materials will be developed to enable effective engagement with key stakeholders. These will include:

- The bilingual Clinical Services Plan to include the engagement questions and details on how people can share their views
- A 'Plan on a Page' attached to the engagement questions and response form
- A presentation pack to be used at a range of internal and external meetings (presentation with script to allow cascading within the UHB)
- A short video with key messages on our ideas
- An Equality and Health Impact Assessment
- A social media guide to support online engagement

7. Engagement Questions

We will seek people's views on the following questions:

- What are your views on our ideas for a whole-system model based on joined up care that enables people to maintain or recover their health in or as close to home as possible?
- What are your views on our vision for how we see hospital services developing over the next decade, in particular our ambitions for the future roles of UHW and UHL?
- What needs to be in place to deliver this vision?

- What challenges or barriers will we need to address?
- How would you like to be involved in this work going forward?
- What action can you take, or have taken, to support us in delivering this vision?
- Any other comments?

8. Engagement Methods

- Launch of the eight week engagement on 4 November 2019 with accompanying press release and social media campaign
- Electronic distribution of the engagement documentation to the identified stakeholders with a request for onward circulation and promotion
- Electronic communication using the Health Board and CHC websites, UHB intranet and social media
- Dedicated section of the Shaping Our Future Wellbeing webpages to include all the engagement materials. It will include the ability to submit a response to the engagement questions via an online bilingual form
- Two formal staff engagement sessions, one in UHW and one in UHL, involving Executive Team in a presentation and Q&A
- Two public and stakeholder engagement workshops in collaboration with the CHC (one in each local authority area). Introduction from Chief Exec and Chair; hosted by two Executives (one clinical, one non-clinical). Table discussions hosted by clinical leaders and a facilitator
- Two hour 'drop-in' sessions in UHW and UHL concourses, Barry Hospital, Penarth Leisure Centre, CRI, St David's Hospital. The 'pop-up' stands, aimed at staff and the public, will be hosted by a range of UHB staff including Amplify 2025 Thought Leaders
- Internal staff cascade process championed by Amplify 2025 Thought Leaders, using engagement materials and presentation pack
- Social media conversations - AQA with Clinical Leaders, Facebook Live with Chief Executive
- Regular internal updates to UHB staff on CAV You Heard and Chief Exec Connects

9. Responding to the Engagement

Respondents will be able to reply to the engagement via online form on the website, or they can download a copy of the form and submit by email (dedicated SOFW email address to be created). Respondents will also be able to send hard copies of the downloaded form to a postal address.

Details of how to contact the South Glamorgan Community Health Council will be included in the Engagement Documentation for information.

10. Media Relations

All media relations during the engagement will be planned and co-ordinated by the UHB Communications Team.

11. Post Engagement

All engagement responses will be shared with the CHC.

A report on the response to the engagement will be prepared immediately following the end of engagement to be shared for discussion with the UHB Management Executive and the Community Health Council, to inform decision-making on the next steps.

12. Timescales and Next Steps

Engagement will run for eight weeks from 4 November to 31 December 2019.

Engagement Activities and Timetable

INTERNAL ENGAGEMENT AND COMMUNICATION

Stakeholder	Date	Nature of Engagement	Location	Exec & Clinical Leads	Comment
Staff – general communications	Start of engagement and ongoing	Briefings and updates via CAV You Heard and Chief Exec Connects including information about opportunities to learn more and share views	n/a	n/a	
Staff – formal engagement events (one in UHW; one in UHL)	tba	Presentation and Q&A	UHW UHL	Executive Team	
Staff - pop-up stands	2 hour sessions, tba	Pop-up stands displaying information about the Plan, with staff on hand to discuss proposals and answer questions	UHW and UHL concourses, Barry Hospital, CRI, St David's Hospital, Penarth Leisure Centre	Amplify 2025 Thought Leaders, Planning and Communications Teams	
Staff – internal organisation cascade	Start of engagement	Presentation and engagement pack used by Managers and Amplify Thought Leaders to generate discussions in teams and encourage feedback	n/a	Managers and Amplify 2015 Thought Leaders	
UHB Volunteers	Start of engagement	Briefing and notification of opportunities to learn more and share views Volunteers to signpost people to engagement document available in Information and Support Centres			Via Michelle Fowler and Sarah Davies

Stakeholder	Date	Nature of Engagement	Location	Exec & Clinical Leads	Comment
Healthcare Professionals' Forum	tbc	Presentation and discussion	tbc	Fiona Jenkins + Clinical Lead	Via Sue Bailey
Local Partnership Forum	9 Dec	Presentation and discussion	Woodland House	Abigail Harris + Clinical Lead	Via Rachel Pressley

EXTERNAL ENGAGEMENT AND COMMUNICATIONS

Stakeholder	Date	Nature of Engagement	Location	Exec & Clinical Leads	Comment
General Public	Start of engagement	Media promotion of engagement	n/a	Leads to be identified for interviews	Communications team to lead
General Public, Service Users, Carers - pop-up stands	2 hour sessions, tba	Pop-up stands displaying information about the Plan, with staff on hand to discuss proposals and answer questions	UHW and UHL concourses, Barry Hospital, CRI, St David's Hospital, Penarth Leisure Centre	Amplify 2025 Thought Leaders, Planning and Communications Teams	
General Public and stakeholders – workshops, in collaboration with CHC (one in Cardiff; one in Vale of Glamorgan)	tba	Workshops hosted by UHB, in collaboration with CHC. Workshop table discussions led by a clinician and a facilitator	Tba, one in Cardiff and one in Vale	UHB Chair and Chief Executive, with input from a clinical Executive and a non-clinical Executive	
General Public	tba	Social media conversations – AQA with Clinical Leaders, Facebook Live with Chief Executive	n/a	Chief Executive and Clinical Leaders	Communications team to lead

Stakeholder	Date	Nature of Engagement	Location	Exec & Clinical Leads	Comment
Community Health Council: Cardiff Local Committee Vale Local Committee	12 Nov 6.30pm 19 Nov 6.30pm	Presentation and discussion	CHC Offices Vale Council offices		Meetings are held in public and usually attract Health Watch and 50+ members
Stakeholder Reference Group	27 Nov 1.30 – 4pm	Presentation and discussion	UHB HQ, Woodland House	Abigail Harris + Clinical Lead	Via Anne Wei
Primary care clinicians (Cluster Lead meetings)	tbc	Presentation and discussion			
Over 50s (via 50+ Forums)	Start of engagement	Briefing and notification of opportunities to learn more and share views including public workshops			
Town Council and Community Councils	Start of engagement	Briefing and notification of opportunities to learn more and share views including public workshops			
Third Sector organisations	Start of engagement	Briefing and notification of opportunities to learn more and share views including public workshops			Via Linda Pritchard (LP has collated a list and has offered to organise a TS meeting if required)

Stakeholder	Date	Nature of Engagement	Location	Exec & Clinical Leads	Comment
Elected members - Cardiff Council and Vale of Glamorgan Council	Start of engagement	Briefing and notification of opportunities to learn more and share views including public workshops			
AMs and MPs	Start of engagement	Briefing and notification of opportunities to learn more and share views including public workshops			Stakeholder letter at start of engagement with link to web page
Local Professional Committees: LMC, LDC, LOC, LPC	Start of engagement	Briefing and notification of opportunities to learn more and share views	n/a	n/a	Stakeholder email at start of engagement with link to web page
Partner organisations via Regional Partnership Board (RPB) and Public Services Boards (PSB) RPB SLG or RPB workshop Vale PSB (special meeting involving young people) Cardiff PSB (Delivery Board)	12 Nov 2pm 17 Dec 2pm 5 Dec 5pm 9 Dec 2pm	Presentation and discussion, with request for promoting the engagement within their organisations	Cardiff County Hall Llanishen Baptist Church Vale Council Civic Offices tbc	Abigail Harris + Clinical Lead	

Report Title:	ANNUAL MEDICAL EDUCATION REPORT					
Meeting:	Board Meeting			Meeting Date:	26 .09.19	
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:	Medical Director					
Report Author (Title):	Assistant Medical Director Postgraduate and Undergraduate Medical Education					

SITUATION

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

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

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

There are significant changes for the overarching educational structures in Wales with the launch of HEIW, which became operational in October 2018.

BACKGROUND

Undergraduate Medical Education

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

Cardiff University School of Medicine embarked on a fundamental revision of the undergraduate medical curriculum, entitled C21, which started in September 2013. Health Board staff have made significant contributions to curriculum design and the delivery of Phase 1a of the C21 course. All phases of the C21 curriculum were successfully delivered during the 2017-2018 academic year. The Health Board was highly commended for this achievement and the quality of undergraduate training provided. This success has been further built upon during the current academic year.

The model of teaching delivery required in the C21 curriculum remains a major departure from

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

Postgraduate Medical Education

The Department aims to provide appropriate education and support for the 706 trainee doctors within the UHB currently in HEIW approved training posts (i.e. Foundation, Core, Specialty and GP Training). Annual funding is received by HEIW on a per capita basis for junior doctors in training and the Department also manages the study leave process for all Consultant and SAS Grade staff within the UHB. HEIW is currently reviewing the allocation and administration of study leave for trainees, so arrangements may change during the next twelve months.

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

Dental Education and Training

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

ASSESSMENT

Undergraduate Medical Education

The Department is actively encouraging faculty development (which forms part of the Education Strategy) and has part-funded 11 Clinical Teaching Fellows (CTFs) and 2 full-time Medical Education Fellows from placement SIFT to undertake further training in education delivery. The process for departments to apply for these 12 months posts has been formalised in order to improve quality control of the delivery of UG medical education. In addition, UHB trainees are recruited each August to a Faculty of Clinical Tutors to enable them to develop their own recognised medical education credentials and support the delivery of undergraduate clinical skills teaching; trainees are also supported with the application process for Membership of the Academy of Medical Educators (AoME) through their involvement as teaching faculty during the current academic year. The UHB has been highly commended by the School of Medicine for the level of involvement of trainees in teaching delivery and steps taken to develop the medical educators of the future.

The UHB is working towards the provision of performance reporting in the field of undergraduate education, which has raised awareness and demonstrated progress. This reporting process

allows education to appear on the UHB “dashboard” of performance indicators highlighting areas of excellence and concern. Overall, there is continuing improvement in performance and this acts as a driver to further enhance delivery of undergraduate teaching within the UHB. Specific performance indicators include:

- Incorporation of UG teaching into departmental Educational Governance structures.
- Appropriate recognition of teaching responsibilities for departmental Training Leads within job plans.
- Student feedback relating to departmental teaching.

Simulation teaching continues to receive excellent feedback from medical students. The UHB works in partnership with the School of Medicine to deliver high quality simulation as part of the C21 curriculum.

A further development of a Medical Education Skills Suite within the A2/B2 link corridor on the University Hospital of Wales site was completed in 2015 to provide small group teaching rooms and low-fidelity self-directed learning facilities for both undergraduate students and postgraduate trainees. Partnership funding has been secured to further develop this area to include a 4 bed simulated ward which was completed in May 2018; this facility has expanded both UG and PG multidisciplinary simulation training relating directly to quality improvement activity within clinical teams. Several innovative simulation programmes have been delivered during the current academic year with excellent feedback; results are due to be presented nationally.

A Patient Partnership Programme for the delivery of UG bedside clinical skills teaching has been piloted this year and has shown improved results compared with traditional ward-based delivery. Redevelopment of the clinical skills area in the Routledge Academic Centre at UHL is currently underway and will enable this Programme to be implemented across both hospital sites during the next academic year.

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

Priorities for action regarding undergraduate teaching in 2019/2020 are shown in Appendix 1.

Postgraduate Medical Education

Data relating to quality of training is collated via the annual GMC Trainee and Trainer Survey results, face to face feedback with trainees and end of placement reports. During the 2018 HEIW Commissioning visit the UHB was highly commended for sustained improvement in the quality of training in several clinical departments.

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

- Paediatric Surgery
- Obstetrics & Gynaecology
- Psychiatry
- General Medicine
- General Surgery
- Anaesthetics

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

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

The GMC published new standards relating to Medical Education (*Promoting Excellence*) in 2015 for implementation in 2016. The standards place responsibility on Local Education Providers (LEP) and Executive Boards to implement robust educational governance structures and processes, which should be linked to Quality and Safety processes. The Educational Governance Framework was launched in June 2017. The structure and processes embed responsibility for assessing and improving the quality of training within local departments with clear reporting mechanisms. Since January 2018 each department has submitted a comprehensive annual report on Educational Governance processes within their department with named educational leads and representation from senior nurses, trainees and directorate teams to ensure a rounded approach is adopted to improving quality of training within local Departmental Education Groups. This approach has been recognised as an example of best practice by HEIW and is being promoted in other Health Boards in Wales. The challenge remains to sustain the structure with increasing pressures on clinical teams; particularly to ensure that departmental training leads receive recognition within job plans to undertake the role.

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

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

Medical Educational Performance Reviews are undertaken annually with the Clinical Boards to review progress with respect to these metrics. Work is also underway jointly with the Quality and Safety team in the UHB to enable clinical incidents and serious events to link directly with departmental multidisciplinary training. The A2B2 Medical Education Simulation area is proving particularly valuable as a resource to facilitate this. Constraints include access to consumables for the delivery of such training activity and sufficient trainers across the disciplines with capability in delivering simulation training. The Medical Education Department is currently developing an in-house Train the Simulation Trainers course to address this.

Educational Contracts were introduced by the Wales Deanery (now HEIW) for trainees in Surgery, Child Health and Obstetrics and Gynaecology in August 2016. The remaining specialties had educational contracts implemented in August 2017. The contracts stipulate the level of experience and training opportunities that should be available for each trainee. The aim is to establish a balance between training opportunity and service provision. In some departments this will reduce the availability of trainees for service delivery and this will have an impact on Consultant job planning and particularly levels of ward-based trainees for the delivery of inpatient care across disciplines.

The Wales Foundation Programme has fewer foundation trainees rotating to posts in General Practice compared with other Deaneries within the UK. In order to help redress this balance the UHB has been asked to convert two existing foundation year 2 posts to community posts in August 2020. It is possible that further posts will be required to be converted in future years. Clinical Boards will need to develop alternative models of care delivery, particularly for inpatient ward areas to mitigate for this development.

Priorities for action regarding postgraduate training in 2019/2020 are shown in Appendix 3.

Dental Education and Training

The Clinical Board for Dentistry will work closely with the School of Dentistry to support the delivery of high quality education and provide the best possible experience for dental students at both undergraduate and postgraduate level. The School of Dentistry has continually achieved high satisfaction scores in the National Student Surveys (NSS).

This has ensured a high profile nationally for Cardiff and is aided by the fact that many of the specialist dental staff are responsible for the delivery of the Continuing Professional Development (CPD) for the complete dental healthcare professional team.

Department of Medical Education

The Department of Medical Education is responsible for the organisation, delivery and quality control of a substantial programme of both UG and PG curriculum-driven medical education, including hosting Cardiff University School of Medicine examinations. In addition, the department runs all UHB medical induction programmes, medical trainer development sessions and administers study leave and the consultant sabbatical scheme. Since 2013 the department has made cost savings of £398,280 through combining UG and PG functions, reviewing skill mix options and efficiencies within the Medical Director's budget. These savings have occurred within a context of increasing training demands. As a result the departmental infrastructure has increasing demands and there is frequent review of function to be able to deliver core requirements of training.

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

Table one

Health Board	Medical Education Staffing WTE	Total Number of Undergraduate Students 2018/19 (Years 1-5)	Total Number of Training Grade posts 2018/19
--------------	--------------------------------	--	--

Cardiff & Vale	12.8	682	706
ABMU	21	262	703
Aneurin Bevan	19	346	455
Betsi Cadwaladr	14	222	528
Cwm Taf	14.5	345	312
Hywel Dda	15	123	292
Powys	1.5	8	7

ASSURANCE is provided by:

RECOMMENDATION

The Board is asked to:

- **NOTE** the Report and significant development of simulation training
- **AGREE** the priority areas for Undergraduate and Postgraduate Medical Education 2019/2020

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 <i>Please tick as relevant, click here for more information</i>			
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>		

Appendix 1

Priority Areas for Undergraduate Teaching 2019/20

- To ensure that all undergraduate medical students have access to appropriate high quality education and training
- To ensure that personal development of education and training is aligned to meet wider goals in undergraduate medical training within the UK as well as the local needs of the UHB and the NHS in Wales
- To continue working closely with Cardiff University to enable the C21 curriculum to be delivered within the UHB, with high quality education enabling greater student satisfaction and an enhanced student experience
- To further develop the Faculty of Clinical Tutors
- There is currently one 2 session Honorary Senior Lecturer for UG delivery. The increasing requirement for simulation training requires an adjustment of this resource. The posts will be reviewed during the next 12 months and consideration given to ongoing support for one 1 session post for Undergraduate Lead (Honorary Senior Lecturer level) and to convert one session to a new post for UG medical simulation delivery in 2020. This will be supported by clear assignment of time within job plans for departmental UG training leads for delivery.
- Appointment of further Clinical Teaching Fellows and an Educational Pharmacist to support C21 curriculum delivery
- Establish transparency with respect to placement SIFT allocation to support SPA time in consultant job plans for UG teaching. Including the recognition of Dental SIFT appropriately.
- To consolidate the introduction of UG training into the Departmental Educational Governance structure.
- To work with Clinical Boards to deliver improvement against performance metrics relating to UG medical training.

Appendix 2

Details of Postgraduate Training Areas at Risk

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

1. Paediatric Surgery:

2 higher surgical trainees were removed from Cardiff in December 2015. This was the consequence of a complex sequence of events including insufficient access to training cases, departmental training culture, trainee factors, the neonatal ICU infections and paediatric theatre and clinic capacity. There have been recent improvements in trainee experience and new consultant appointments which are welcome. The Clinical Board has been working with the Medical Director's Office, HEIW and other external stakeholders and the re-establishment of paediatric surgical trainees during Autumn 2019 has been agreed with detailed monitoring arrangements proposed.

2. Obstetrics and Gynaecology:

The UHB has a very busy obstetrics and gynaecology service. Rota gaps for middle grade trainees have resulted in reduced levels of supervision for more junior trainees.

3. Psychiatry:

The Wales Deanery undertook a targeted review of Psychiatry training in the UHB in 2015. There remains a risk of trainees being withdrawn in the event of a further deterioration and the training quality continues to be closely monitored. There were several different factors resulting in a further deterioration in trainee feedback in the 2019 GMC survey; these issues are being actively addressed with the department via the Educational Governance structure.

4. General Medicine:

The workload out of hours within Medicine is substantial. The ability of the out of hours teams to cope is threatened by poor recruitment to medical core and middle grade positions and high numbers of rota gaps with increasing sickness rates. This represents a patient safety risk. A review of Hospital at Night is underway with consideration being given to an out of hours service model.

There are substantial changes to the Core Medical Training Curriculum due in August 2019; trainees will be required to attend regular outpatient clinics and gain a greater proportion of acute medical experience. This is a particular challenge for the UHB as 50% of core medical trainees are in specialty posts which do not contribute to acute medicine. However, inpatient service provision for some of these clinical areas such as cardiology and haematology is dependent on core medical trainees and may become fragile. Clinical Boards will need to consider developing non-medical training grade models to maintain appropriate inpatient ward-based patient care.

5. General Surgery:

The GMC trainee survey results have improved in 2019. There has been considerable work undertaken to improve the training culture within the department which has been recognised by trainees. The out of hours rota remains fragile with frequent gaps which impact on other training opportunities. There will be a benefit for Health Board if Cardiff and Vale could become a Centre for run-through surgical training. This will help ensure trainees are allocated to Cardiff which will afford some protection against gaps in the rota. However, the rota will have to be modified to a 1:10 from 1:8 currently. Currently, Cardiff is the only major surgical centre in South Wales that does not provide this training opportunity.

6. Anaesthetics:

There has been a deterioration in the results of the 2019 GMC trainee feedback for Anaesthetics. A significant factor is in adequate bed capacity for patients requiring critical care support. This results in at times prolonged delays in transferring patients to ITU; during which airway support often has to be provided by anaesthetic trainees meaning they are unable to respond to other needs and access appropriate training opportunities.

Appendix 3

Priorities Areas for Postgraduate Training 2019/2020

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

Report Title:	Terms of Reference – Digital and Health Intelligence Committee						
Meeting:	Board				Meeting Date:	26.09.2019	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

SITUATION

In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Board with the opportunity to review the Terms of Reference prior to approval.

This Committee is a newly established Committee of the Board and the Terms of Reference were reviewed by the Committee and recommended to the Board for approval in August 2019.

REPORT

BACKGROUND

This Committee is a newly established Committee of the Board and replaces the Information Governance and Information Technology Committee which previously reported into the Strategy and Development Committee.

ASSESSMENT

The Terms of Reference for the Digital and Health Intelligence Committee were developed by the Director of Corporate Governance and have been reviewed by the Chair of the Committee, the Executive Lead and Director of Digital and Health Intelligence and the Committee on 5th August 2019.

RECOMMENDATION

The Board is asked to:

APPROVE the Terms of Reference for the newly established Digital and Health Intelligence Committee

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	x

3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered			
Sustainable Development Principles: Five ways of working	Prevention	x Long term	Integration Collaboration Involvement
Equality and Health Impact Assessment Completed:	Not Applicable		

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Digital and Health Intelligence Committee (DHIC)

Terms of Reference

Approved by the Board: September 2019

Next Review Due: March 2020

DIGITAL AND HEALTH INTELLIGENCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The UHB Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Digital and Health Intelligence Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 Digital & Health Intelligence (referred to as Digital) comprises Information Technology, Business Intelligence/Analytics, Information Management, Information Governance, Clinical Coding. It includes some specific IT project teams including those managing the PARIS system, use for mental health/Community services and local management of the Welsh Clinical Portal. Its function is to provide enabling services across the UHB to support the effective use of technology and the use of data/intelligence in the delivery of services.

2. PURPOSE

The purpose of the DHIC is to:

2.1 Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance

2.2 Seek assurance on the development and delivery of a Digital Strategy (which encompasses the areas detailed in paragraph 1.3 above) for the UHB ensuring that:

- It supports Shaping our Future Wellbeing and detail articulated within the IMTP
- Good partnership working is in place
- Attention is paid to the articulation of benefits and an implementation programme of delivery
- Benefits are derived from the Strategy

3. DELEGATED POWERS AND AUTHORITY

In order to achieve its purpose the DHIC must receive assurance that:

- The UHB has an appropriate framework of policies, procedures and controls in place to support consistent standards based processing of data and information to meet legislative responsibilities.
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis.
- A risk register is in place and that risks are being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology.
- Statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

In order to do this the Committee will take the following actions:

- 3.1 Approve policies and procedures in relation to the Strategy
- 3.2 Receive assurance that all statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.
- 3.3 Receive assurance on the delivery and implementation of the strategy and associated work plan
- 3.4 Receive assurance on clinical and staff engagement of the digital agenda
- 3.5 Receive, by exception, data breach reports on the following areas:
 - Serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government
 - Sensitive information (break glass system)
 - E-mail
 - National and local auditing such as NIIS
 - freedom of information,
 - subject access requests
 - Data Quality
 - IG risk assessments
 - Incidents – lessons learned from all recorded / reported incidents.
- 3.6 Receive periodic reports on development, procurement and implementation of national and local IM&T systems
- 3.7 Review risks
 - Periodically consider risks escalated to the Committee from Clinical Boards / Corporate Departments in relation to:
 - Information Governance
 - Information Management
 - Information Technology

- Review risks escalated to the Committee that have a risk rating of 12 and above.

4. AUTHORITY

4.1 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

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

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

5.0 ACCESS

5.1 The Chair of Digital & Health Intelligence Committee shall have reasonable access to Executive Directors and other relevant senior staff.

6.0 SUB COMMITTEES

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

7. MEMBERSHIP

Members

7.1 A minimum of three (3) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

7.2 In attendance:

Director of Transformation

Director of Digital and Health Intelligence

Assistant Medical Director IT

Director of Corporate Governance

Data Protection Officer

Workforce Representative

Other Executive Directors will attend as required by the Committee Chair

7.3 By invitation

The Committee Chair may invite:

- any other UHB officials; and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

7.4 Secretary

- As determined by the Director of Corporate Governance

Member Appointments

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

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

Support to Committee Members

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

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

8. COMMITTEE MEETINGS

Quorum

- 8.1 At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

- 8.2 Meetings shall be held no less than three times per year, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

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

9. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
 - sharing of information

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

- 9.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.
- 9.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

10. REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

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

10.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement..

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

10.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- quorum (set within individual Terms of Reference)

12. REVIEW

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

DRAFT

**CONFIRMED MINUTES OF QUALITY, SAFETY AND EXPERIENCE COMMITTEE
HELD ON TUESDAY, 18 JUNE 2019
COED Y BWL, WOODLAND HOUSE,
HEATH, CARDIFF CF14 4TT**

Present:

Susan Elsmore	SE	Committee Chair and Independent Member – Local Government
Michael Imperato	MI	Independent Member - Legal

In attendance:

Jessica Castle	JC	Director of Operations, Specialist Services Clinical Board
Steve Curry	SC	Chief Operating Officer (<i>for part of meeting</i>)
Peter Durning	PD	Interim Executive Medical Director
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Nicola Foreman	NF	Director of Corporate Governance
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Fiona Kinghorn		Executive Director of Public Health
Christopher Lewis	CL	Deputy Director of Finance (<i>attending for Bob Chadwick, Executive Director of Finance</i>)
Navroz Masani	NM	Clinical Director, Specialist Services Clinical Board
Paul Rogers	PR	Directorate Manager for the Artificial Limb and Appliances Service (ALAS)
Ruth Walker	RW	Executive Nurse Director
Geoff Walsh	GW	Director of Capital, Estates and Facilities (<i>attending for Abigail Harris, Executive Director of Strategic Planning</i>)
Mike Bond	MB	Director of Operations – Surgery Clinical Board
Glynis Mulford	GM	Secretariat

Apologies:

Gary Baxter	GB	Independent Member - University
Robert Chadwick	RC	Executive Director of Finance
Abigail Harris	AH	Executive Director of Strategic Planning
Dawn Ward	DW	Committee Vice Chair and Independent Member – Trade Union

**QSE:
19/06/001**

WELCOME AND INTRODUCTIONS

The Committee Chair welcomed everyone to the meeting and gave a special welcome to Dr Navroz Masani, Clinical Director of the Specialist Services Clinical Board; Jessica Castle Director of Operations, Specialist Services and Paul Rogers Directorate Manager for the Artificial Limb and Appliances Service (ALAS).

The Committee Chair noted that the meeting was not quorate and confirmed that in view of this any decisions made by the Committee would need to be ratified by the Board, through her Committee Chairs

ACTION

	<p>report, when it met in July 2019. The Committee Chair also advised those present that she would need to leave part way through the meeting to attend the launch of the Joint Learning Disabilities Commissioning Strategy and so the Independent Member – Legal would Chair the remainder of the meeting.</p> <p>The Executive Director for Therapies and Health Science advised that as the Executive Lead for learning disabilities she would also like to leave the meeting to attend the launch if it was permissible.</p>	
19/06/002	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were noted.</p>	
19/06/003	<p>DECLARATIONS OF INTEREST</p> <p>The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declaration of interest was received and noted:</p> <ul style="list-style-type: none"> Michael Imperato, Independent Member (Legal) declared a conflict of interest in respect of the Infected Blood Inquiry. The declaration was formally noted, and it was agreed that Michael Imperato would leave the meeting when agenda item 1.12 was discussed. 	
19/06/004	<p>MINUTES OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD ON 16 APRIL 2019</p> <p>The Committee reviewed the Minutes of the meeting held on 16 April 2019.</p> <p>The Committee Resolved - that:</p> <ul style="list-style-type: none"> a) the minutes of the meeting held on 16 April 2019 be approved as a true and accurate record. 	
19/06/005	<p>COMMITTEE ACTION LOG</p> <p>The Committee reviewed the Action Log and noted that reports on Ophthalmology services and Car parking were on the meeting agenda. The following verbal updates were received in relation to the remaining items:</p> <p>QSE19/04/025 – Items to be brought to the attention of the Board: It was confirmed that the Annual Quality Statement and the key findings arising from the Annual Health and Care Standards assessment had been brought to the Board's attention through the Committee Chair's report presented at the May Board meeting.</p> <p>QSE 19/04/020 – Endoscopy Decontamination Patient Notification Exercise: It was confirmed that a report would be scheduled for the September meeting of the Committee.</p> <p>QSE 19/02/010 – Gosport Independent Panel Report: The Executive Nurse Director confirmed that a report would be brought to the September meeting of the Committee.</p> <p>QSE 19/02/008 – PCIC Clinical Board Assurance Report: The Director</p>	<p>PD</p> <p>RW</p>

	<p>of Capital, Estates and Facilities confirmed that the Business Case for the development of the Ely Hub had been developed. It was also noted that an interim solution to relocate staff was being put in place.</p> <p>QSE 18/135 - Ombudsman Annual Letter: The Assistant Director of Patient Experience confirmed that the Ombudsman's Annual Letters for 2017/18 and 2018/19 had been received and would be put on the agenda for the Committee meeting scheduled for September.</p> <p>QSE 18/155 – CD&T Minutes: The Director of Capital, Estates and Facilities confirmed that refurbishment works had commenced and a business case for the replacement of the Bone Marrow Transplant Unit was being developed. The Committee Chair requested that an update be put on the agenda for the Committee meeting scheduled for September.</p> <p>The Committee Resolved – that:</p> <p>a) the action log and the verbal updates be NOTED.</p>	<p>AH</p> <p>GW</p>
19/06/006	<p>CHAIR'S ACTION TAKEN SINCE LAST MEETING</p> <p>The Committee Chair confirmed that Chair's Action had not been taken since the Committee meeting held in April 2019.</p> <p>In line with requirements set out in the UHB's Standing Orders, the Chair confirmed that the Committee had met in private following the public meeting held on 16 April 2019. It was noted that at the private meeting safeguarding, the recent Healthcare Inspectorate Wales' (HIW's) letter regarding the findings of the unannounced inspection of the Assessment and Emergency Units on the University Hospital of Wales site, and the UHB's response were discussed.</p> <p>The Executive Nurse Director confirmed that the UHB had submitted all the information requested to HIW and this information had been accepted along with the Improvement Plan. It was noted that the report would be published on 28 June 2019.</p>	
19/06/007	<p>PATIENT STORY</p> <p>The Chair invited the Clinical Director and Director Operations of the Specialist Services Board and the Directorate Manager for ALAS to start their presentation.</p> <p>The Director of Operations introduced the patient story explaining that the Specialist Clinical Board would like to take the Committee through the story of conjoined twins who had moved to Cardiff from Senegal, and tell the story of how, through the work of ALAS, they were given greater mobility and their quality of life improved.</p> <p>The Directorate Manager of ALAS explained that:</p> <ul style="list-style-type: none"> the twins were born in Senegal and given their disability their father had sought to find a specialist hospital somewhere in the World that would be able to separate the twins. 	

- a paediatric surgeon in Great Ormond Street agreed to examine the twins but it was found that they could not be separated due to their complexities and heart issues.
- due to the girls needing specialist medical care the twins father sought asylum in the UK, and in 2018 the family moved to Cardiff.
- once settled in Cardiff the twins were referred to the Posture Mobility Service. The complexity of the twins condition and needs were outlined and it was noted that they included complex posture issues; life limiting conditions; heart defects; a fused pelvis and a central arm that was in a difficult position from a posture perspective.
- the twins needed specialist seating to help with their posture and to aid respiration. A full assessment was undertaken by the Posture and Mobility Service and using specialist equipment a suitable postural seat was developed.
- the seat was a success but due to the twins being constantly photographed and filmed when they were taken out, the father requested that the seat be rotated to give the girls some privacy. After some technical difficulties a way of rotating the seat was found but it was clear that solution was not suitable for the longer term.
- to help address the social issues and manage the reaction that members of the public had to the girls the ALAS team contacted social services, Ty Hafan and the BCC. The BCC produced a fascinating article on the twins with the idea that if the public had more information about them they would be less curious and more tolerant.
- the twins' postural needs are reviewed regularly to take account of their growth and any changes to their needs.

The Executive Nurse Director, stated that the Patient Story demonstrated how the UHB was able to provide bespoke services and highlighted the extent of the skills of its staff. The role that ALAS had played in seeking ways in which to drive down the stigma of the twins' disability was acknowledged and the importance role that all UHB staff had in this respect was emphasised.

The Executive Director of Therapies and Health Science advised the Committee that she had recently had the privilege of visiting a specialist school in Cardiff, and she had been impressed at the amount of specialist equipment that had been made available to the young people through ALAS. It was noted that ALAS was providing bespoke child friendly services too many young people and helping them fit into normal family life.

The Clinical Director advised the Committee that many of the adaptations and equipment issued by ALAS were invented and developed on the ALAS unit based on the Treforest site. The unique, innovative and specialised work of the ALAS team was emphasised.

The Executive Director of Public Health asked whether any of the inventions were patented and it was confirmed that some were, but the

legal loopholes often meant that it was a difficult process that often outweighed the benefits. The Executive Director of Therapies and Health Science confirmed that arrangements were in place to ensure the best use of Research and Development.

The Committee Chair confirmed that as Cardiff County Council's asylum lead the patient story was close to her heart, and stated she had been overwhelmed by the energy that the ALAS team had put into meeting the needs of the twins and their family.

The Committee Chair asked a number of questions related to the quality of the service:

- what is the frequency of review for the twins: it was confirmed that reviews were annual but the family could request a review at any time.
- how well were the links with social care working: it was noted that relationships worked well but that challenges did arise due to some gaps in service provision

The Executive Nurse Director asked if formal pressure damage assessments were undertaken by the team. In response, the Directorate Manager confirmed that the primary concern when undertaking any seating assessment was the management of pressure. It was confirmed that regular pressure assessments were undertaken and information on the signs of pressure damage to look for given to all service users and their families. It was also noted that a pressure care pathway was in place, with plans to roll the pathway out across all ALAS services.

RW

The Executive Nurse Director advised that the pressure damage assessment tool was changing and confirmed that she would contact the directorate manager to talk about this.

The Committee Chair advised the Directorate Manager that she was happy to provide the ALAS service with support in her role as Chair of the Quality, Safety and Experience Committee as well as her Cabinet role with the County Council.

It was noted that with improvements to neonatal services the UHB needed to be mindful of the growing demand for the services of ALAS and other specialities.

Committee Members agreed that the Patient Story was an excellent example of where UHB services had gone the extra mile. The Clinical Board Director confirmed that the Posture Mobility Service was unique as it was the only service in the UK to have a team that included clinicians, nurses, health scientists, a factory, specialist workshop and a research facility.

The Committee resolved that:

- a) the Patient Story be NOTED.

19/06/008

SPECIALIST CLINICAL BOARD ASSURANCE REPORT

The Director of Operations for the Specialist Services Clinical Board introduced the Assurance Report, which provided details of the arrangements, progress and outcomes in relation to the Quality, Safety and Patient Experience agenda over the previous 12-months.

It was confirmed that the top five risks on the Clinical Board's risk register as at March 2019, were:

- Insufficient Critical Care capacity to meet demand.
- Haematology - Lack of isolation cubicles and appropriate filtration on Ward B4H.
- Neurosciences – Sustainability of services at Rookwood Hospital due to infrastructure issues.
- Neurosciences – Continuity of neurovascular service.
- Cardiac Surgery waiting list - ability to meet 36-week RTT, ability to treat urgent patients.

The discussions that followed focused on the capacity of the Critical Care Service. It was noted that:

- in 2018/19 six additional critical care beds had been commissioned through winter plan monies and that this money was likely to be recurrent. It was confirmed that the funding of the additional beds had relieved some of the capacity pressures, but further work was ongoing through a capital group and operational planning group.
- there was a plan to move the post anaesthetic care unit and free up a further six spaces on the main floor of the critical care facilitates.
- the need for further work in relation to the critical care infrastructure was confirmed and the recently reported findings of a review undertaken by the Royal College of Anaesthetists were outlined; It was noted that the findings highlighted by this review included infrastructure, workforce and relationship issues.
- several of the findings highlighted by the review were not for the Critical Care Service to address alone as they spanned a number of Clinical Boards, hence a UHB approach was required. It was noted that one such issue was care of the deteriorating patient across the two main hospitals.
- developments, such as the Major Trauma Centre, would have a further impact on the areas of concern highlighted by the review. The Critical Care services ability to cope with the predicted flu epidemic was also highlighted.
- the review team from the Royal College of Anaesthetists had noted that the Critical Care risk had been on the Clinical Board's risk register at a rating of 25 for some time, and had reported that the service had become accustomed to practices that were not acceptable, for example not reporting all incidents on DATIX, and was too accepting of certain types of risk.
- next steps in relation to the Royal College review, were to be discussed by Management Executive. It was noted that the Clinical Board had prepared responses to the review findings that were helpful and that responses had also been received from the Consultant Body in Critical Care and the Clinical Director within

anaesthetics.

- the Royal College of Anaesthetists would be undertaking a further visit in six months' time to review the UHB's response to their recommendations and had intimated that a referral to HIW may be made if the response was not felt to be sufficiently robust.
- during the period between the Royal College of Anaesthetists being invited to undertake the review and the findings being reported there had already been significant improvements made by the Clinical Board.

The Committee Chair asked for confirmation of the steps that the Clinical Board had taken to address the findings in relation to the normalisation of risk and the risk score having been 25 for such a long period of time. In response, the Clinical Director confirmed that all steps to mitigate the risk had been taken, and advised that short, medium, and long-term plans were in place and had been shared with Welsh Government.

The Executive Nurse Director stressed the importance of incidents being reported through the formal process, as otherwise the Board was not sighted of the risks being managed at an operational level.

The Committee Chair confirmed that it was important to ensure that the Royal College of Anaesthetists report and the related improvement plan was brought to the Committee for discussion. It was noted that the Chief Executive Officer had made it clear that he wanted a robust improvement plan in place as soon as possible as some of the relationship and multi-disciplinary team issues would need a robust OD approach.

The Chief Operating Officer advised the Committee that the main issue was critical care capacity but improvements had been made over the previous 12-months as a result of the Chief Executive's negotiations with Welsh Government. It was noted that the UHB was fundamentally constrained by its estate.

The Committee Chair highlighted that the Clinical Director had raised concern in relation to the critical care services ability to respond to a major incident or flu epidemic and asked for the Chief Operating Officer's views on this. The Chief Operating Officer advised that there were very few critical care units in the UK with as many beds as the UHB and confirmed that there would be a networked response to any critical incident, and advised that contingencies were in place to respond to an epidemic, of for example the flu.

The Clinical Director stated that he recognised that contingencies were in place but noted that he recommended that the optimum occupancy rate for critical care beds was 75%, with most UK NHS organisations running at 85%. However, the UHB was running at occupancy levels of between 95% and 110% occupancy.

The Executive Nurse Director confirmed that the discussion highlighted the importance of there being a clear understanding of what the issues were and having a robust plan in place to address them in the short, medium and longer term.

It was noted that due to timing issues only one of the high-level risks

highlighted by the Clinical Board had been fully discussed. It was confirmed that issues in relation to haematology and Rookwood Hospital had been discussed by the Committee previously.

The Executive Nurse Director highlighted that the report referenced never events, incidents and other issues of important issues that the Committee needed to be made aware of and thanked the Clinical Board for its openness and transparency.

The Director of Operations advised the Committee that it was important that Members were aware of the issues in relation to the waiting times for cardiac surgery. It was noted that:

- cardiac Surgery was one of the areas where there was difficulty ensuring the right level of capacity on week days in order to maintain the number of cardiac surgery operations needed to eliminate the 36 week wait, and to reduce the overall volume of patients on the waiting list. It was confirmed that some of the risk was being mitigated by weekend working and that plans were in place to manage those patients on the waiting list and identify any patients at risk.
- while urgent patients were being seen there remained a bulk of routine patients who were having to wait much longer than they should. It was noted that plans were in place to avoid the UHB slipping back to the position it was in previously.

The Executive Nurse Director enquired as to how confident the Clinical Board was that things would improve. In response, the Director of Operations confirmed that the message was positive but there was a concern in relation to how much could realistically be done over the next 6-months to stop the situation from deteriorating further.

The Chief Operating Officer confirmed that the cardiac surgery wait had been escalated in line with the UHB's formal performance escalation processes. It was noted that the Chief Executive Officer and the Chief Operating officer were fully sighted of the issues and were meeting with the Clinical Board on a regular basis to discuss and seek a way forward on this matter.

The Committee Chair asked whether the Cardiac Surgery risk score should be higher. The Chief Operating Officer confirmed that the risk score would be reviewed outside of the meeting. It was agreed that if progress was not evident by the end of the calendar a paper focusing on cardiac surgery waiting times should be brought back to the Committee for discussion.

SC

The Committee resolved that:

- a) the Specialist Clinical Board's Assurance report and the progress made to date be NOTED.
- b) the content of the Assurance Report be APPROVED, subject to the Royal College of Anaesthetists Report on Critical Care being brought to the September 2019 meeting of the Committee together with the improvement plan developed in response to the recommendations made.
- c) if progress in relation to Cardiac Surgery waiting times was not

	<p>evident by the end of the calendar year a paper should be brought back to the Committee for consideration.</p> <p><i>The Committee Chair confirmed that as the meeting was not quorate the approval of the Assurance Report would need to be ratified, through her Committee Chair's report, by the Board when it met in July.</i></p> <p><i>[The representatives of the Specialist Services Clinical Board left the meeting]</i></p>	SE
19/06/009	<p>QUALITY AND SAFETY IMPROVEMENT FRAMEWORK</p> <p>The Assistant Director for Patient Safety introduced the report confirming that it provided a high-level overview of the progress made in relation to the implementation of the Quality, Safety and Improvement Framework 2017 - 2020. It was noted that the UHB's Annual Quality Statement, due to be published on 25 July 2019, provided a summary of the progress made in 2018-19.</p> <p>As part of discussions:</p> <ul style="list-style-type: none"> • The Assistant Director of Patient Safety and Quality confirmed that work to develop the next strategy for the period 2021 to 2024 had started and it would be brought to the Committee in April 2020 for approval. • The Independent Member – Legal asked for some background information in relation to 'Cyber bullying in young people' that had been highlighted as an area of focus in 2019 to 2022. In response, it was confirmed that this had been an area of concern highlighted by the work of the Mental Health Clinical Board. <p>The Assistant Director of Patient Safety and Quality advised that responsibility for the delivery of a number of the actions set out in the Framework sat with specialist leads and Clinical Board and not the Patient Safety Team, therefore she did not have all the details in relation to why cyber bullying was an area of focus.</p> <ul style="list-style-type: none"> • The Executive Director of Public Health noted the importance of any work in relation to cyber bullying being linked to the UHB's Suicide Plan and the emotional mental health work that the Children and Women's Clinical Board were leading on as part of the UHB's integrated health and social care work. • The Independent Member – Legal confirmed that 'cyber bullying' was a major issue and had featured as an important factor in a number of recent inquests. The need for the UHB to be ahead of the curve in relation to this matter was noted. • funding for a mental health consultant nurse post had recently been agreed and that the post would have a particular focus on suicide issues. • conversations regarding the issues aligned to male suicides and suicides in young people were taking place in partner organisations. <p>The Executive Nurse Director advised that the Quality and Safety Improvement Framework report demonstrated that a lot of work was being in relation to the quality and safety agenda. The importance of ensuring that the work was closely aligned to the UHB's Strategy was</p>	CE

acknowledged.

The Committee resolved that:

- a) progress with implementation of year two of the Quality, Safety and Improvement framework, the main high-level achievements for 2018/2019 and areas for focus for 2019-20 be NOTED.

19/06/010

PATIENT EXPERIENCE FRAMEWORK AND IMPROVEMENT INDICATORS

The Assistant Director of Patient Experience introduced the report, which provided a high-level overview of progress in relation to the implementation of the refreshed Patient Experience Framework 2017 - 2020. As part of discussions it was confirmed that:

- steps were being taken to ensure that patient experience was central to the delivery of the UHB's Strategy.
- a key priority for the Patient Experience Team was ensuring that there was a clear governance framework around volunteers and carers and ensuring alignment across all strands of the work that the Team was leading on. It was also noted that there needed to be a focus on capturing the experiences of those groups of patients and service users that were less vocal and seldom heard.
- the Putting Things Right Annual Report would be considered at the meeting scheduled for September. It was also confirmed that the Carers Report would come to the Committee for noting.
- the Public Services Ombudsman for Wales had recently been granted new powers and a report outlining these would be prepared for the September meeting of the Committee.
- the work that the Patient Experience Team had undertaken with the Clinical Boards was important and key to getting the approach to care and treatment right. The importance of putting patient experience at the centre of the conversations being held in relation to the transformation agenda.
- the Executive Nurse Director would be meeting with the Chief Executive Officer and the UHB Chair to discuss a refresh of the mechanisms for bringing the patient voice to meetings of the Board.

AH

AH

The Executive Director for Therapies and Health Science drew the Committee's attention to the fact that patients were less happy with the care and treatment provided over the weekend. It was agreed that there was a need to investigate the reasons for this.

RW

The Committee Chair suggested that consideration be given to Patient Safety Walkarounds being scheduled for the weekend. In response, the Executive Nurse Director confirmed that the Patient Safety Walkaround process was being refreshed and would be brought to a Board Development Session for discussion.

The Assistant Director of Patient Experience confirmed that steps were in place to investigate and better understand the reasons for patients being less happy over the weekend.

The Committee resolved that:

	<p>a) progress with implementation of the Patient Experience Framework and Improvement Indicators, the main high-level achievements for 2018/2019 and areas for focus for 2019-20 be NOTED.</p>	
19/06/011	<p>ESSURE (ISSUES WITH THE FAILIURE OF THE PROCESS)</p> <p>The Executive Nurse Director introduced the report, which provided an overview of a patient notification exercise that was undertaken when it became apparent that the outcomes of some patients who had undergone the ESSURE procedure (hysteroscopic sterilisation), were unclear.</p> <p>It was confirmed that the paper was being brought to the Committee to provide assurance that the ESSURE issue had been identified, fully investigated and necessary action taken. The Committee was advised that:</p> <ul style="list-style-type: none"> • it had been identified that not all women who had undergone the ESSURE procedure had been checked to ensure that they were sterile. This issue escalated when one of the patients became pregnant. • 45 women had undergone the procedure and the UHB had been unable to contact or had not received feedback from only three of the 45 women. The UHB had taken all possible steps to contact and engage with the three women. • going forward all incidents where 'patient notification/recall' work was required would be brought to the Committee for scrutiny. • the lead clinician and Clinical Board had highlighted the issues with the ESSURE procedure, demonstrating openness and transparency <p>It was noted that the UHB no longer performed the procedure and confirmed that all Clinical Board's had been reminded of the process to be followed when they wished to introduce new procedures.</p> <p>The Executive Director of Public Health advised the Committee that there were other patient notification exercises in the public health arena that would be appropriate to bring to the Committee for information.</p> <p>The Committee resolved that:</p> <p>a) the contents of the report and the outcome of the patient notification exercise be NOTED.</p> <p><i>[Michael Imperato, Independent Member- Legal left the meeting prior to discussions in relation to the next item starting]</i></p> <p><i>It was noted that the Committee was the only Independent Member present to hear the next item.</i></p>	FK
19/06/012	<p>INFECTED BLODD INQUIRY UPDATE</p> <p>The Executive Nurse Director confirmed that the paper provided the Committee with an update on the activity undertaken by the UHB to support and engage with the Infected Blood Inquiry.</p>	

It was confirmed that a cohort of 150 patients predominately individuals under the care of the Haemophilia Centre had made enquiries and these individuals were being supported to review their medical records.

The Executive Nurse Director confirmed that:

- in general the UHB had been able to provide individuals with all of their records.
- as at May 2019, 81 individuals had approached the health board to request their records and as a result 84 Subject Access Requests (SAR) had been facilitated. It was noted that some individuals had up to 17 volumes of notes and so ensuring that they got access to the information that they need was a big exercise.
- in three cases it had been evident that medical records had been destroyed in line with the requirements of the Data Protection Act and in a further two cases it had not been possible to provide complete sets of medical records referencing all episodes of care; although records of all blood products administered to patients had been available and provided.
- the UHB had been in contact with the patients and their families and had provided help and support to them. It was confirmed that the UHB may still be able to provide some of the information that the patients and families required because of the testing arrangements. It was confirmed that the timing of testing was a very strong theme emerging from the inquiry.
- four days of hearings would be held in Cardiff during July 2019. It was confirmed that the majority of the infected or affected Welsh individuals called to give oral evidence would do so during this week. The Executive Nurse Director confirmed that she and the UHB Chair hoped to attend the hearings.
- the UHB had applied for Core Participant Status but the Solicitor to the Inquiry had requested further information to support the application.

The Executive Nurse Director advised that it was important that the Committee was made aware of the volume of work involved in relation to the Inquiry and the fact that there could be some reputational issues arising from the hearings because of the connection with the clinician who had been pivotal to this work.

The Committee Chair asked the Executive Nurse Director to ensure that staff involved in the inquiry work were properly supported.

The Executive Nurse Director advised the Committee that the UHB was not disagreeing or challenging the views and opinions of the patients and families involved. The Committee Chair confirmed that she was content with this stance. *(to be ratified by the Board)*

SE

The Committee resolved that:

- a) the approach being taken to respond to the Infected Blood Inquiry be NOTED.

[Michael Imperato, Independent Member- Legal re-joined the meeting]

The Committee Chair agreed to move the agenda around to

accommodate the need for certain individuals in attendance to leave to attend other meetings.

19/06/13

OPHTHALMOLOGY REPORT

The Chief Operating Officer introduced the item and welcomed Mike Bond, Director of Operations for the Surgical Clinical Board who led on the presentation. Committee Members were:

- reminded that around a year ago some work was undertaken to develop a plan for Ophthalmology as the volume of individuals requiring access to the service was a problem across Wales.
- advised that there was a high level of risk associated with long waits as an individual's eyesight could deteriorate quickly.
- informed that when steps were taken previously to develop an Ophthalmology Plan it had been difficult given the various groups and stakeholders with an interest. It was confirmed that a prioritised plan was developed based on discussions with a range of stakeholders and interested parties.
- provided an update on progress against the priorities set out in the Ophthalmology Plan (the Plan). It was confirmed that when developing the Plan a number of key factors had to be considered, such as:
 - the imbalance in capacity and demand.
 - service complexities.
 - sub speciality work.
 - high volume of work.
- informed that attempts to address the Ophthalmology waiting times had been made over several years with limited success.
- provided with an outline the steps taken by the UHB over the previous year to reduce the Ophthalmology wait, which included an overview of the areas that needed to be taken into consideration and the level of risk aligned to these, namely:
 - capacity and demand.
 - clinical leadership
 - recruitment and workforce
 - RTT
 - patient safety
- described the approach taken to develop and embed a community model and highlighted the importance of a clinically led approach was emphasised.
- confirmed that a Clinical Director was in post and was starting to provide sound clinical leadership, already resulting in good progress in relation to glaucoma.

In response to a question in relation to the approach taken by the

service to ensure there were no breaches of waiting time targets, it was confirmed that there had been a focus on managing capacity, the management of follow-up, additional resources, critical pathways and engagement. Communication with patients.

The Chief Operating Officer confirmed that while progress had been made there was more to do, and highlighted that to ensure further progress there needed to be a focus on:

- identifying the best way to ensure people were seen at the right time and in time
- ensuring clinicians decide the priority cases and not systems
- understanding and appropriately managing risks.

The need to move to an outcomes base approach to delivery was discussed.

The Executive Director for Therapies and Health Science confirmed that:

- she chaired a national group for eye care. It was also noted that each health board had been required to identify an executive lead for eye care in order that a local eye care group could be established.
- regional working was recognised as being needed and steps were being taken to regionalise ophthalmology. It was noted that opportunities for a regional approach to the treatment to cataracts was also being explored.
- the first pathway to go live with a regional approach was the glaucoma pathway.
- the technology to enable regional working would soon be in place but some operational preparations were needed to ensure a state of readiness.
- national data showed that the UHB was still the lowest discharger to primary care for cataracts. It was noted that there was a need to ensure that data reflected the local and tertiary situation separately.
- primary care optometrists were willing to pick up cataract follow-ups.

The Committee Chair confirmed that there was clear evidence of improvement and highlighted the importance of moving services out to the community as this was aligned to the transformation agenda.

The Executive Nurse Director asked that a copy of the presentation be sent to the UHB Chair. It was also agreed that a short update report, that included benchmarking data, would be brought to the meeting of the Committee scheduled for December 2019.

The Committee resolved that:

- a) the Ophthalmology presentation be NOTED.
- b) a short update report, that included benchmarking data, should be brought to the meeting of the Committee scheduled for December 2019.

SC

RW

The Executive Nurse Director confirmed that the work on the incident related to outsourcing was progressing well and a report would be taken to the Board in due course.

9/06/014

CAR PARKING UPDATE REPORT

The Director of Capital Estates and Facilities introduced the paper and outlined the improvements made to the park and ride facilities as a result of the Health Charity Board of Trustees agreeing to fund the first year costs of a number of initiatives. It was confirmed that:

- the UHW the park and ride service operated until 11pm, with the bus running every ten minutes rather than every 20.
- a new park and ride service would be introduced for UHL, in July subject to final contractual arrangements.
- steps were being taken to introduce a shuttle minibus service that would run between UHW and UHL between 7am and 7pm.
- parking at UHW continued to be an issue, and the amount of time for free parking was to be reduced to two hours due to the system being abused by staff.
- a high volume of complaints regarding the issuing of car parking charge notices had been received. It was noted that Parking Eye had cancelled approximately 40% of the parking charge notices issued automatically as well as 20% of those issued by the onsite car parking attendants.

The Executive Nurse Director confirmed that the information provided in the report demonstrated that issues and concerns raised by patients and staff had been considered and acted upon.

The Committee Chair advised that there was further need to publicise the Park and Ride service and the steps taken to address issues raised by patients and staff. It was confirmed that avenues for publicising the service would be explored.

The Executive Director of Public Health highlighted the importance of sustainable travel and reminded the Committee that the UHB had signed up to the Healthy Travel Charter.

The Committee resolved that:

- a) the Car Parking update report be noted.

GW

19/06/015

HTA CAPA PLAN CLOSURE LETTER

The Executive Director of Therapies and Health Science provided an overview of the report outlining the action plan that was in place, the monitoring mechanisms and the proposed Quality Led Governance approach. It was confirmed that:

- since the paper had been drafted that the HTA had agreed to Tom Hockey taking on the role of Designated Individual (DI).
- the remaining 'in progress' actions were in final stages of completion and included the transition to the new DI, final approval of the Service Level Agreement with the WIFM, and

	<p>completion of the database development for tissue management.</p> <ul style="list-style-type: none"> the CD&T Clinical Board was fully committed to on-going sustainability of the remedial actions delivered to ensure continued regulatory compliance in this service. the Clinical Board have developed a Regulatory Compliance Dashboard, which is used to drive improvement through the Clinical Board Regulatory Compliance Group. as the Licence Holder she would ensure close oversight of the situation. <p>The Committee Resolved that:</p> <p>a) the closure of the HTA inspection findings, the action plans, the intended monitoring mechanism through CD&T governance structures and the proposed Quality Led Governance approach be NOTED.</p> <p><i>The Committee Chair asked Michaels Imperato to Chair the meeting from this point as she had to leave for another meeting.</i></p>	
19/06/016	<p>POLICIES AND PROCEDURES FOR APPROVAL</p> <p>The Director of Therapies and Health Science provided an overview of the policies and procedures that were being brought to the Committee for approval, these were the:</p> <ul style="list-style-type: none"> Ionising Radiation Risk Management Policy Exposure of Patients to Ionising Radiation Procedure Exposure of Staff and Members of the Public to Ionising Radiation Procedure Radioactive Substances Risk Management Policy Radioactive Substances Risk Management Procedure <p>It was noted that the policies and procedures had been subject to review by the relevant professional groups</p> <p>The Committee Resolved that:</p> <p>a) due to the meeting not being quorate the approval of the policies and procedures would be referred to the Board for ratification in July.</p>	SE
19/06/017	<p>STROKE REHABILITATION MODEL AND WORKFORCE</p> <p>The Director of Therapies and Health Science introduced the report. It was confirmed that:</p> <ul style="list-style-type: none"> the Medicine Clinical Board was conducting a reconfiguration of its stroke services towards a Hyperacute Stroke Unit on the UHW site and acute rehabilitation at SRC, UHL. It was noted that this work involved redesigning the inpatient bed structure, enhancing community support to stroke patients and remodelling the multidisciplinary workforce with prudent use of resources across the stroke pathway. 	

- the reconfiguration of services would result in the SRC caring for acute patients and not just those considered to be sub-acute and as a result the staffing model would need to be re-evaluated..
- immediate actions for SRC to implement included:
 - promotion of the rehabilitation ethos / last 1000 days / “get up get dressed get moving”
 - campaigns, ensuring that rehabilitation is “everyone’s business”.
 - Improved patient and carer education and communication; managing expectations.
 - improved goal setting with patients and their families.
 - reduction in the number of meetings which do not add value to individuals’ rehabilitation experience.
- The longer term plan would need support from Medicine/CD&T Clinical Boards and Management Executive as it would include:
 - defining an operational therapy leadership role to ensure the delivery of a rehabilitation model.
 - development of nursing and therapy led beds
 - reconfiguration of stroke services.
 - reintroduction of the rehabilitation assistant role to work alongside both the nursing and therapy teams

It was noted that the stroke work had been started in response to concerns raised in relation to the quality of service. The Independent Member - Legal asked whether there were clear deadlines for the commencement and completion of the work outlined in the report.

The Executive Director of Therapies and Health Science confirmed that the Stroke Strategic Group was overseeing the work and a project plan with milestones and deadlines was in place. It was agreed that it would be helpful if an update could be brought back to the September meeting of the Committee to confirm the deadlines and the timeframes for delivery of the key pieces of work.

It was confirmed that the Model and Workforce Plan would need to be agreed by management Executive before they were brought back to the Committee.

The Independent Member – Legal asked whether more detailed priorities themes and priorities had been identified and developed as the ones contained in the paper were very high level and obvious. In response, the Executive Director of Therapies and Health Science confirmed that she would ask the project team to provide further information.

It was confirmed that the Hyperacute Stroke Unit was not resource neutral and so a decision by Management Executive would be needed. The Deputy Director of Finance advised that until the financial aspects of the development were confirmed it would be difficult to confirm timescales.

	<p>The Executive Nurse Director confirmed that there had been a reduction in incidents and complaints related to the SRC and this was positive.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the recommendations set out in the report be NOTED. b) a further update setting out deadlines, timeframes and further detail in relation to priorities be scheduled for the September meeting of the Committee. <p><i>[there was a five minute comfort break at this point in the meeting. The Executive Director of Therapies and Health Science left the meeting]</i></p>	FJ
19/06/018	<p>COMMITTEE EFFECTIVENESS REVIEW FEEDBACK</p> <p>The Director of Corporate Governance confirmed that all Committees of the Board had been supported to undertake an effectiveness review, and provided an overview of the process and the action plan that had been developed in response to the findings of the self-assessment</p> <p>It was noted that the findings arising from the self-assessment process were fairly consistent and these were outlined. The Director of Corporate Governance confirmed that a common theme arising from the self-assessment process was the need to improve the committee administrative processes.</p> <p>In response to a question raised by the Executive Nurse Director, it was confirmed that there was no narrative to support the responses to the self-assessment. The Director of Corporate Governance confirmed that she would give further consideration to the suggestion that each Committee had an annual workshop to discuss its workplan and the operational issues related to it.</p> <p>The Executive Nurse Director advised that it was important that the Chair, Executive lead and Director of Corporate Governance discussed and agreed the work plan as it was important to align the work plan with reporting arrangements required by, for example Welsh Government.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) the results of the Committee Effectiveness Review for 2019 be NOTED. b) the action plan for improvement to be completed by March 2020 in preparation for the next Effectiveness Review be APPROVED (<i>it was confirmed that this would need to be ratified by the Board due to the meeting not being quorate</i>). 	
19/06/19	<p>HEALTH AND CARE STANDARDS SELF-ASSESSMENT</p> <p>The Assistant Director of Patient Safety and Quality introduced the report and confirmed that as lot of information was contained in the paper, and that a high level of assurance was provided. It was confirmed that as specialist groups were owning the standards and embedding them, Clinical Boards had been asked to undertake a self-assessment against</p>	

only seven of the Health and Care Standards.

Assistant Director of Patient Safety and Quality

It was noted that each self-assessment was multi-factorial and considered a number of components relating to the individual standard. To reduce variation between Clinical Boards a scoring matrix had been developed for each standard with definitions aligned to four scores:

- Getting Started
- Progressing Towards the Standard
- Meeting the Standard
- Leading the Way

It was confirmed that:

- as the process was now working smoothly a self-assessment would be undertaken at the start of the year and an improvement plan developed, with an update brought to the Committee in December. This revised approach would replace the routine reporting to the Committee.
- the work in relation to carers needed to be fully reflected in the Health and Care Standards self-assessments.
- the UHB's Health and Care Standards process had been subject to review by Internal Audit and a rating of 'Reasonable' assurance achieved.

The Committee Resolved that:

- a) The progress made against each of the Health and Care Standards be NOTED.
- b) the Corporate Priorities for 2019/20 be APPROVED. (*it was confirmed that this would need to be ratified by the Board due to the meeting not being quorate*).

19/06/20 CWM TAF UHB MATERNITY – CARDIFF AND VALE LESSONS LEARNT

The Executive Nurse Director confirmed that following the presentation delivered to the Board in May it had been agreed that the detail of the self-assessment would be brought to the Committee for further consideration.

The Executive Nurse Director advised that there continued to be a lack of clarity from Cwmtaf UHB in relation to the number of births that were expected to come to Cardiff. It was noted that the current figure was circa. 200 and that further conversations with Cwmtaf were being progressed. The importance of the service having a full understanding of the demands on it and the impact on planning was emphasised.

It was confirmed that:

- that the UHB's concerns in relation to the lack of clarity had been escalated to the South East Wales Regional Planning Group, Chaired by the Director General of NHS Wales.

- weekly 'exec to exec' meetings were taking place to discuss flow, patient safety and quality.
- steps to secure additional consultant cover were progressing well. Two issues related to consultant workforce were noted as being red in the self-assessment report, which needed to be urgently addressed. The Chief Operating Officer provided a summary of the progress made in relation to recruitment and confirmed that the Clinical Board should be able to progress at pace.
- It was important that the UHB clearly articulated as what point it would be unable to safely manage the flow of patients from Cwm Taf was noted.

The Independent Member – Legal confirmed that the UHB and not just Cwm Taf was subject to public scrutiny in relation to maternity services and therefore the UHB needed to be seen to do all that it could to ensure safe services.

The Committee Resolved that:

- a) the current position of the UHB against the recommendations in the report be NOTED
- b) an improvement plan and progress update should be provided at the September 2019 Committee meeting with specific emphasis on the areas of non and partial compliance as well as an overview of the impact, in terms of patient flow to Cardiff and the Vale UHB and how this is being mitigated.

RW

19/06/2021 POINT OF CARE TESTING (POCT) ALERT

The Interim Executive Medical Director confirmed that:

- WPOCT database continued to reveal several issues (mismatches) which prevent the flow of data into both WLIMS and WCP. It was confirmed that there had been a significant improvement in user compliance, with a reduction in incorrect use or manual entry of patient demographics.
- he was confident that there were no patient safety issues but there were issues in relation to traceability of who did the POCT, when and where and these issues were in the main due to poor IT connectivity.
- POCT was a process that cut across Clinical Boards and therefore the group overseeing was made up of representatives from across the UHB. The Interim Executive Medical Director confirmed that given this there was a need to make POCT a standing item on Clinical Boards Quality and Safety meetings.

The Committee Resolved that:

- a) POCT should be part of the Quality and Safety review for each clinical board.
- b) POCT data should be clearly visible on a Business Intelligence dashboard to each clinical board and for the UHB.

	<p>c) The POCT group establish a task and finish group, which reports into the POCT group (which meets quarterly), to establish solutions for the IT/governance issues</p> <p>d) No new POCT devices would be introduced into the UHB until these problems had been solved</p> <p>e) An update be brought back to the December meeting of the Committee.</p> <p><i>(it was confirmed that these resolutions would need to be ratified by the Board due to the meeting not being quorate).</i></p>	SE
19/06/22	<p>CLINICAL AUDIT PLAN</p> <p>The Interim Executive Medical Director introduced the UHB's Clinical Audit Plan for 2019-20. It was noted:</p> <ul style="list-style-type: none"> that the NHS Wales National Clinical Audit and Outcome Review Plan (NCAORP) was developed annually by Welsh Government and confirmed the list of National Audits and Outcome Reviews which all health boards and trusts were expected to participate in. the UHB would take part in 36 national audits. in February 2018, the Committee agreed an approach to categorise clinical audits into three tiers, to support a prudent and targeted approach, Clinical Boards should have governance arrangements in place to ensure that clinical audits are planned, prioritised, undertaken and reported in a way that maximises the benefit of the audit to the organisation. a number of national audits were coordinated by the Patient Safety Team, but the team had no capacity to take on further work. a number of diabetes audits had not been included in the plan; the Executive Director of Public Health confirmed that she would follow this up outside of the meeting <p>The Committee Resolved that:</p> <p>a) the clinical audit plan for 2019-20 be APPROVED. <i>(it was confirmed that this would need to be ratified by the Board due to the meeting not being quorate).</i></p>	
19/06/23	<p>ITEMS RECEIVED FROM CLINICAL BOARDS QUALITY SAFETY AND EXPERIENCE COMMITTEE</p> <p>The following minutes from Clinical Board Quality Safety and Experience Sub Committees were noted:</p> <ul style="list-style-type: none"> Clinical Diagnostics and Therapeutics – March and April 2019 Mental Health – May 2019 	

- Primary, Community and Intermediate Care – May 2019
- Specialist Services – March and April 2019
- Medicine – March 2019
- Surgery – March 2019
- Children and Women – March 2019

19/06/024 ANY OTHER URGENT BUSINESS
No items of urgent business were raised.

19/06/025 DATE OF THE NEXT MEETING OF THE QUALITY AND PATIENT SAFETY COMMITTEE:
It was confirmed that the next meeting of the Committee was scheduled to place on 17 September 2019 at 9am, Woodlands House, Heath, Cardiff

**UNCONFIRMED MINUTES OF FINANCE COMMITTEE
HELD ON 26th JUNE 2019
LARGE MEETING ROOM, HQ, UHW**

Present:

John Antoniazzi	JA	Chair, Independent Member – Estates
Charles Janczewski	CJ	Vice Chair (Board)
John Union	JU	Independent Member – Finance
Abigail Harris	AH	Executive Director of Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer

In Attendance:

Secretariat:

Paul Emmerson	PE	Finance Manager
---------------	----	-----------------

Apologies:

Len Richards	LR	Chief Executive
Maria Battle	MB	UHB Chair
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development

FC 19/078	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
FC 19/079	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 19/080	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 WHSSC sub-committee and declared an interest in discussions in respect of WHSSC.	
FC 19/081	MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON 26th JUNE 2019	

	<p>The minutes of the meeting held on 26th June 2019 were reviewed for accuracy.</p> <p>Resolved – that:</p> <p>The minutes of the meeting held on 26th June 2019 were approved by the Committee as an accurate record.</p>	
FC 19/082	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>FC18/259 – The Nursing Productivity Group to be asked to review the impact of introducing a weekly payroll for payment of bank staff. The Nursing Productivity Group will review the results of the initiative and the results will be reported back to the Finance Committee after the end of June 2019.</p> <p>It was agreed that following implementation of the weekly payroll the initiative would be reviewed after 6 months by the Nurse Productivity Group and the results reported back to the Finance Committee in July 2019.</p> <p>The Executive Nurse Director indicated had produced a written report on the impact of weekly pay for bank staff and the Finance Committee Chair agreed to receive the report as a separate agenda item.</p> <p>Action Complete.</p> <p>Resolved – that:</p> <p>The Finance Committee received the Action Log and noted the completed action.</p>	
FC 19/083	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>No action had been taken since the last meeting.</p>	
FC 19/084	<p>IMPACT OF WEEKLY PAY FOR BANK STAFF</p> <p>The Executive Nurse Director summarised the Report on the Impact Of Weekly Pay For Bank Staff. The Committee was informed that during 2017/18, the Chair and Chief Executive of the UHB had received feedback from staff that the inability to pay nurses weekly was a barrier to nurses working increased bank shifts and was a factor behind increased agency utilisation.</p> <p>Following a survey that identified that 161 members of staff had expressed an interest in being paid weekly, the Executive Team made the decision in December 2018 to allow nurses to be paid weekly for any bank shifts worked. This was highlighted as an incentive which could lead to an increase in the bank capacity and a reduction in the reliance on and use of premium agency.</p>	

	<p>Following the decision to allow weekly pay, a communication and implementation plan was agreed and the option to receive weekly bank pay commenced on the 3rd January 2019.</p> <p>Since the implementation, a relatively small number of queries had been lodged by staff about the revised arrangements.</p> <p>51 staff had changed to weekly pay, however there was no firm evidence to indicate that this had led to an increase in bank shift utilisation resulting in a decrease in agency utilisation.</p> <p>The Director of Finance asked if the promotion and option of the weekly bank payroll would continue. In response the Executive Nurse Director confirmed that the option would continue to be offered and promoted particularly around holiday periods.</p> <p>In response to a further query from the Director of Finance it was agreed that the Executive Nurse Director would share the results of the Review of the Impact of Weekly Pay for Bank staff with the Local Partnership Board.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the findings of the review of weekly bank pay.</p>	
<p>FC 19/085</p>	<p>FINANCE REPORT AS AT MONTH 3</p> <p>The Deputy Director of Finance presented the UHB's financial performance to month 3 and highlighted that the UHB had reported a deficit of £1.808m and this position assumed that the UHB would receive an additional £6.1m performance funding from Welsh Government. This approach was different to reports for months 1 & 2 which assumed that RTT costs had been incurred at risk in lieu of Welsh Government confirmation of the additional Performance funding and this needed to be reflected when considering the trend in deficits reported over each of the first 3 months.</p> <p>Four measures remained RAG rated Red on the Finance Dashboard namely: remaining within revenue resource limits; the reduction in the underlying deficit to £4m; the delivery of the recurrent £16.345m 2% devolved target; the delivery of the £12.8m recurrent/non recurrent corporate target. It was highlighted that whilst the UHB now has a fully identified savings plan that there were still a significant number of schemes which were rated amber. Ideally a greater proportion of schemes would be rated as Green at month 3.</p> <p>The Deputy Director of Finance indicated that the £1.808m overspend at month 3 reflected an emerging trend of budget overspends within Clinical Boards and this was cause for concern.</p> <p>Performance against Income targets to date was again broadly break even. It was noted that the position included some favourable variances in critical care and some under-recovery of income against</p>	

	<p>PICU and NICU targets. It was also noted that LTA performance was broadly balanced which represented an improvement on the previous year.</p> <p>Total pay budgets were underspent by £0.514m at the end of month 3. The committee was informed that the pressures and overspends against nursing budgets remained although it was flagged that some of the overspend was a consequence of unfunded capacity.</p> <p>An overspend of £2.316m was highlighted against non pay budgets primarily as a result of pressures against drug budgets, continuing healthcare and estates costs.</p> <p>Moving on, the Deputy Director of Finance indicated that 6 Clinical Boards (including Capital Estates and Facilities) continued to report relatively large cumulative overspends.</p> <p>The UHB Vice Chair (CJ) noted that the overspend reported against PCIC Clinical Board was a significant deterioration from performance over the last 2 years and asked if the position was expected to recover. The Director of Finance indicated that the additional funding allocated to the PCIC to cover growth in CHC & Prescribing in 2019/20 had been capped within available resources and that this had presented a budgetary challenge to the Clinical Board. However, the 2019/20 Clinical Board non recurrent savings requirement was 1% less than in the previous year and that this provided scope for the management of budgetary pressures as they arose and the planning expectation was that PCIC would deliver a balanced position in year. The Executive Director of Planning who is the Executive Lead for the PCIC Clinical Board had re-enforced this message at the last PCIC Board meeting and had emphasized that all options to balance the position including potentially contentious plans should be put forward for consideration. The Executive Team planned to meet with the Clinical Board so that the plans to recover the overspend could be scrutinized.</p> <p>On a related point the Independent Member – Finance (JU) noted that Central Budgets were reporting a significant surplus at month 3 and questioned whether was likely to continue. In response the Deputy Director of Finance informed the Committee that a number of the risks and opportunities facing the UHB in 2019/20 were reflected in Central budgets and the trend established for the year to date was in part expected to continue. It was also noted that a number of the opportunities reflected centrally were non recurrent in nature.</p> <p>The Finance Committee Chair (JA) suggested that if the current rate of overspend continued the UHB could report a year end overspend in the region of £7m and asked what action was being undertaken to arrest the trend. Further to this the UHB Vice Chair (CJ) asked when the UHB expected to see a reversal of this trend. In this context the Director of Finance informed the Committee that major budget holders where significant pressures had emerged had been asked to describe the drivers behind the pressures and identify the measures</p>	
--	--	--

	<p>being taken to push expenditure back to a balanced position. The remedial plans were continually scrutinized by the UHB's Executive Team and where necessary Clinical Boards are asked to look at further measures to move back towards a balanced position. There was an expectation that this process would lead to a risk adjusted financial profile for the remaining months of the year which would deliver a balanced position at the end of March 2020. In relation to this the Finance Committee Chair (JA) asked for a summary of the key remedial actions planned and the impact on Clinical Board performance to be shared at the next Finance Committee meeting.</p> <p>It was agreed that a list of actions alongside a comparison of actual Clinical Board performance against forecast performance would be reported to the next Finance Committee</p> <p>Moving on the Committee was informed that the UHB now had a fully identified savings plan. This had been achieved by reducing the target by £2.1m to £29.145m to reflect the release of the UHBs remaining investment reserve in line with Welsh Government instruction. It was noted that c £8.5m of the identified schemes were RAG rated as amber and this was a key risk to the achievement of a break even position until a switch to a green rating was confirmed.</p> <p>It was noted that the UHB's cumulative PSPP performance to the end of June was above the 95% target at 96.2%; cash plans were currently on target and there was some slippage against capital expenditure profiles at month 3 which was expected to be recovered by year-end.</p> <p>In conclusion the Deputy Director of Finance highlighted that the key risks to the Plan were still managing within current budgets, delivery of the £29.145m efficiency plan target and delivering planned levels of performance within the current resources available.</p> <p>ASSURANCE was provided by:</p> <ul style="list-style-type: none"> • The scrutiny of financial performance undertaken by the Finance Committee and the UHBs intention to recover the year to date deficit and deliver a break even position by the year end as planned. <p>Resolved – that:</p> <p>The Finance Committee noted that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;</p> <p>The Finance Committee noted the £1.808m deficit at month 3;</p> <p>The Finance Committee noted the key concerns and actions being taken to manage risks</p>	<p>Executive Director of Finance</p>
--	---	--------------------------------------

FC19/086	<p>CLINICAL BOARDS IN ESCALATION</p> <p>The Chief Operating Officer confirmed that the number of Clinical Boards in escalation has moved from 2 to 3 in month. There were concerns around the financial performance of the Medicine, PCIC and Surgery Clinical Boards.</p> <p>The areas of concern in PCIC revolved around the impact of the price of category M drugs and the level of CHC activity. It was uncertain whether the price and activity levels would fall back to historical levels over the course of the year and therefore the level of remedial action required would need to be reviewed as the year progressed.</p> <p>Pressures in nursing were the main concern in respect of both the Medicine and Surgery Clinical boards. It was noted that planned changes in bed numbers across the UHB which were beginning to be implemented were expected to reduce pressures on nursing going forward and that the nursing recovery plans implemented within the Medicine Clinical Board had been shared with the Surgery Clinical Board.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the actions being taken to manage financial performance</p>	
FC19/087	<p>COST REDUCTION PROGRAMME AND CROSS CUTTING THEME</p> <p>The Assistant Director of Finance asked the Finance Committee to note the 2019/20 Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> • At 30th June 2019 £15.996m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a gap of £0.349m. £13.885m of the identified schemes were recurrent. • The Corporate savings target of £14.900m had been reduced by £2.100m to £12.800m to reflect the release of the UHBs remaining investment reserve. Schemes totalling £13.149m had been identified as Green or Amber against the £12.800m target as at 30th June 2019 leaving a surplus of £0.349m which covered the gap in delegated schemes. The recurrent effect of the identified schemes in 2020/21 was £11.500m. <p>The Committee was informed the main concerns were the level of schemes c£8.5m which needed to move from amber to green status; the shortfall against the 2% devolved CRP target of £0.349m which needed to be addressed as soon as possible and the level of recurrent schemes which needed to improve to ensure that the UHB started 2020/21 in the best possible position.</p> <p>Resolved – that:</p>	

	<p>The Finance Committee noted the progress against the £29.145m UHB savings requirement for 2019/20.</p>	
FC19/088	<p>RISK REGISTER</p> <p>The Assistant Director of Finance confirmed that one additional risk had been added to the 2019/20 Risk Register in month 3, namely a risk of up to £0.8m in agreeing a Research & Development expenditure plan that was compliant with the Welsh Government R & D Finance Policy.</p> <p>Four (4) risks remained categorized as extreme risks (Red) on the 2019/20 Risk Register as follows:</p> <ul style="list-style-type: none"> • Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21; • Development and delivery of corporately led financial opportunities of £12.8m to achieve year end break even position; • Management of Budget pressures; • Management of Nursing overspend - £0.960m month 3. <p>The Chief Operating Officer asked for clarification of the of the amber rating of the risk around RTT funding following confirmation of an additional £6.1m funding from Welsh Government. It was confirmed that the risk continued to be included as there was still some uncertainty attached to the delivery of targets levels of performance within the resource available.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the risks highlighted within the 2019/20 risk register.</p>	
FC 19/089	<p>COMMITTEE EFFECTIVENESS REVIEW – RESULTS AND ACTIONS</p> <p>The Director of Corporate Governance highlighted the results for the Committee Effectiveness review undertaken by Finance Committee Members and the Executive Director Lead for the Committee.</p> <p>In future years the annual questionnaire would also be sent to attendees of the Finance Committee to ensure that a broader view of the Committee is captured.</p> <p>It was explained that the review of the Finance Committee only had positive results and therefore no action plan for improvement had been developed.</p> <p>Resolved – that:</p>	

	The Finance Committee noted the results of the Committee Effectiveness Review for 2019.	
FC 19/090	MONTH 3 FINANCIAL MONITORING RETURNS These were noted for information.	
FC 19/091	ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES No other items to bring to the main Board.	
FC 19/092	DATE OF THE NEXT MEETING OF THE BOARD Wednesday 25th September; 2.00pm ; Executives Meeting Room, Floor 2 , HQ, Woodland House	

**CONFIRMED MINUTES OF THE STRATEGY AND DELIVERY COMMITTEE
HELD ON TUESDAY, 25 JUNE 2019
EXECUTIVE MEETING ROOM, WOODLAND HOUSE**

Present:

Charles Janczewski CJ UHB Vice Chair

In Attendance:

Abigail Harris	AH	Executive Director of Planning
Robert Chadwick	RC	Executive Finance Director
Steve Curry	SC	Chief Operating Officer
Chris Dawson-Morris	CDM	Corporate Strategic Planning Lead
Martin Driscoll	MD	Executive Director Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Nurse Director
Keithley Wilkinson	KW	Equality Manager

Secretariat:

Glynis Mulford GM Corporate Governance Officer

Apologies:

John Antoniazzi	JA	Independent Member - Capital
Sara Moseley	SM	Independent Member – Third Sector
Fiona Jenkins	FJ	Executive Director Therapies and Health Sciences

SD: 19/06/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the Strategy & Delivery meeting.	ACTION
SD: 19/06/002	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
SD: 19/06/003	DECLARATIONS OF INTEREST Charles Janczewski declared his interest as Chair of the Quality and Patient Safety Committee at WHSCC.	
SD: 19/06/004	MINUTES OF THE COMMITTEE MEETING HELD ON 30 APRIL 2019 The Committee reviewed the minutes held on 30 April 2019. Subject to a few amendments the minutes of the meeting were agreed as a true and accurate record: SD: 19/04/008: Scrutiny of the Capital Plan – Item to read as: Work was underway to deliver a major trauma centre service by April 2020. In regard to the courtyard, plans were being developed and a business case was in progress to provide a dedicated trauma theatre.	

	<p>This would be co-joined with a hybrid theatre in the courtyard and would not be in place by 2020. Plans were underway to utilise our main theatres to provide the dedicated trauma theatre required to meet the standards.</p> <p>SD: 19/04/010: A Healthier Wales Implementation Update - Item to read as: Collectively with Cardiff & Vale local authorities the spend in joint local community services was in the region of £200m. Alastair Rose was one of the team of three identified by Welsh Government to lead on the development of a national clinical services plan.</p> <p>Page 11 Change word to from enforce to <i>reinforce</i>.</p> <p>Resolved – that:</p> <p>(a) Subject to the agreed amendments the Committee approved the minutes of the meeting held on 30 April 2019.</p>	
SD: 19/06/005	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>SD: 19/04/013: Digital Healthcare Update: In the Director of Transformation absence, items would be covered by the rest of the executive team.</p> <p>Resolved – that:</p> <p>The Committee REVIEWED the Action Log from the April meeting.</p>	
SD: 19/06/006	<p>CHAIRS ACTION TAKEN SINCE LAST MEETING</p> <p>There had been no Chairs actions taken since the last meeting.</p>	
SD: 19/06/007	<p>SUMMARY ON INTEGRATED CARE FUND</p> <p>The Executive Director of Planning provided a verbal update on the Integrated Care Fund. The following comments were made:</p> <ul style="list-style-type: none"> • This item was on agenda for the Regional Partnership Board but as yet the plan had not been finalised. Further proposals were being awaited which were overcommitted against the allocation. More work was needed to be undertaken on this with the two local authorities. • The Vale Local Authority had a large programme on developing an “older persons’ village” for Penarth with an investment circa £20-30m. The Vale Local Authority was looking for a more investment next year towards the programme. • Cardiff also had a list of projects on a smaller scale which they would want to progress with equal importance. Therefore further discussions were needed between the three organisations. • As a Health Board funding would be needed to make our health and wellbeing hubs operate and for them to be integrated with the local authority. More capital would be invested to complete the chapel at CRI. 	

	<ul style="list-style-type: none"> The Intermediate Care Fund considered other aspects other than housing and it was aimed that that the business cases which had been submitted would be considered. A more detailed report will be brought to the September meeting. <p>Resolved that:</p> <p>(a) The Committee noted the verbal update</p>	AH
SD: 19/06/008	<p>PERFORMANCE AGAINST STRATEGIC OBJECTIVES</p> <p>Childhood Immunisation Annual Update: The Executive Director for Public Health provided an update on the above paper stating the target for immunisation was to reach 95% in the community. The following comments were made:</p> <ul style="list-style-type: none"> Work was being undertaken to address the issues with the uptake of vaccinations as they were declining in children under one-years. Low uptake was also seen amongst preschoolers. Data provided by Public Health Wales identified a mixed picture with the uptake of some vaccinations declining. The challenge would to manage this area and to identify why this had occurred. The report also highlighted that teenage vaccinations were the lowest in Wales. Some of the immunisation challenges being faced related to a highly mobile population. Also amongst the black minority ethnic group, a significant lower uptake was shown. In line with Welsh Government policy, new vaccinations and changes would be introduced to the immunisation programme being undertaken in 2019/20 and flu vaccination for children was key on the agenda. The newly established Child Health Information System did not currently link into GP practice systems. The aim was to achieve a 'read only' captured on their systems. A number of actions had been agreed by the Immunisation Steering Group and currently being explored was to immunise teenagers in school for their booster vaccination rather than GP practices. This work would have to be scoped as there would be a requirement for the funding to shift. Discussions would be undertaken with PCIC for approval. There were good actions outlined in the report but recognised that the outcomes wanting to be achieved could not be visualised at present. An update on the communications plan would be presented at a future meeting. <p>Resolved that:</p> <p>a) The Committee noted the current uptake of immunisations; forthcoming changes to the immunisation programme and the implementation of actions to deliver changes to the programme to improve uptake in childhood vaccination rates.</p>	FK

MAXIMISING PREVENTION IN THE UHB

The Executive Director of Public health informed members that the aim was to further strengthen our approach in maximising prevention and coordinating efforts in a stronger way.

- A number of projects were being undertaken across the Health Board relating to keeping people well such as '*Me, My Home and My Community*'. This linked in with the objectives of the Strategy and the transformation work. It also aligned to the work being delivered by the Public Service Board Wellbeing Plans.
- The UHB was smoke free and the report outlined some of the concerted actions to take things further.
- The Health Foundation was looking at strengthening the way the NHS could make a difference on health and wellbeing.
- The Faculty of Public Health and the Health Foundation was interested and actively investigating the role of healthcare in prevention.
- This could be achieved in multiple ways such as Amplified 2025 and engaging with Clinical Champions to support the agenda.
- There were five actions proposed to deliver the plan such as the Healthy Travel Charter. The aim was to encourage and support staff to demonstrate that everyone had the ability to do something in regard to prevention.
- It could be demonstrated that a lot of good work had been undertaken. This was shown with a suite of indicators which was fed into the report. In addition, a set of trend data were available to assess progress in delivery. A summary of this to be brought to the December meeting
- A communications post had been advertised and the prevention plan would be followed through once the person was in place.

FK

Resolved that:

- a) Noted the proposed approach, with each Clinical Board playing a leadership role with their teams and services
- b) Individually role model healthy living

HAVING A PLANNED CARE SYSTEM WHERE DEMAND AND CAPACITY ARE IN BALANCE

- The Operational Planning Director provided a presentation which gave a baseline on the above. This was a multi-year programme of work designed to move in the position to be achieved. The following comments were made:
- The planned care system was one of the objectives in the 10

year Strategy. These were natural phases of work which blended in together toward the overall objective. The focus was to be in a place of control with the planned care system.

- In previous years the UHB encountered very long waiting times across a number of areas which were both deteriorating and increasing. There was unpredictability on how long patients were waiting. This was replicated across Wales.
- The aim was to reach a point of delivering a standard of care and services deemed acceptable and was working with Welsh Government national standards as a benchmark. In addition, this would be blended into a transformational piece of work by changing the nature of the services by providing what patients wanted and needed. The use of digital technology was also under consideration.
- This was a positive year for 2019/20 and was on track to deliver the key milestones and objectives in line with IMTP commitments and there was significant progress in key services.
- Although success had been achieved in dealing with long waiting lists, the numbers of patients waiting overall increased as demand escalated. The longest waiting lists had been condensed through better management and tighter control but was not achieving a balanced system between demand and capacity.
- **36 week profile:** From January 2015 there had been a steady and sustained improvement over the period of time. One of the objectives achieved from last year was moving from a quarterly to a monthly approach to deliver the profile. This resulted with the fewest number of patients over a 36 week period in Wales.
- **Diagnostic and Therapies:** The number of patients over an 8 and 14 week period had been eliminated. A few challenging areas remained such as cardiology and complex endoscopy services but overall the volumes had disappeared.
- The Chief Operating Officer stated in general the waiting list volume had stabilised and was moving in a different direction. Previously, the back of the list was dealt with but it did not reduce the overall size of the waiting list with around 80k patients. Regarding therapies, it had been 9 years since there was a clear therapy list. The clinical teams were commended for delivering this piece of work.
- The Chair said that when the Health Minister met with the vice chairs he recognised the impact that Cardiff and Vale had on the all Wales position.
- **Neurosurgery and paediatric surgery:** A rapid improvement had been seen in this area especially in paediatrics as it had been on a declining position for three years. The turning point had been securing additional resource from Welsh Government to retain a locum to provide extra work and made large improvements by repatriating services. It was also recognised that nurse practitioners had worked hard to get to this position.
- **Outpatient Waiting List:** There had been growth in the

outpatient waiting list fluctuating with between 40-50k patients which had been steadily increasing from January 2015 to October 2017. Numbers stabilised last year however, the figures were still too high but regarded the current status as sustainable. Although this was a substantial change there were challenges across different specialties. Some areas were volatile and unplanned events could cause difficulties in managing services.

- More outpatients were being dealt with than in previous years with growth at around 1% per year. It was recognised that accumulatively this added to the impact on the waiting list.
- **Treatment Waiting List:** Stepped improvements had been seen during this period stating these were more difficult to deliver and more expensive.
- **Phase 2:** Compliance was being delivered against national standards and were transitioning into phase 3. This was a more transformational view of the way services were delivered. Therefore, there was a need to reduce waiting lists to zero this year for 36 and 52 weeks profiles.
- The targets for Welsh Government had reduced the treatment waiting list from 36 to 26 weeks and recognised there was a need for the organisation to have higher expectations and for some of the specialties to drive the figure down further.
- Two broad approaches were being taken to achieve the targets with a suite of operational efficiency actions. Work was being undertaken with the transformation team to look at reducing theatre cancellations and improving endoscopy efficiency. A 16 week project saw improvements through the output by a piece of work being undertaken on reducing outpatients DNAs. Work was also being assessed on reducing bed efficiency.
- This would transition into a transformational programme with key projects being undertaken such as a piece of work reviewing what the outpatient offering would look like in 5-6 years' time. The HealthPathways assessed how we were redesigning services and the methods of working between primary and secondary care.
- The aim for treatment was to optimise patient care prior to surgery to obtain better outcomes with the prehab and rehab work and to gain shorter length of stay.
- **Programme risks:** In achieving our objectives demand patterns were identified due to changes in standards such as NICE guidelines and modifications in the way services were managed. Other issues needed to be considered as this would drive more demand in key diagnostic services.
- The growth population would continue to impact on services as there would be a sustained increase in demand.
- **Workforce theatres:** A number of vacancies were still outstanding but good progress had been made in recruitment. Other initiatives which were ongoing drew on resources. Highlighted were infrastructure constraints and theatres in Llandough had to close down. To mitigate the risks, two theatres in Llandough would be operational from next month.

	<p>The Chair appreciated and commended the approach and style of the presentation. A request was made for the presentation to be uploaded onto IBabs.</p> <p>Resolved – that:</p> <p>a) Noted the presentation on A Planned Care System Where Demand and Capacity are in Balance</p>	
SD: 19/06/009	<p>MENTAL HEALTH MEASURES: BASELINE INFORMATION</p> <p>The Chief Operating Officer presented the report which set out specialist CAMHS service which was provided through a network hosted by Cwm Taf. In 2017 it was agreed for the service to be repatriated back to the Health Board because of growing concerns about performance. The following comments were made:</p> <ul style="list-style-type: none"> • The service was repatriated back to the Health Board in April 2019. There was an enormous undertaking to bring back the service to Cardiff and Vale and thanked the team for the huge task achieved. • The move provided the team to examine the needs of the service and to look at the scale of the challenge they faced with the inherited position. • The waiting list had grown and this was despite waiting list initiatives. • The backlog of 100 patients was too high and the weekly capacity for assessments was well below what the demand was. It was recognised that the current position going forward would worsen. • The paper sets out the immediate action to mitigate the deterioration and realised there was a need to review the service. • Expert advice would be provided and over the next 28 days a review of the service would be considered looking at the demand of current practices. From these actions the productivity and redesign work needed to be undertaken would be realised and how and when the work could be achieved. • Additional funding for health services would come through the Mental Partnership Board. Some of the services were non health services and was working with third sector on this. There would also be investment for a digital platform. • Welsh Government had provided an extra £2m funding for Mental Health Services with investment across a range of services and a significant proportion would be spent on CAMHS. The review would be completed by 1 September and an update would be provided at the next meeting. • The Chair stated the Committee had been allocated by the Board to monitor CAMHS performance and would be on agenda as a regular feature. <p>Resolved – that:</p> <p>a) The Committee noted the status of the Specialist CAMHS</p>	SC

	<p>service inherited by the UHB and the implications for performance</p> <p>b) Noted that a definitive trajectory for improvement cannot be developed until the work on service redesign, productivity and recruitment has progressed further</p> <p>c) Noted the plans to review the service models and recruit to the existing vacancies in a context of scarce skills</p>	
SD: 19/06/010	<p>COMMERCIAL DEVELOPMENTS</p> <p>The Executive Director of Planning presented the report which provided an overview of Commercial Developments. The following comments were made:</p> <ul style="list-style-type: none"> • Overall the Health Board had made good progress by making a surplus from the outlets. There had been staffing issues with Y Cegin and also moving staff across from Starbucks to Aroma. • The Y Cegin accounts had moved into the black. This had been achieved with 75% healthy eating options. • The Trade Union had asked through the Health and Safety Committee to support a healthy eating menu at a lower cost in order to provide reasonably priced food for all employees. Members were informed that employees food was slightly reduced and emphasised this was not a subsidy but the restaurant had to remain competitive. • It was recognised that there was a proportion of lower paid staff and could look at providing one cheaper healthier meal. <p>Resolved – that:</p> <p>a) The Committee noted the contents of the report</p>	
SD: 19/06/011	<p>KEY ORGANISATIONAL PERFORMANCE INDICATORS</p> <p>The Chief Operating Officer presented a general update on high level measures which looked at planned care and general trends. The following comments were made:</p> <ul style="list-style-type: none"> • Planned care: Although planned care showed we were off our IMTP trajectory for this year, there was good news with the transition to monthly delivery reports. This showed that extreme deteriorations had largely been eliminated between the performance points of the quarters. • At the end of last year there was a 'bounce back' in terms of the 36 week position with over 1500 patients this had reduced to 300 patients. Ophthalmology and orthopaedics still posed a challenge. Orthopaedics moved from a volume issue to a specialty issue as there were a significant number of spinal patients with complex procedures. • The variations to plan were not extreme and were liaising with Welsh Government about the cause and the action taken to manage these services. There was confidence the targets could be delivered. 	

	<ul style="list-style-type: none"> • Diagnostics: A big change during the year occurred where 300 other diagnostics were brought into the position. The expectation was to reach a zero position by July. • Cancer: The current position was at the mid-80s. A defined piece of work needed to be undertaken as the 62 day urgent suspect cancer was more challenging than previously anticipated. • Significant increases in demand had been seen across the board last year with 16% for urology cases and 24% for GI. In addition, 40% of our consultant capacity was lost over a short period of time. A neurologist would be brought in this year and work would be undertaken on multiple diagnostics in GI. The number of patients being treated had not significantly increased. • Follow up outpatient: this had improved this year and C&V had a particular issue over systems and data and there were large movements in this area. Improvements on systems had to be made to avoid unnecessary additions to the list. • Unscheduled Care: Last year had seen good progress and this continued for the first two months of this year. June had been challenging and saw very high numbers. The expectation was no improvements would be made compared to last June. Work was continuing with Lightfoot to improve length of stay. • The Executive Director of Nursing commented that the work undertaken made a difference to patients. Although there had been an increase in the number of patients complaining this was not in regard to patients waiting in the complaints process. There was a trend showing in orthopaedics this was in relation to expectations not being met. <p>It was stated the more we use patient outcome measures discussions could take place on whether surgery could achieve expected outcomes.</p> <p>The Chair questioned the downward trend in Mental Health measures, in response it was stated that part 1a measure in adult Mental Health saw a rise of referrals to 1,350 in November. This number had now reduced to 1,100. This was still above the reset figure by 200. Also encountered were issues with short term vacancies. This caused problems as a Mental Health Primary Care Service had been developed which drew resources away from other areas. The aim was to be fully recovered by July. The other pressure was influenced by the CAMHS position.</p> <p>Resolved – that:</p> <p>a) The Committee noted year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)</p>	
	<p>Workforce indicators</p> <p>The Executive Director of Workforce and Organisational Development provided a high level view of key areas and looked at the changes in</p>	

	<p>metrics. The following comments were made:</p> <ul style="list-style-type: none"> • It was pleasing to see the total number of grievances stood at 10. • Work had been undertaken to move the cases out of the formal arena and for more informal discussions to take place in the first instance. • A query was raised regarding 89% of job plans being recorded and 32% having a 12 month review. The Committee was assured that clinicians were working to job plans but they had not reviewed in 12 months. A piece of work is being undertaking with 1:1 interventions to seek out the problem. <p>Resolved that:</p> <p>b) The Committee noted the report</p>	
SD: 19/06/012	<p>EMPLOYMENT POLICIES</p> <p>The Executive Director of Workforce and Organisational Development presented the employment policies, stating over the past few months the team had undertaken work to simplify and streamline a large number of employment policies. These had been placed under policy headline groups and alongside these were procedures and guidelines. The new policies had been well received and other directorates were looking to do similar work in managing the policy process.</p> <p>Resolved – that:</p> <p>The Committee approved the following policies:</p> <ol style="list-style-type: none"> a) Approved the following Policies: <ol style="list-style-type: none"> a. Learning, Education and Development (LED) Policy b. Adaptable Workforce Policy c. Employee Health and Wellbeing Policy d. Recruitment and Selection Policy b) Approved the extended review date of March 2020 for the Equality, Diversity and Human Rights Policy c) Considered and comment on the Welsh Language Policy d) Rescinded the Supplementary Statement of Terms of Conditions of Service on the basis that it is no longer used or fit for purpose and the Health and Wellbeing Policy as this is being replaced by the new Employee Health and Wellbeing Policy e) Adopted the amended NHS Wales Disciplinary Policy and Procedure f) Approved the full publication of these documents in accordance with the UHB Publication Scheme 	
SD: 19/06/013	<p>ANNUAL EQUALITY PLAN</p> <p>The Equality Manager presented the report. The following comments were made:</p>	

	<ul style="list-style-type: none"> • The Health Board (HB) had a legal obligation to produce an equality plan and the report outlined its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP). It was acknowledged that progress to date had been good. There were two ordinances for the report which were the Health Board and the public and was an attempt to balance the information in the report. • Progress this year had been good and a number of colleagues worked on the equality agenda and it was important to note and recognise staff involved. • It was commended that it was good to see the work on a number of areas including patient reported outcomes in the system and the link in with the organisations' values. • It was suggested for the Wellbeing of Future Generations Act to be incorporated in the plan as there were a number of areas where this linked in. The Committee was assured this would be attended to and also would ensure the report would be in alignment with the 10 year Strategy and Healthcare Standards. • Over the next six months work would continue on consultation of the next strategy and was collaborating with Public Health Wales and Velindre. A public consultation had been arranged for 16 October 2019. • The Equality Manager was would be going on tour with Investor Stakeholders to meet individuals and groups to relay the intentions around the consultation plan. <p>Resolved – that:</p> <ul style="list-style-type: none"> • The Committee commented on the Annual Equality Statement and Report • The Annual Equality Statement and Report be noted 	KW
SD: 19/06/014	<p>BOARD ASSURANCE FRAMEWORK: SUSTAINABLE CULTURE CHANGE</p> <p>The Director of Corporate Governance presented the report which was updated at the last Board meeting. The following comments were made:</p> <ul style="list-style-type: none"> • The paper was presented to the Committee for members to undertake any checks and challenge. The risk had been discussed with Management Executive to ensure the correct controls were in place. • The Executive Director of Workforce and Organisational Development stated when reviewing the risk with team the priority was to mitigate the risk and the team met regularly to review the status. Progress was noted with a reduction in the risk from 12 to 8. <p>Resolved – that:</p> <p>a) The Committee reviewed the attached risk in relation to</p>	

	Sustainable Culture Change to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.	
SD: 19/06/015	<p>FEEDBACK ON COMMITTEE EFFECTIVENESS REVIEW</p> <p>The Director of Corporate Governance presented the report. The following comments were made:</p> <ul style="list-style-type: none"> • The results from the survey and appendix 1 and 2 provided the outcome of questions. • Four key points were taken out and put into an action plan. Common themes were identified and looked at the elements where the committee was adequate, the information presented to the committee and the follow up work against this. • The Chair appreciated the busyness of teams and was happy if papers could not be delivered to provide a verbal update and a paper to follow at the next meeting. • To improve the flow of the committee a meeting would be arranged with the Chair, Executive Lead and Director of Corporate governance. <p>Resolved – that:</p> <ol style="list-style-type: none"> a) The Committee noted the results of the Committee Effectiveness Review for 2019. b) Approved the action plan for improvement to be completed by November 2020 in preparation for the next Effectiveness Review 	CJ, AH, NF
SD: 19/06/016	<p>THE FOLLOWING ITEMS FOR NOTING AND INFORMATION WERE PRESENTED:</p> <p>Joint Commissioning Strategy for Adults with Learning Disabilities - The Executive Director provided a summary and highlighted the following points:</p> <ul style="list-style-type: none"> • This item would be on the agenda at the Regional Partnership Board in terms of co-production and engagement. The Strategy was significantly informed by learning disabled people regarding outcomes that matters. • Progress was needed on how to utilise resources. • To consider long term residential placements and enable people to live closer to home. • An opportunity was available to unlock the model by Swansea Bay. 	
SD: 19/04/017	<p>ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE</p> <p>There were no items to bring to the attention of the Board / Committee.</p>	
SD: 19/04/018	REVIEW OF THE MEETING	

SD: 19/04/025	ANY OTHER URGENT BUSINESS There was no other business to raise	
SD: 19/04/026	DATE OF THE NEXT MEETING OF THE COMMITTEE Tuesday, 3 September 2019, 9.00am – 12.00pm Woodland House, HQ	

Confirmed Minutes of the Charitable Funds Committee
Held at Coed Y Bwl, Ground Floor, Woodlands House
11th June 2019 at 9am

Present:

Akmal Hanuk	AH	Committee Chair and Independent Member - Community
-------------	----	--

Members:

Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
John Union	JU	Committee Vice Chair and Independent Member - Finance

In Attendance:

Maria Battle	MB	UHB Chair
Alex Baily	AB	Portfolio Director, Cazenove Capital (<i>for part of the meeting</i>)
Joanne Brandon	JB	Director of Communications and Engagement (<i>joined the meeting at 9.35am</i>)
Martin Driscoll	MD	Executive Director of Workforce and OD (<i>for part of the meeting</i>)
Nicola Foreman	NF	Director of Corporate Governance
Angela Hughes	AH	Assistant Director of Patient Services
Mike Jones	MJ	Chair of Staff Lottery Bids Panel
Simone Joslyn	SJ	Head of Arts and Health Charity
Chris Lewis	CL	Deputy Executive Finance Director
Alun Williams	AW	Head of Financial Services
Beverly Withers	BW	Dental Nurse Manager (<i>for part of the meeting</i>)

Secretariat:

Laura Tolley	LT	Corporate Governance Officer
--------------	----	------------------------------

Apologies:

Barbara John	BJ	Operational Business Manager, UHB Health Charity
Ruth Walker	RW	Executive Director of Nursing
Peter Welsh	PW	Senior Hospital General Manager, University Hospital Llandough

CFC19/06/001	Welcome and Introductions <p>The Chair welcomed everyone to the meeting and introduced Laura Tolley, the new Secretary to the Committee. It was noted that the meeting was not quorate so any decision made would be ratified by the Charity Trustee.</p>	Action <p>AH</p>
CFC19/06/002	Apologies for Absence <p>Apologies for absence were noted.</p>	
CFC19/06/003	Declarations of Interests <p>No interests were declared.</p>	
CFC19/06/004	Minutes of the Committee Meeting held on 19th March 2019 <p>The Committee reviewed the minutes of the meeting held on 19 March 2019, and noted that the following amendment should be made:</p> <ul style="list-style-type: none"> • <u>Minute CFC19/03/009</u>: the Deputy Executive Finance Director confirmed that the minute should refer to £700,000 being taken out of the account not £750,000. <p><i>Actions Arising</i></p> <ul style="list-style-type: none"> • <u>CFC19/03/012</u>: The Head of Arts and Health Charity confirmed that the action for this item was with the Head of Corporate Governance not herself. <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) subject to the amendment noted above being made, the minutes of the meeting held on 19 March 2019 should be approved as being a true and accurate record. b) the action arising in relation to CFC19/03/012 be noted. 	
CFC19/06/005	Committee Action Log <p>The Committee reviewed the Action Log and noted that a number of actions would be addressed in readiness for the Committee meeting scheduled for September 2019.</p> <p>The Committee Resolved that</p> <ol style="list-style-type: none"> a) the Action Log be noted. 	
CFC19/06/006	Financial Position Report for the period ending 31 March 2019 <p>The Deputy Executive Finance Director introduced the Financial Position Report and confirmed that it covered the financial performance for the 12 month period ended 31 March 2019. It was noted that:</p>	

	<ul style="list-style-type: none"> • during the period income and expenditure had broadly matched. • there had been market value gains of £0.337m on investment which was a good performance. • there had been a net increase in fund balances of almost £400,000 for the year. • during the year the Charity sold £700,000 of investment assets which had provided a very strong cash balance. <p>The Committee Resolved that:</p> <p>a) The financial position of the Charity be noted.</p>	
CFC19/06/007	<p>Fundraising Activity Report</p> <p>The Head of Arts and Health Charity introduced the report which covered the progress and activities of the Health Charity for the period 1 March to 31 May 2019. It was confirmed that:</p> <ul style="list-style-type: none"> • the Staff Lottery was going well and work on the Superdraw, to be held in September, was ongoing. • following a nomination made by the Charity, Ellie, one of the Charities fundraisers who was 10 years old, had won the Nation Radio Young Fundraiser of the Year Award. It was noted that Ellie had raised around £4000 for the Health Charity • fundraising for the Breast Centre continues to do well, with Irene Hicks having raised over £107,000. • NHS Big Tea Party campaign would run from Monday 24 June to Sunday 7 July. • the annual Cardiff Bed Push had gone well, and plans for the 2020 event had already started. • preparations for the second Blue Tie Ball and the Breast Centre Ball were going well. • the Charity had sponsored a 100 places for the Cardiff Half Marathon and 50 of these had already been taken up. • the Wellbeing at Work Events had been going very well and had been embraced by the Clinical Boards. • a Fundraising Support Officer had been appointed to focus on the Orchard Project and was working to increase volunteer activity. In addition, Melanie Wooten had taken up post as the Arts and Health Project Manager and an administration post had been filled. • the Charity was working with procurement colleagues to get the procurement arrangements for the Health Charity Pod for the Concourse at UHW in place. <p>The UHB Chair commented that information related to the 'Wales for Africa' walk was still displayed in the UHW Concourse and that it is no longer</p>	

	<p>relevant. It was requested that it be taken down and the space use by the Health Charity.</p> <p>The Chair of Staff Lottery Bids Panel confirmed that a number of external charities used the UHW Concourse for promotion therefore correct Governance arrangements would be required for this. In response, the Director of Corporate Governance advised that the governance around external charities using the UHW Concourse should be kept on the Committee's agenda.</p> <p>The Head of Arts and Health Charity advised that she was drafting a Health Charity Strategy for the next 4-5 years and confirmed that this would be brought to the Committee for consideration before being taken to the Trustees for approval.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the progress and activities of the Health Charity be noted. b) the Health Charity Strategy be considered at the meeting scheduled for September 2019 prior to approval by the Charity Trustee. c) the 'Wales for Africa' walk information be removed from the UHW Concourse d) the governance around external charities using the UHW Concourse be kept on the Committee's agenda 	<p>SJ</p> <p>NF</p> <p>SJ</p> <p>SJ</p> <p>NF</p>
CFC19/06/008	<p>BSL Training and Awareness Update Report</p> <p>The Assistant Director of Patient Services introduced the report and confirmed that:</p> <ul style="list-style-type: none"> • the UHB planned to train up to 500 staff over the next year through BSL Equality Training and Taster sessions. The Committee was advised that feedback from staff had been positive. • on 19 June 2019 the UHB would become the first health board in Wales to sign the BSL Charter. It was noted that elements of the Charter would need to be delivered by different individuals across the organisation and the action plan being worked on with the British Deaf Association was very clear in relation to which actions sat with who. • Raising Deaf Awareness training had been completed. • the Health Charity had funded the <i>Centre of Sign, Sight and Sound</i> for a year until October 2018. It was noted that a report on the impact that this had made would will be brought to the next Committee Meeting <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the update report be noted and that a further report be brought to the Committee once the evaluation work on the Centre of Sign, Sight and Sound had been completed. 	<p>SJ</p>

CFC19/06/009	<p><i>The Portfolio Director, Cazenove Capital joined the meeting at 10am</i></p> <p>Investment Report</p> <p>The Portfolio Director provided the Committee with a presentation on the Investment Report and confirmed that:</p> <ul style="list-style-type: none"> • the value of the portfolio had increased by 3.2% • the approach of having patience with investments when going through a poorer period had worked well • the Health Charity had outperformed the composite benchmark • the portfolio was viewed as an overall investment rather than a single trade book • the impact of Brexit remained the same as predicted previously. It was noted that the Portfolio generally benefited from sterling going down in value. <p>The Committee Resolved that:</p> <p>a) the presentation on the Investment Report be noted.</p> <p><i>The Portfolio Director left the meeting at 11am</i></p>	
CFC19/06/010	<p>Staff Benefits Group Update</p> <p>The Head of Arts and Charity introduced the report which provided the Committee with information in relation to staff benefits discussed and agreed by the Group during the six month period November 2018 - April 2019. It was confirmed that:</p> <ul style="list-style-type: none"> • a meeting to discuss future arrangements with Griffin Mill was planned. It was noted that other car companies had expressed an interest in supporting the Health Charity as Griffin Mill had expressed a wish to withdraw their support. • the Health Charity continued to await marketing material from the Change Account and was therefore unable to progress this proposal further • at the last Staff Benefits meeting the installation of interactive digital totems, at UHL and Barry Hospital was discussed. It was confirmed that the plan was to use the totems to share information on the Health Charity. The Committee Chair asked for clarity in relation to who had led discussions with suppliers. The Head of Arts and Health Charity confirmed it would be herself and the Hospital General Manager, Llandough. <p>The Executive Director of Therapies and Health Science asked what feedback had been received on Vectus from staff and enquired whether it was still seen as a benefit. In response, the Head of Arts and Health Charity confirmed that her understanding was that Vectus was not being used as</p>	

	<p>much as originally thought and noted that the Health Charity was not looking to further invest in Vectus.</p> <p>The Committee Chair asked whether a holistic review of staff benefits was needed. The Head of Arts and Health Charity confirmed that the Health Charity was looking to update the Staff Benefits Page and take steps to raise awareness once capacity issues in the Charity team had been addressed.</p> <p>The Committee that:</p> <ul style="list-style-type: none"> a) the report of the Staff Benefits Group be noted. b) the purchase of the totems be approved and agreed that the contract would be reviewed and signed by the Committee Chair. c) a position paper on Staff Benefits be scheduled for the September meeting of the Committee. 	<p>SJ</p> <p>NF</p>
CFC19/06/011	<p>Staff Benefits Group Terms of Reference</p> <p>The Head of Arts and Health Charity introduced the revised Terms of Reference for the Staff Benefits Group. The Director of Corporate Governance confirmed that they needed to go to the Charity Trustee for approval.</p> <p>The Director of Corporate Governance confirmed that she would review the Terms of Reference before they went to the Charity Trustee</p> <p>The Deputy Executive Director of Finance asked for confirmation of the reporting arrangements for the Staff Benefits Group as reports were being submitted to the Local Partnership Forum and the Charitable Funds Committee. The Director of Corporate Governance confirmed that reports went to the Local Partnership Forum for noting only, and advised that the Group reported to the Charitable Funds Committee</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the Terms of Reference of the Staff Benefits Group be referred to the Charity Trustee for consideration. 	<p>NF</p> <p>NF</p>
CFC19/06/012	<p>Self-Assessment of Committee Effectiveness</p> <p>The Director of Corporate Governance outlined the results of the Committee Effectiveness review undertaken by Committee Members and the Executive Director Lead for the Committee. The draft Action Plan developed in response to the findings of the review was discussed.</p> <p>The Director of Corporate Governance confirmed that a consistent theme arising from all effectiveness assessments undertaken by committees of the Board was the need to improve the timeliness of papers and minutes. It was confirmed that the Corporate Governance team had been given new timescales for the turnaround of minutes and papers so improvement should be seen over the coming weeks.</p>	

	<p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) the results of the Committee Effectiveness Review for 2019 be noted b) the action plan for improvement be approved and completed by March 2020 in preparation for the next Effectiveness Review. 	NF
CFC19/06/013	<p>Charitable Funds Scheme of Delegation</p> <p>The Deputy Executive Finance Director introduced the report and confirmed that the scheme of delegation for charitable funds was different to exchequer funds, and was not included the UHB's scheme of delegation. An overview of the scheme of delegation for:</p> <ul style="list-style-type: none"> • Non Delegated Funds • Delegated Funds • Staff Lottery <p>was provided.</p> <p>Members agreed that the Committee should be working within a set delegated limit, and that this should be aligned with the UHB's revenue scheme of delegation set for an Executive Director. It also agreed that the Charitable Funds Scheme of Delegation should be included within the UHB's overall scheme of delegation.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> a) Scheme of delegation be approved by the Charity Trustee 	NF
CFC19/06/014	<p>UHB Transport Timeframes</p> <p>The Deputy Executive Finance Director confirmed that:</p> <ul style="list-style-type: none"> • the frequency of the Park and Ride from Pentwyn to UHW had been increased. • the mini bus service would go live over the coming weeks • there were difficulties getting the Park and Ride operating from other sites up to UHW. It was noted that this was due to go live on 22 July 2019, however Cardiff Council had requested an additional £50,000 funding to enable the use of some of their premises <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) the UHB Transport Timeframes update be noted. (b) the Independent Member - Local Authority should be advised of the request from Cardiff Council for additional funding. 	

CFC19/06/015	<p>Staff Lottery Bids Panel Report</p> <p>The Chair of the Staff Lottery Bids Panel introduced the paper confirming that it provided details of the bids approved at the Panel Meeting held on 8 May 2019.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The Bids Panel process was working well. • Small bids were becoming less frequent <p>The Committee Resolved that:</p> <p>(a) the bids supported by the Staff Lottery Bids Panel when it met on 8 May 2019 be noted.</p>	
CFC19/06/016	<p><i>The Executive Director of Workforce and OD joined the meeting at 12.03pm</i></p> <p>Charitable Funds Application: Employee Wellbeing</p> <p>The Executive Director of Workforce and OD introduced the paper and confirmed that the Committee was being asked to consider funding the Employee Wellbeing Service for a period of two years. The background to the request was outlined, including the outcomes of the recent Staff Survey, and the four funding options set out in the paper.</p> <p>The UHB Chair advised that given the level of funding being requested the matter would need to be referred to the Charity Trustee for consideration.</p> <p>The Committee Resolved that:</p> <p>(a) the application to fund the Employee Wellbeing Service be referred to the Charity Trustee.</p>	NF
CFC19/06/017	<p>Charitable Funds Application: Reminiscence Interactive Therapy and Activities (RITA)</p> <p>In the absence of the paper's author the Committee discussed the request for the Charity to support the purchase of four Reminiscence Interactive Therapy & Activities (RITA) packages from "My Improvement Network", Altrincham, Cheshire.</p> <p>It was agreed that as the RITA system would benefit patients and staff the request for funding should be approved.</p> <p>The Committee Resolved that:</p> <p>(a) the purchase of four RITA units: three for the five Older People's Mental Health Assessment wards in UHL; one for the Functional Mental Health ward in Llanfair Unit; and one for the Young Onset Dementia ward in Barry Hospital be approved</p>	NF

	(b) on submission of a bid for charitable funds, the bid lead should be reminded of the need to attend the Committee to present their bid.	LT
CFC19/06/018	<p>Charitable Funds Application: Patient Information Screens for the University Dental Hospital</p> <p>The Dental Nurse Manager introduced the paper outlining that:</p> <ul style="list-style-type: none"> the Dental hospital was a stand-alone building the Dental Clinical Board had been recently merged into the Surgical Clinical board the Chief Operating Officer and an Independent Member had visited the Dental Hospital and noted that there was only one waiting room area with a communication devices for patients. Over 100,000 patients attended the dental hospital every year and the screens would help reduce DNA's and late attendances as they would help patients identify whether they were in the correct department and advise patients of the Park and Ride arrangements. Further, Information Screens would help disseminate information to Students within the Dental Hospital <p>The Committee Chair confirmed that the bid was for four Patient Information Screens. In response to a question from the Deputy Executive Finance Director it was confirmed that all screens would be compatible with those already in place across the UHB.</p> <p>The Executive Director of Therapies and Health Science advised that the bid should be supported as the Patient Information Screens would enhance the patient experience which was an outcome that was in line with the Charities Charitable Aims.</p> <p>The Assistant Director of Patient Services supported the bid but highlighted the need for clear governance arrangements to ensure only suitable material was displayed on the screens. In relation to this the Dental Nurse Manager confirmed that all information displayed would be aligned to the UHB's core messages and stated that she was confident that the team would ensure that only appropriate content was displayed.</p> <p>The Deputy Executive Finance Director asked if the screens would be used to help promote the Charity. In response, the Dental Nurse Manager confirmed that the Dental Hospital would be keen to promote the Health Charity as it was grateful for all the support received from the Health Charity</p> <p>The Committee Chair asked if there was a measure that could be used to demonstrate the impact of the messages displayed on the screens. The Director of Communications and Engagement confirmed that this would be possible.</p> <p>The Committee Resolved that:</p> <p>(a) the bid, for four patient information screens be supported.</p>	NF

CFC19/06/019	<p>Cardiff and Vale Health Charity Website Proposal</p> <p>The Head of Arts and Health Charity introduced the paper and confirmed Health Charity had its own website which was managed by Big Pixel Creative. It was noted that the contract with Big Pixel Creative expired on the 31 May 2019.</p> <p>The Committee considered the information provided in relation to the future development of the Charities Website and the quotes received from the three development companies. The Head of Arts and Health Charity confirmed that Celf Creative was the preferred website provider and asked that the Committee approve their appointment.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) the proposal for the engagement of a new website provider for Health Charity be approved (b) Celf Creative be appointed as the new website provider. 	
CFC19/06/020	<p>Arts Programme Report</p> <p>The Head of Arts and Health Charity introduced the Arts Programme Report, noting that it provided an overview of the activities and progress made by the Arts Programme during the six month period from December 2018.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) the Arts Programme Report be noted. 	
CFC19/06/021	<p>Barry Hospital Update</p> <p>The Head of Arts and Health Charity introduced the paper and advised that it had been prepared in line with the Committee's request for a six monthly update on how the charitable funds approved by the Committee for the Barry Hospital First Impressions Programme were being spent.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) that the Barry Hospital update be noted. 	
CFC19/06/022	<p>Items to bring to the attention of the Board / Committee</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) It be recommended to the Charity Trustee that the Charitable Funds Scheme of Delegation be amended to reflect the fact that any sum over £125,000 needed to be referred to the Charity Trustee for approval. (b) the application to fund the Employee Wellbeing Service be referred to the Charity Trustee for approval. 	<p>NF</p> <p>NF</p>

	(c) the disposal of Rookwood be referred to the Charity Trustee for approval.	
CFC19/06/023	<p>Review of the Meeting</p> <p>The Committee Chair facilitated a review of the meeting and Members noted that it had run over time considerably.</p> <p>The Committee Resolved that:</p> <p>(a) steps would be taken by the Chair and Members to improve time management during meetings.</p>	
CFC19/06/024	<p>Date and Time of Next Meeting</p> <p>Tuesday 10th September at 9am - Venue to be confirmed</p>	

**MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP
MEETING HELD ON WEDNESDAY 24 JULY 2019, NANT FAWR 1, WOODLAND
HOUSE**

Present:

Richard Thomas	Care & Repair Cardiff and the Vale (Chair)
Duncan Azzopardi	Cardiff University
Sarah Capstick	Cardiff Third Sector Council
Liz Fussell	UHB Volunteer
Julie Goodfield	South Wales Fire and Rescue Service
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector
Geoffrey Simpson	One Voice Wales

In Attendance:

David Allison	General Manager, Integrated Medicine, UHB
Mike Bond	Director of Operations, Surgery Clinical Board, UHB
Nicola Foreman	Director of Corporate Governance, UHB
Abigail Harris	Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Fiona Jenkins	Executive Director of Therapies and Health Science, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB
Keithley Wilkinson	Equalities Manager, Cardiff and Vale UHB

Apologies:

Posy Akande	Carer
Sam Austin	Young Persons
Shayne Hembrow	Independent Housing Sector
Steve Jones	South Wales Police
Steve Murray	South Wales Police
Jason Redrup	South Wales Police

Secretariat:

Gareth Lloyd, UHB

SRG 19/32 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and Julie Goodfield and Zoe King were introduced to the Group.

SRG 19/33 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Wendy Orrey.

SRG 19/34 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 19/35 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 16 MAY 2019

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 16 May 2019.

Thoracic Surgery

Abigail Harris reminded the SRG that the UHB had sought assurance about the consultant job plans in particular the availability of on call thoracic surgeons for the Major Trauma Centre (MTC) service at UHW which would commence in April 2020. The Community Health Council was also seeking assurance that a safe MTC service could be provided. The Medical Directors of Cardiff and Vale and Swansea Bay UHBs had identified a need for 8 consultant thoracic surgeons and this had been agreed in principle. Cardiff and Vale UHB would therefore be appointing an additional thoracic surgeon in time for the commencement of the MTC service.

SRG 19/36 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 30 May 2019.

Nikki Foreman highlighted some of the key issues discussed.

- The 'Patient Story' had been about maternity care. It had demonstrated strong working between the multi-disciplinary team and the patient had felt she had been fully supported.
- The UHB had looked at its compliance against the recommendations in the report of the independent review into Obstetric services in Cwm Taf Morgannwg UHB. The UHB had concerns about compliance with just two of the seventy recommendations. Cardiff and Vale UHB was seeing an increase in demand for its Obstetric services as a result of the adverse publicity surrounding the Cwm Taf Morgannwg UHB service and this was having an impact on the service in Cardiff and the Vale.

- The Health Inspectorate Wales (HIW) Annual Report had been broadly positive. It concluded that where improvements had been required the UHB was good at implementing them. Further work was required on several GP practices and some of its hospital settings. One of the more negative reports was on the UHB Emergency Unit and the UHB was addressing the findings.
- Patient Safety – The number of serious incidents had decreased and all were discussed by the Management Executives on a weekly basis. There were just two never events.
- Performance – Improvement was reported in 22 of the 26 measures. The 4 and 12 hour waiting time targets in the Emergency Unit were not being met but performance was better than most Welsh Health Boards.
- At the end of month one the UHB was circa £600k overspent and £3.13m adrift of its cost improvement target at the time of the meeting.
- Transformation Programme – five programmes will be visualised.
- Nurse Staffing Act – The requirements were being met with the exception of mental health nursing where there were recruitment problems.

Abigail Harris reported that the estates backlog maintenance was circa £300m yet the UHB received just £17m discretionary capital funding per annum. This presented a significant challenge.

Nikki Foreman agreed to provide a written summary for future meetings.

Action: Nikki Foreman

Before the next part of the meeting Abigail Harris set the context for the presentations. The UHB's Shaping Our Future Wellbeing Strategy published in 2015 was based on four principles: empower the person; home first; outcomes that matter to people; and avoid harm, waste and variation. A Healthier Wales published in 2018 echoed these principles but refers to the need to accelerate the pace of change. The emphasis will be on providing an increasing number of services in or near peoples' homes and outside of acute hospitals and the three presentations are different components of this transformation. The Integrated Medium Term Plan sets out how the UHB will deliver its Strategy over the next three years and over the coming months the UHB would also be engaging on an overarching Clinical Services Plan.

The SRG **RECEIVED** a presentation from Fiona Jenkins on the ideas emerging from the draft Rehabilitation Strategy.

Workshops had been held with clinical staff across the UHB and colleagues in both local authorities. The thoughts and ideas of stakeholders was now sought on how the Strategy could be made real for 'Wyn' and the citizens of Cardiff and the Vale of Glamorgan.

The SRG was informed that although the focus was on 'Wyn', the Strategy was for children as well as adults. The focus of the Strategy is to enable people to maintain their health and wellbeing at home and in their communities.

The SRG made a number of observations

- There should be specific reference to carers as they frequently play a key role in rehabilitation.
- 'Wyn' needs to be the prominent figure at the centre of the diagram rather than the house.
- The visuals are good but the language should be simpler.
- The colour scheme is too dark and fussy.
- A fire station should be included in the diagram as they now provide 24/7 advice on a range of issues.
- Integration and interface between the different providers and elements will be key and will require clear management. Abigail Harris reported that colleagues from Canterbury had observed that in Cardiff and the Vale there is a tendency to talk about organisations rather than systems which can have many different providers. There must be clear pathways between all organisations.
- Advocacy services should be included. Fiona Jenkins explained that once the Strategy had been agreed it would be developed into an interactive tool whereby people could click on the pictures to reveal additional information including information on support groups.
- The pictorial representation of 'Wyn' must be consistent across all the UHB's materials.

Fiona Jenkins explained that the intention was to complete the Strategy by the end of August and she would welcome any further comments for the SRG or their organisations before then.

Action: SRG

The SRG **RECEIVED** a presentation from David Allison on proposals to improve the pathway for frail older people in the Vale of Glamorgan. The proposals were being tested with the SRG in advance of the formal engagement process.

The SRG was informed that it is projected that the number of people aged over 85 in the Vale will increase by 15% in the next five years and by 40% in the next ten years. Based on frailty the demand for services will increase by 31% over the next ten years.

Care for frail elderly people in the Vale is currently provided as follows:

UHL

- Elderly Care Assessment Service,
- Day Hospital
- Four 'Care of the Elderly' wards

Barry Hospital

- Sam Davies Ward

At present ongoing care needs are assessed in hospital leading to significant delays in discharge. This leads to clinical deconditioning with the result that care needs will actually increase. The proposal being tested through engagement is to close Sam Davies Ward and establish UHL as the centre of excellence for older people. Two of the four wards at UHL are likely to become 'discharge to assess' wards. People for whom it would be unsafe to return home straight away would be transferred to a 'discharge to assess bed' for ongoing recovery and rehabilitation and have their care needs further assessed. 'Discharge to Assess' assessments more accurately reflect care needs and reduce over prescribing of home care as patients have not become deconditioned. The wards will be less clinical and staff would need to be retrained in terms of using a self-care model to support patients with their independence. The 'discharge to assess' model has been used in England for 5-6 years and has also been introduced in St David's Hospital.

The SRG made a number of observations

- Could it be a 'prototype' for the wider Rehabilitation Strategy.
- There is a lot of support for Sam Davies ward and Barry Hospital in general and proposals to close facilities there will face significant opposition.
- The needs of carers in the western Vale should be considered
- Accessibility would be an issue.
- It will be important to emphasise that Barry Hospital is not closing and at the same time outline the future proposals for the site.

- Home care service capacity will have to be increased. David Allison suggested that reducing over prescribing would potentially free up some more home care capacity.

Keithley Wilkinson reported that an Equality Health Impact Assessment (EHIA) was being developed which would address some of the issues that had been raised by the SRG.

David Allison thanked members for their suggestions which would help with ensuring that issues that the public are going to be interested in are addressed in the engagement document and the frequently asked questions section of the engagement materials.

Action: David Allison

Anne Wei explained that the proposals would be subject to a formal eight week engagement process. The proposals would be brought back to the SRG in September as part of this process. There would be a public workshop with clinicians and public/stakeholders to test the thinking and the SRG would be asked to assist with publicising this event and the engagement as a whole.

SRG 19/39 DRAFT STRATEGIC EQUALITY PLAN

Keithley Wilkinson explained that the UHB had a legal duty to produce a Strategic Equality Plan every four years. The next Plan would cover the period 2020-2024 and the SRG was being asked for its views on this next iteration.

The current Plan has four objectives

- People are and feel respected (this includes patients, carers and family members as well as staff)
- People are communicated with in ways that meet their needs (whether this is through leaflets, face to face, signage, Welsh or other community languages including British Sign Language)
- More people receive care and access services that met their needs (including those from disadvantaged communities)
- Gender and any other protected characteristic pay gaps are reduced.

The UHB has developed one year action plans and has met these four objectives. The intention is to add two further objectives: one from 'Is Wales Fairer 2018' and one relating to the Deputy First Minister's announcement on the socio economic impact of policy.

The SRG suggested that the UHB should ensure that the equalities agenda is embedded in everything that it does.

Keithley Wilkinson informed the SRG that a much more inclusive approach would be taken and the word 'inclusive' would be contained in the title of the Strategy.

Keithley Wilkinson agreed to include the minor changes to the current four objectives suggested by the SRG in the draft Strategic Equality Plan 2020-24. The draft would be circulated to the SRG for comment.

Action: Keithley Wilkinson / All

**SRG 19/40 DAY SURGERY AT UNIVERSITY HOSPITAL
LLANDOUGH**

The SRG **RECEIVED** a presentation from Mike Bond on proposals to deliver more non-complex surgery at UHL.

The SRG was informed that non-complex relates to the fitness of the patient rather than the complexity of the surgery. Although there were approximately 10,000 surgical treatments at UHL per annum it was not being used to its full potential. The UHB was looking at how this potential could be realised. Another issue was that a significant proportion of noncomplex surgery cases were cancelled at UHW due to priority necessarily being given to urgent unscheduled surgery. This would not be an issue if non-complex surgery was undertaken at UHL as there is no unscheduled surgery undertaken there.

The SRG made a number of observations and posed several questions

- Do the proposals relate to children? Mike Bond clarified that the proposals did not relate to paediatric surgery and agreed to make this clear in the engagement document.

Action: Mike Bond

- Will staffing levels have to increase at UHL? Mike Bond explained that the workforce would have to increase at UHL. There is a theatres workforce strategy across the UHB which take into account all proposed developments at UHL and UHW.
- What will be the impact on medical students? Mike Bond explained that the noncomplex theatre lists would initially be undertaken by consultants but in time there could be sessions for students. A workshop on 2 August would consider the Surgery Services model within the UHB and a large component of the discussion would be on medical cover.
- Engagement would be required with the local communities around UHL and UHW on all the strategic proposals for site developments.

- Parking at UHL would be an issue. The recent introduction of the Park and Rise service at UHL was highlighted.
- What would be a realistic percentage of surgery cancellations? Mike Bond suggested that halving the current 25% in Ear, Nose and Throat Surgery should be easily achievable and he hoped it would be nearer 5%-10%.

The formal engagement would commence imminently and conclude before the SRG's next meeting. It was agreed that a link to the engagement web page would be circulated to SRG members once engagement had commenced, for members to circulate within their own networks and contacts.

Action: Anne Wei / All

The outcome of the engagement would be brought back to the SRG at a later date.

SRG 19/41 NEXT MEETING OF SRG

1.30pm-4pm, 24 September 2019, Nant Fawr 1, Woodland House.

**Minutes from the Local Partnership Forum Meeting held on 5 June 2019
at 10am in Room 3, 2nd Floor, Cochrane Building, University Hospital of
Wales**

Present:

Mike Jones	Chair of Staff Representatives / UNISON
Martin Driscoll	Exec Director of Workforce and OD
Joe Monks	UNISON
Dawn Ward	Independent Member – Trade Union
Steve Gaucci	UNISON
Mat Thomas	UNISON
Fiona Salter	RCN
Ceri Dolan	RCN
Dean Morris	RCN
Sharon Hopkins	Deputy CEO
Jason Roberts	Deputy Director of Nursing
Rachel Gidman	Assistant Director of OD
Andrew Crook	Head of Workforce Governance
Julie Cassley	Deputy Director of WOD
Dorothy Debrah	BDA
Peter Hewin	BAOT/UNISON
Abigail Harris	Executive Director of Strategic Planning
Peter Welsh	Senior Manager UHL and Barry
Andrew Gough	Assistant Director of Finance

In Attendance

Mike Barlow	
Helen Palmer	Workforce Governance Adviser

Apologies:

Len Richards	Chief Executive
Fiona Jenkins	Executive Director of Therapies and Health Science
Peter During	Interim Medical Director
Fiona Kingorn	Executive Director of Public Health
Julia Davies	UNISON
Joanne Brandon	Director of Communication and Engagement
Caroline Bird	Deputy COO
Pauline Williams	RCN
Ruth Walker	Executive Director of Nursing
Janice Aspinell	RCN
Rhian Wright	RCN
Rebecca Christy	BDA

Secretariat:

Rachel Pressley	Workforce Governance Manager
-----------------	------------------------------

LPF 19/028 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting.

LPF 19/029 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 19/030 DECLARATIONS OF INTEREST

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

LPF 19/031 MINUTES OF THE PREVIOUS MEETING

The minutes from the meeting held on 3 April 2019 were agreed to be an accurate record of the meeting.

LPF 19/032 ACTION LOG

The Local Partnership Forum noted the action log.

LPF 19/033 PATIENT KNOWS BEST

The Forum received a demonstration from Mr Mike Bailey of the 'Patient Knows Best' tool. This is an interactive online tool which allows patients and clinicians to share information including symptoms, medications, results, care plans etc much more easily. Certain combinations of reporting lead to the clinician being alerted and the patient can be seen when it is appropriate rather than being given a routine appointment when it is not required. It has been used successfully in other organisations and has been trialled in ENT and will be rolled out elsewhere over the coming months. The tool has been shown to lead to tangible results with people seen quicker when it is needed and fewer hospital admissions.

The tool can be adapted to suit the specific needs of individual specialties. There are clear links with Prehabilitation, which the Forum learned about at the previous meeting.

The Forum welcomed this new developed, particularly noting the flexibilities different specialties could utilise and the importance of communicating differently with young people.

LPF 19/034 SHAPING OUR FUTURE WELLBEING REVIEW AND IMPLEMENTATION OF A HEALTHIER WALES

Mrs Harris advised that as we are now approaching the mid point of our Strategy *Shaping Our Future Wellbeing* work is taking place to check progress against actions associated with the strategic objectives and to ensure it is aligned with A Healthier Wales. Overall, much has been achieved, but there are some things which need to be accelerated and tools like Patient Knows Best will help with this.

LPF 19/035 DEPUTY CHIEF EXECUTIVE'S UPDATE

Dr Hopkins advised the Forum that 2019/20 is an important year. We started it in a relatively good position though some CIPs still need to be completed,

and if we can successfully balance quality, improvement and finances this year the future will be much brighter. Dr Hopkins emphasised that the support of the Local Partnership Forum will be key in achieving this.

Coming out of winter, there has been a lot of pressure recently especially in Unscheduled Care as the additional winter capacity has been released. She thanked all the staff working hard to enable this resetting of resources and asked for their continued support.

There is a lot of work taking place to support Cwm Taf University Health Board following publication of the report in their Maternity services. We are also taking steps to ensure our own outcomes and quality don't slip as a result of the additional pressure caused by both providing additional support to Cwm Taf and the increase in patients seeking to use our services because they are concerned. Dr Hopkins confirmed that the additional support is being funded by Cwm Taf.

Canterbury have been visiting the UHB for the past 4 weeks and have been meeting with lots of people, acting as a 'critical friend'. The next phase of the work is 'Amplify' which will be launched in July and people will really start to see the work come alive then

The Board discussed the provision of Thoracic Services from a single site again at the end of May 2019. There are still some concerns around the issue of support for the Major Trauma Unit and Board have asked for some additional assurances by the end of June.

LPF19/036 NURSE STAFFING

The Deputy Director of Nursing gave a presentation on nurse staffing levels and compliance with the Nurse Staffing Act. He reminded the Forum of the context and requirements of the Act and the triangular approach used to determine staffing levels (quality indicators, patient acuity and professional judgement). There is a robust governance structure in place including daily operational meetings and reports to the Board. The first report to Welsh Government is due in 2021.

It was recognised that maintaining the required levels can be challenging, but though initiatives like Project 95 and new ways of working we are in a better position than many other organisations, and we received Substantial Assurance following an Internal Audit Report. Mr Roberts also acknowledged the efforts made by staff and the flexibility they show by moving around in order to achieve compliance.

Mr Roberts reminded the forum that financial considerations are triangulated with quality and safety

It was agreed that a copy of the presentation would be shared with Forum members

ACTION: Mr Roberts

Mr Driscoll reminded the Forum that there has been a lot of work undertaken around nurse recruitment, but while we are in a better position than the rest of Wales and parts of England there are still gaps. It has recently been agreed that we can undertake international recruitment under the leadership of the Deputy Director of Workforce and OD, with a view to the first recruits arriving in December.

LPF 19/037 STREAMLINING OUR EMPLOYMENT POLICIES

Mr Driscoll pointed out that the way we use 'policies' and 'procedures' is sometimes confusing for staff and information is often duplicated. Work has been taking place to streamline the number of Employment Policies we have and from the end of June we will have 6 local overarching policies which will have a number of supporting procedures containing the operational detail.

These 6 local policies are:

- Adaptable Workforce
- Employee Health and Wellbeing
- Learning, Education and Development
- Recruitment and Selection
- Equality, Diversity and Human Rights
- Maternity, Adoption, Paternity and Shared Parental Leave

In addition, we will continue to have the suite of All Wales policies for issues such as attendance, disciplinary, concerns etc

Mr Hewin acknowledged that this had been discussed previously but expressed some concerns at the pace of the work and suggested that there could be some unintended consequences from changing some documents which had previously been Policies to Procedures. Mr Driscoll advised that if any such intended consequences did occur they should be raised with him.

Miss Ward supported the work and the direction of travel, but asked for assurances around the engagement that took place when Procedures are developed. Dr Pressley reminded the Forum that there is a robust process for developing and reviewing both Policies and Procedures in partnership. All control documents are reviewed jointly by a WOD and Staff Representative lead, along with any relevant stakeholders, before undergoing a 28 day consultation period. Once this is complete the Employment Policy Sub Group consider the document, and can approve Procedures. Policies proceed to the Strategy and Delivery Committee for approval.

LPF 19/038 SUSTAINABLE TRAVEL

Mrs Harris provided the Forum with a brief update on sustainable travel. She advised that:

- It was hoped the number of nextbikes in Cardiff would double from 500 to 1000 in the near future
- The UHW Park and Ride times had been extended
- A shuttle bus between UHW and UHL was being trialled

- Details were being finalised for a Park and Ride Service for UHL
- The Public Services Board had received a presentation from Cardiff Council regarding their plans to improve air quality, including cycle highways and a metro service

Mr Jones said that he was pleased to hear that UHL would soon benefit from a Park and Ride service from Cardiff, but he still hoped that a service from the Vale could be established too.

(Mr Welsh and Mr Hewin left the meeting)

LPF 19/039 Finance Report

The Local Partnership Forum received and noted the Finance Report for the period ending 31 March 2019. Mr Gough advised that during month 12 the UHB achieved the £12m deficit we had been aiming for. There were still some CIP gaps for 2019/20 and it would be a tough year, but there was a substantial reward at the end of it.

LPF 19/040 WORKFORCE KPI REPORT

The Local Partnership Forum received and noted the Workforce Report for the period ending 31 March 2019

Mr Driscoll advised that this would be the last time that the Forum would receive the report in this format as it would be replaced from the next meeting with a more visual dashboard style report

(Miss Salter left the meeting)

LPF 19/041 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Local Partnership Forum received and noted the Patient Safety, Quality and Experience Report

LPF 19/042 Part 2 - ITEMS FOR INFORMATION

The Local Partnership Forum received and noted the following reports:

- Employment Policy Sub Group minutes from 15.05.19
- Staff Benefits Group Report

LPF 19/043 ANY OTHER BUSINESS

Mr Jones thanked Forum members who had sponsored him to walk Pen y Fan for a Children's Leukaemia Charity.

LPF 19/044 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday, 7 August 2019 at 10 am with a staff representatives pre-meeting at 9 am (venue to be confirmed).



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
14 MAY 2019 AT THE NATIONAL IMAGING ACADEMY,
PENCOED BUSINESS PARK, BRIDGEND CF35 5HY**

PRESENT

Members	
Chris Turner	Independent Chair
Gary Doherty	Chief Executive, Betsi Cadwaladr UHB (Via VC)
Stephen Harrhy	Chief Ambulance Services Commissioner
Tracy Myhill	Chief Executive, Swansea Bay UHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB
Allison Williams	Chief Executive, Cwm Taf Morgannwg UHB
Glyn Jones	Director of Finance/Deputy CEO, Aneurin Bevan UHB
In Attendance:	
Julian Baker	Director, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance, WHSSC and EASC Joint Committees
Lee Davies	Operational Planning Director, Cardiff & Vale UHB
Rachel Marsh	Interim Director of Planning & Performance, Welsh Ambulance Services NHS Trust
Brendan Lloyd	Executive Medical Director, Welsh Ambulance Services NHS Trust
Shane Mills	Director Quality and Patient Experience, National Collaborative Commissioning Unit
Robert Williams	Director of Corporate Services and Governance / Board Secretary
James Rodaway	Head of Commissioning, EASC
Kathrine Davies	Interim Corporate Governance Support (Secretariat)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/33	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. The Chair advised that the main business would be followed by a development session involving a presentation from Welsh Ambulance Services NHS Trust.</p>	

	<p>The presentation included the following aspects:</p> <ol style="list-style-type: none"> 1. WAST's Long Term Strategic Framework <ul style="list-style-type: none"> ▪ Purpose is to engage with EASC on the framework and seek feedback to inform final document 2. Key Priorities for Development through IMTP 2019/22 3. Areas for Joint Working with Health Boards and others 4. Planning collaboratively for winter 2019/20. 	
EASC 19/34	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Judith Paget, Len Richards, Jason Killens, Tracey Cooper, Steve Ham and Ross Whitehead.</p>	
EASC 19/35	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	
EASC 19/36	<p>MINUTES OF THE MEETING HELD ON 26 MARCH 2019</p> <p>The minutes were confirmed as an accurate record of the meeting held on 26 March 2019, subject to the following amendment:</p> <ul style="list-style-type: none"> • Page 12 – Date and time of next Meeting should read "2019" and not "2018". 	
EASC 19/37	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED progress as follows:</p> <p>EASC17/44 & 17/73 & 19/21 Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review</p> <p>Members NOTED the update from the Chief Ambulance Services Commissioner (CASC) in relation to the conversation with Swansea University and was awaiting firm information back from them. An update would be provided at the next meeting if available.</p> <p>EASC 18/06 & 18/65 & 19/21 Integrated Performance Dashboard</p> <p>Members NOTED that the work on the development of the dashboard to provide bespoke health board reports was ongoing and moving in the right direction with the actions being taken forward.</p>	CASC

<p>The CASC advised that he would need to have a conversation with the Welsh Ambulance Services NHS Trust (WAST) and the NHS Wales Informatics Service (NWIS) on linking the data to ensure the comparison between the local and national information was appropriate.</p>	<p>CASC</p>
<p>EASC 18/46 & 18/65 Clinical Risk Review</p>	
<p>Members NOTED that a meeting had been held last week to conclude the review; there were still some legacy issues outstanding. The report would be brought to the next meeting for further consideration if required and then closed.</p>	<p>Dir NCCU</p>
<p>EASC 18/107 & 19/21 Expansion of EMRTS</p>	
<p>Members NOTED that an update on progress, including the funding allocation for 'A Healthier Wales' would be included in the update on the Management Group within the CASC report.</p>	
<p>EASC 19/08 & 19/21 Mental Health Staff Clinical Desk</p>	
<p>Glyn Jones updated Members following the recent conversation between Judith Paget and Gwent Police. Members discussed ways of providing mental health support for police control, one option to be considered could be via the Police & Crime Commissioner. Carol Shillabeer advised that no date had been agreed for the Concordat as yet. Shane Mills would also be undertaking a review of mental health access over the next six months which would be looking at all the available data. Members AGREED to keep this matter on the action log. Members NOTED that there was an error on the wording of the log which should read as "Health Boards" and not "Health Education & Improvement Wales". This would be amended.</p>	
<p>EASC 19/08, 19/21 & 19/23 Cross Border and Regional Activity</p>	
<p>Members were updated on the recent discussion between the CASC and Powys Teaching Health Board and cross border activity, no specific issue was identified.</p>	
<p>Stephen Harrhy advised that the Management Group had now received nominations from all HBs and they were in the process of setting up the first meeting which would hopefully be the first or second week of June.</p>	

	<p>The first meeting would be to go through the approach to the allocation and this would be reported at the July meeting and Members NOTED that the funding would be allocated on a recurrent basis.</p> <p>Julian Baker advised that a report on the 1% allocation related to 'A Healthier Wales' had been sent to the Directors of Planning and this would be shared with Members. Members NOTED that visits would also be arranged to all Health Boards alongside WAST to identify good practice. The new Management Group would be used to oversee this work; Tracy Myhill suggested that the Management Group needed to meet as a matter of urgency.</p> <p>EASC 19/12 EASC Risk Register</p> <p>Members NOTED that this would be the subject of the next Development Session at the July meeting.</p> <p>Members RESOLVED to: NOTE the action log.</p>	<p>Dir NCCU</p> <p>CASC</p>
EASC 19/38	<p>MATTERS ARISING</p> <p>EASC 19/25 – Tracy Myhill asked for an update on the "Falls" schemes. The CASC advised that the scheme had not been running long enough to carry out a thorough evaluation and would continue to run for a further 3 months.</p> <p>EASC 19/25 – Brendan Lloyd referred to the 5th paragraph on page 8 and advised that they were trying to discourage the phrase "community paramedic".</p> <p>EASC 19/27 – The Chair queried if the sub group had now been established to review demand and capacity for WAST Emergency Medical Services. Rachel Marsh confirmed that it had been established.</p>	CASC
EASC 19/39	<p>CHAIR'S REPORT</p> <p>The Chairs report was received by Members. The report included the following updates:</p> <ul style="list-style-type: none"> • Meeting with the CASC regarding his objectives which were due to be finalised. • Martin Woodford had been appointed as substantive Chair for WAST. 	

	<ul style="list-style-type: none"> All Wales Chairs meeting with the Minister – Chris Turner gave a verbal update on the meeting which included discussions on maternity services, speaking up safely and the Transformation Fund. Chris Turner advised that the Minister raised concern at the meeting in regard to the Red performance and discussions had also been held in regard to the allocation of winter funding. <p>Members RESOLVED to NOTE the Chair's Report.</p>	
EASC 19/40	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioners report was received by the Committee.</p> <p>Members NOTED that an update on the Management Group had been received earlier.</p> <p>Amber Review – Members were advised that the Minister would be making a statement on the 4 June 2019, following this he would ensure that members receive a copy of the statement. Members NOTED that the overall trend with regard to delays was a worsening position. However, there were variations across Wales with handover delays and other issues in regard to 'long waiters'.</p> <p>Stephen Harrhy advised that he had held discussions with WAST and there would be a refresh of the long wait reduction programme. The messages coming out of the second part of the Amber implementation programme would need to be clear with actions identified and a focus on progress being made. Members were advised that a formal report would be brought back to the Committee once this had been agreed.</p> <p>Red Performance - The CASC advised Members that the variation in performance across Wales was not going in the right direction and had been below 65% in Hywel Dda and Powys. Members NOTED the letter received from the Deputy Chief Executive of NHS Wales, Simon Dean raising concern about the disappointing figures. The CASC also expressed his concern and stated that the variation was unacceptable. Members were advised that the CASC had been holding weekly meetings with WAST to seek assurances of the measures being taken to improve on performance across Wales and also specifically targeting the areas that were below the required performance levels.</p>	

Brendan Lloyd advised that it was important to note that the running calls had now been removed and were not included in the figures. Members **NOTED** that the Red calls this morning were 5.4% of the total and were advised that WAST would be undertaking a piece of work to see if there was anything they could be doing to improve upon, such as early mobilisation and availability of resources. Following this a report would be provided to Simon Dean and Members would be updated at the next meeting. Rachel Marsh advised that she would share the letter that had been sent to Simon Dean. Members were advised that there was monitoring on a daily and weekly basis and action plans were being sent to the CASC.

The Chair asked whether the May performance figures had been received. The CASC advised that two Health Boards were significantly under the target and averaging 65-68%. He stated that there would need to be continuous improvement across Wales to get over the 70% figure. The CASC advised that this was not good enough with the performance even worse than in 2016. He advised that sustainable changes must be made and the variation in terms of pathways needed to be improved. Members were advised that joint escalation plans between WAST and Health Boards should be considered. The CASC advised that he would be writing to Simon Dean next week and would share the draft letter for comments and agreement prior to sending. The Chair requested that given the seriousness of this matter it would be helpful if an update would be provided to Members in June. The CASC confirmed that he would do this.

Members **NOTED** that a recurrent sum of circa £500k was available to EASC from the underspend related to the Band 6 paramedic business case. This had recently been identified by WAST. Members were advised that WASTs preferred option would be to recruit an additional 31 whole time equivalent core paramedic staff to provide the backfill to allow 36 staff to commence Advanced Paramedic Practitioner (APP) training.

Members **NOTED** that the APPs would be geographically spread across all Health Board areas and would operate in the existing rotational model format. Members were advised that the option provides additionality to the unscheduled care system to support both winter 2019/2020 and 2020/2021 from which time the additional posts would be fully deployed as all educational requirements would have concluded.

Members **NOTED** that the total recurrent annual cost of the additional 31WTE. Band 7 APPs, together with associated costs and programme support, equates to circa £2.2m.

	<p>Allison Williams advised that some exploratory work could be undertaken to look at different options, she added that it was unclear from the report what was being asked and if it was to support the £2.2m then this could not be done without a business case. Members discussed other options in terms of funding the APPs and where they could be used to support the system.</p> <p>Following discussion, Members AGREED that the next steps to look at were:</p> <ul style="list-style-type: none"> • 3 or 4 general themes to capture moving forward • Clarity around what the APPs could be used for in the whole system • A letter would be sent to confirm the quality assurance process. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update and the actions agreed. 	
EASC 19/41	<p>EASC FINANCE REPORT</p> <p>The report was received by the Committee and presented by Stuart Davies. Members NOTED that at Month 12 the forecast financial position of WAST was a £496k underspend as a result of slippage of the emergency services mobile communications programme (ESMCP) project costs and business case funding. Stuart Davies advised that following discussion at the last meeting options for managing the underspend were discussed with WAST but were declined, therefore the underspend had been returned to Health Boards in accordance with the standard risk sharing principle.</p> <p>Members NOTED that the funding for Renal Transport had now been separated from WAST and would be reported separately in future. Members were advised that funding allocation for Air Ambulance (EMRTS) had been transferred from WAST to the EAS Committee. Members NOTED that there was a break even position reported against the EMRTS baseline funding of £3.553m.</p> <p>Members NOTED the overview of key risks which were:</p> <ul style="list-style-type: none"> • Optimising the delivery benefits from the 'A Healthier Wales' 1% allocation • APP Expansion Plan • Continuity risks re: 2018/19 winter management initiatives • Increases in employers contributions (not centrally funded) <p>Members RESOLVED to NOTE the report and the underspend position.</p>	

<p>EASC 19/42</p>	<p>AMBULANCE QUALITY INDICATORS</p> <p>The Committee received the report which provided an overview of the most recent quarter data which was published on 24 April 2019 for the period 1 January – 31 March 2019. Members NOTED the narrative contained within the report which outlined the performance across the 5 step Ambulance Care Pathway:</p> <ul style="list-style-type: none"> • Step One – Help Me Choose • Step Two – Answer My Call • Step Three – Come to See me • Step Four – Give Me Treatment • Step Five – Take Me To Hospital <p>Members were advised that AQI 7ii was not contained within the table and will be presented in the next quarter report.</p> <p>Julian Baker advised that 3 years of data with regard to activity, performance and resources had now been collected and this would be discussed with WAST colleagues. Members NOTED an opportunity to use the resources to undertake more detailed trend analysis work on quality, performance and activity.</p> <p>Members RESOLVED to NOTE the report.</p>	
<p>EASC 19/43</p>	<p>PROVIDER ISSUES BY EXCEPTION</p> <p>There were no additional issues identified which had not already been discussed.</p>	
<p>EASC 19/44</p>	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Robert Williams.</p> <p>Members NOTED that at the EAS Committee meeting in November, the governance update was inadvertently omitted in the approved minutes. Members were asked to approve the amended minutes which would then be shared with the Health Boards and updated on the EASC website.</p> <p>Members NOTED the current draft of the Annual Governance Statement which may be subject to final changes which would be shared with the Committee and due to timings may require the Chair to take action outside of the meeting for final sign off. The final version would be endorsed at the next meeting of the Committee.</p>	

AGENDA ITEM 1.4

	<p>Members RECEIVED and NOTED the Internal Audit Report on EASC Governance which was received by the Host Body's Audit Committee on 13 May 2019. Members NOTED that the report received a 'Reasonable' assurance rating and four medium priority recommendations had been made. The actions required would be factored into the forward work plan for the Committee with the majority to be delivered by the next meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the amendments to the minutes of the EAS Committee meeting in November 2018 • APPROVE the Annual Governance Statement • NOTE the report. 	
EASC 19/45	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p>	<i>ALL</i>

ANY OTHER BUSINESS		
EASC 19/46	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/47	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 23 July 2019 at the Education Centre, Llandough (Change of venue).	Committee Secretary

Signed
Christopher Turner (Chair)

Date



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
26 MARCH AT THE NATIONAL IMAGING ACADEMY,
PENCOED BUSINESS PARK, BRIDGEND CF35 5HY**

PRESENT

Members	
Chris Turner	Independent Chair
Allison Williams	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB
Steve Moore	Chief Executive, Hywel Dda UHB
In Attendance:	
Meinir Williams	Managing Director, Ysbyty Gwynedd, Betsi Cadwaladr UHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	Clinical Director, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance WHSSC and EASC Joint Committees
Gwenan Roberts	Interim Board Secretary, Host Body
Hayley Thomas	Director of Planning, Powys Teaching LHB
Ross Whitehead	Assistant Chief Ambulance Services Commissioner

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/17	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	
EASC 19/18	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Tracy Myhill, Gary Doherty, Len Richards, Carol Shillabeer, Shane Mills, Steve Ham and Robert Williams.</p>	
EASC 19/19	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	

EASC 19/20	<p>MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2019</p> <p>The minutes were confirmed as an accurate record of the meeting held on 5 February 2019.</p>	
EASC 19/21	<p>ACTION LOG</p> <p>Members received the action log and NOTED progress as follows:</p> <p>EASC16/43 & EASC18/05 Sub Groups</p> <p>Nominations had been requested from each health board in order that the first meeting could take place at the end of April. The Chair asked how the new sub groups would be evaluated and it was AGREED that this would be received in a year's time (added to the forward look), this would allow time to get the Terms of Reference approved and it was expected that each group would have a forward work plan which would be received by the Committee.</p> <p>EASC17/44 & EASC17/73 Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review</p> <p>Members NOTED that the Chief Ambulance Services Commissioner (CASC) was waiting for a response from Swansea University. The CASC AGREED to arrange a meeting to resolve the matter and report back at a future meeting.</p> <p>EASC 18/06 & EASC 18/65 Integrated Performance Dashboard</p> <p>Members NOTED that the work on the development of the dashboard was continuing. The Chief Executives had received a presentation on unscheduled care at a recent meeting; further work would now be undertaken on the creation of a template by the Director of the National Collaborative Commissioning Unit (NCCU) and Judith Paget had agreed to be the lead Chief Executive to finalise the work.</p> <p>EASC 18/100 Financial Consequences</p> <p>Stuart Davies confirmed that a discussion had taken place with the Finance Directors and this action had been completed.</p>	<p align="center">CASC</p> <p align="center">CASC</p> <p align="center">Dir NCCU</p>

	<p>EASC 18/107 Expansion of EMRTS</p> <p>Members NOTED that the expansion of EMRTS had been included in the Integrated Medium Term Plan (IMTP). The updates on progress would be provided and the change would take place in the last quarter and would align with the work in relation to the development of the major trauma centre, units and network by April 2020.</p> <p>A discussion took place in the relation to the progress made with the consultation on major trauma and Members NOTED that the Community Health Councils (CHCs) were writing to health boards regarding the outstanding issues for approval of the consultation outcome. The Welsh Health Specialised Services Committee (WHSSC) would lead on the work including the response on behalf of all health boards to the CHCs. Members NOTED that the CASC had discussed this with the Managing Director at WHSSC; the Minister for Health and Social Services had been briefed and the impact of the work on the Welsh Ambulance Services NHS Trust (WAST) would be included within the demand and capacity review.</p> <p>EASC 18/110 EASC IMTP</p> <p>Members NOTED that the EASC IMTP had been shared with all health boards and NHS Trusts and had been submitted to the Welsh Government.</p> <p>EASC18/101 Amber Review</p> <p>Members NOTED that the CASC had met with the CHCs and presented information on the ongoing AMBER Review. The response was positive and the CASC had agreed to keep the CHCs updated on progress.</p> <p>EASC 19/08 Mental Health Staff Clinical Desk</p> <p>Members discussed the provision of mental health staff on the clinical desk and also the similar work by the Police forces. It was AGREED that Judith Paget would discuss the implications of providing mental health staff also with Gwent police.</p>	<p>Dir NCCU</p> <p>CASC</p> <p>Judith Paget</p>
--	---	---

	<p>The CASC also AGREED to raise the matter with the Welsh Government as it was felt that using scarce resources (mental health staff) more effectively across more than one 999 service was important and there was a potential to work together to provide population based services more effectively.</p> <p>Members felt that the Police forces would expect health services to fund the mental health staff at the end of the pilot programmes; however, working with key partners Members felt that clarity was required regarding meeting the need of the population which could be delivered either through the clinical desk approach or through NHS Direct in a 'Once for Wales' approach. It was felt that it would be important that any service was more open and easy for people, staff, police and other public services to access; avoiding differential approach in different areas was also felt to be important. Overall, Members felt it needed to be clear what the aim was and who would own the work going forward. Members NOTED that Police forces were liaising with health boards outside the normal commissioning process.</p> <p>Stephen Harrhy suggested that a report /position statement be developed by his team in relation to what was already available and what was working effectively. The issues in relation to access to data would also be captured; Members felt that the familiarity of local services was most valuable if there was also access to the right information. Consideration would also be given in the report as to whether a summit be held with all key partners and stakeholders about the best use of resources for the future. Members felt it would be important to link to the existing work of the mental health concordat. The CASC AGREED to discuss options with the Director General and Chief Executive of the NHS in Wales to obtain the Welsh Government's view of this matter.</p> <p>EASC 19/08 Cross Border A meeting was planned to take place between the CASC and Powys Teaching Health Board on Non-Emergency Patient Transport Services (NEPTS) and cross border matters which would be reported at the next meeting.</p> <p>Members RESOLVED to: NOTE the action log.</p>	<p>CASC</p> <p>CASC</p> <p>CASC</p> <p>CASC</p>
<p>EASC 19/22</p>	<p>MATTERS ARISING</p> <p>There were no additional matters arising that had not been contained within the Action Log.</p>	

<p>EASC 19/23</p>	<p>CHAIR'S REPORT</p> <p>Members NOTED that a written report would be submitted by the Chair for future meetings.</p> <p>Chris Turner reported he had visited the WAST control room at Vantage Point House in Cwmbran; he visited the clinical desk and saw first-hand that, although the number and nature of the calls could be very demanding, patients were dealt with expertly and efficiently by the team. The Chair requested that his grateful thanks be made to the WAST staff who hosted his visit.</p> <p>Members NOTED that a meeting with the Minister for Health and Social Services had taken place which included the receipt of the Chair's Objectives as follows:</p> <ul style="list-style-type: none"> • Oversee amber review actions and system implementation. • Support for WAST IMTP and plan for 2019-20 (to 2021-22). • Undertake demand and capacity assessment of WAST for system discussion and actions • Ensure collaborative governance in place and key collective decisions made. • Review and agree further EASC actions to underpin winter planning 2019-20. • Facilitate more of WAST options beyond 999 response as enablers for WAST role in community services and alternatives to hospital. • Align EASC with broader work on unscheduled care actions. <p>The Chair requested that his objectives be sent to all Members of the Committee for information.</p> <p>Members also NOTED that the Chair had attended the all Wales Chair's meetings which he found instructive although not all items were relevant.</p> <p>Members RESOLVED to NOTE the Chair's Report.</p>	<p>Jason Killens</p> <p>CASC</p>
<p>EASC 19/24</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioners report was received by the Committee.</p> <p>Members NOTED that an increase had been identified in the number of calls from primary care practitioners concerned that they were receiving a different level of service to other local areas; correspondence had also been received from local medical committees.</p>	

	<p>Members NOTED that across Wales everyone received the same service based on the information provided to the call handler and the responses to questions. Members NOTED that the CASC would be responding to the concerns raised in due course.</p> <p>Members received updates on the following items under the action log agenda item:</p> <ul style="list-style-type: none"> • Update on Emergency Medical Retrieval Service (EMRTS) • Update on Non-Emergency Patient Transport Services (NEPTS) • AMBER implementation <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update and the actions agreed. 	
EASC 19/25	<p>'A HEALTHIER WALES' COMMISSIONING ALLOCATION</p> <p>The Report on 'A Healthier Wales' was presented for discussion by Julian Baker, Director of the National Collaborative Commissioning Unit (NCCU).</p> <p>Members NOTED that the 1% 'A Healthier Wales' funding was provided to support additionality as clarified by the Welsh Government in correspondence dated 18 January 2019, with their expectations that:</p> <ul style="list-style-type: none"> • evidence was provided to demonstrate this additional allocation is used to secure further service provision • EASC discussed with the Welsh Ambulance Services NHS Trust (WAST) how this additional funding could be best utilised to further improve performance and outcomes • the Welsh Government are advised in due course on the detail of the additional service provision which has been funded. <p>Commissioning Values</p> <ul style="list-style-type: none"> • The total value of the 1% 'A Healthier Wales' commissioning allocation identified within the EASC IMTP 2019/22 was £1.477m for Emergency Ambulance Services and NEPTS. • The £0.036m for EMRTS was targeted within the EASC IMTP towards the EMRTS expansion plan. • A total of £1.513m 'A Healthier Wales' funding has been allocated through 2019/20 IMTPs. <p>Discussion took place in relation to the funding for EMRTS and the ongoing costs and phases and the potential to prioritise the EMRTS expansion, although it was felt important to make sure that a balance was found to avoid the financial commitment without the resource.</p>	

	<p>Members felt that the principles proposed within the report were important and that the prioritisation should be distributed between the EMRT and NEPT services.</p> <p>Members discussed the connection to local plans within health boards which included specific investments in the development of advance paramedic roles and it was NOTED that there might be a requirement to pump prime developments on a non-recurrent basis. Specific areas had also been highlighted within the IMTP:</p> <ul style="list-style-type: none"> • Compliance with HCP time requests to improve across each health board area. • Proportion of conveyance to locations other than major Emergency Departments to increase across each health board area. • Proportion of patients referred to alternative pathways / services to increase following 'hear and treat' and 'see and treat'. • Handover times to reduce across all health board areas. <p>The importance of the assumptions of plans for the next 5 years was also discussed and the requirements to collect quality metrics.</p> <p>The WAST and health board joint improvements for the NEPT service were clarified and the importance of the evaluation of any service, including any exit strategy if required.</p> <p>The role of the management group was emphasised with the aim to ensure that evaluation would be a key component in any service development.</p> <p>The importance of the principles was highlighted in terms of the resource utilisation and it was important to emphasise the role of the additional funding. Members felt that a key principle would be that services were equitable for health boards, although the view was expressed that there remained an imbalance in the RED category and that this would need to be addressed, particularly in rural areas.</p> <p>Members discussed the importance of moving the service forward but also recognised that WAST provided a lot of non-core business and the consequent need to get the balance right. In terms of the AMBER review rural services appeared to compare well, although there was still variation across Wales and this would need to be captured and addressed.</p>	
--	--	--

	<p>Members felt the panel approach was correct although it was key to have the right representation from health boards in order to ensure equity across NHS Wales. Members AGREED that the Director of NCCU would request nominations likely to be Directors of Planning. The funding to be allocated would be non-recurrent funding for this year.</p> <p>Ongoing services provided by WAST was discussed including the “invest to save” initiatives. Members felt that the schemes related to “falls” during the winter had provided additionality although may be able to operate more effectively; ongoing work was continuing on the evaluation process.</p> <p>Jason Killens explained that the falls schemes would stop at the end of the month and requested that a further 3 months be supported on a non-recurrent basis in order that the evaluation could be completed as the evidence appeared to be good and supportive.</p> <p>Members felt that it would be beneficial to support the service and that this could occur on a non-recurrent basis. Members clarified that any recurrent allocation would need to be subject to evaluation and prioritisation of the available resources.</p> <p>Further discussion took place on recruitment and the requirements of the service. Health Boards indicated that they would need to recruit community paramedics and it was suggested that WAST may be able to over-recruit as the workforce model across the NHS in Wales was changing. Stephen Harray agreed to work with WAST in terms of a reasonable recruitment of staff and would also discuss the development of the advanced practitioner roles and where they could be deployed across NHS Wales with the aim to develop a comprehensive workforce plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • AGREE to set up a panel to allocate non recurrent funding for the forthcoming year and receive an update at a future committee meeting • NOTE the discussions held in terms of the expectations and principles • AGREE that WAST continue with the falls services for 3 months and share the evaluation as soon as possible with the Members. 	<p>Julian Baker</p>
--	--	---------------------

<p>EASC 19/26</p>	<p>EASC FINANCE REPORT</p> <p>The report was received by the Committee and presented by Stuart Davies. Members NOTED that the information was in line with the anticipated expectation of achieving breakeven at the end of the financial year. Stuart Davies explained that the ongoing work with the CASC would be helpful for the financial position in the forthcoming year.</p> <p>Members were alerted to an impending issue around the risk relating to the flow of patient identifiable information with and from NHS England which had been highlighted in a meeting of the Welsh Health Specialised Services Committee (WHSSC). The NHS Wales Informatics Service (NWIS) were involved in the work to avoid an impasse which related to the statutory regulations on handling data and the changes within the NHS Digital programme and the perceived gap within the legislative processes in Wales. It was anticipated that this could impact on the EAS Committee particularly on cross border flows. A temporary way forward was being developed as cessation would have a detrimental impact on patient care. Members NOTED that the Powys tHB were involved in the work and Stuart Davies would ensure that all Chief Executives in Wales would be aware of the work and the mitigations being made to manage the risks. A further update would be provided at the next meeting.</p> <p>Members RESOLVED to NOTE the report and the underspend position.</p>	
<p>EASC 19/26</p>	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members NOTED the following:</p> <p>The CASC was working with the EAS Team to develop the Annual Governance Statement which would be circulated to Members for comment once drafted.</p> <p>The list of nominated deputies for the Committee was received:</p>	

	<table><tr><th>Organisation</th><th>Nominated Deputy</th></tr><tr><td>Abertawe Bro Morgannwg UHB</td><td>Sian Harrop Griffiths, Director of Strategy</td></tr><tr><td>Aneurin Bevan UHB</td><td>Glyn Jones, Deputy Chief Executive and Director of Finance</td></tr><tr><td>Betsi Cadwaladr</td><td>Gill Harris, Director of Nursing and Midwifery</td></tr><tr><td>Cardiff and Vale UHB</td><td>To be confirmed</td></tr><tr><td>Cwm Taf UHB</td><td>Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance</td></tr><tr><td>Hywel Dda</td><td>Karen Miles, Director of Planning and Commissioning</td></tr><tr><td>Powys Teaching Health Board</td><td>Patsy Roseblade, Director of Primary, Community Care and Mental Health</td></tr></table>	Organisation	Nominated Deputy	Abertawe Bro Morgannwg UHB	Sian Harrop Griffiths, Director of Strategy	Aneurin Bevan UHB	Glyn Jones, Deputy Chief Executive and Director of Finance	Betsi Cadwaladr	Gill Harris, Director of Nursing and Midwifery	Cardiff and Vale UHB	To be confirmed	Cwm Taf UHB	Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance	Hywel Dda	Karen Miles, Director of Planning and Commissioning	Powys Teaching Health Board	Patsy Roseblade, Director of Primary, Community Care and Mental Health	
Organisation	Nominated Deputy																	
Abertawe Bro Morgannwg UHB	Sian Harrop Griffiths, Director of Strategy																	
Aneurin Bevan UHB	Glyn Jones, Deputy Chief Executive and Director of Finance																	
Betsi Cadwaladr	Gill Harris, Director of Nursing and Midwifery																	
Cardiff and Vale UHB	To be confirmed																	
Cwm Taf UHB	Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance																	
Hywel Dda	Karen Miles, Director of Planning and Commissioning																	
Powys Teaching Health Board	Patsy Roseblade, Director of Primary, Community Care and Mental Health																	
	<p>Stephen Harrhy agreed to write to Cardiff and the Vale to request clarification on their nominated deputy.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none">• NOTE the work on the Annual Governance Statement• Receive the list of Nominated Deputies.																	
EASC 19/27	<p>EMERGENCY MEDICAL SERVICE-5 YEAR DEMAND & CAPACITY REVIEW - WELSH AMBULANCE SERVICES NHS TRUST (WAST)</p> <p>The demand and capacity review was received by the Committee and presented by Jason Killens.</p> <p>In line with the Amber Review Implementation Programme and as agreed with the CASC, the report set out the intention for Health Boards and WAST to jointly commission a forward looking strategic Demand and Capacity Review, designed to model the optimal efficient level of ambulance resources that are required across the system to deliver agreed levels of performance for all categories of emergency calls against forecast demand for the next 5 years.</p> <p>Members NOTED:</p> <ul style="list-style-type: none">• The assumptions had been made for a 5 year period• Quality metrics related to patient experience• Plans for the review to take place in 3 phases <p>Phase 1 – Demand & Capacity Review (WAST Lead) Phase 2 – Health Economic Case (EASC Lead) Phase 3 – Future Modelling & Expertise (EASC/WAST Joint Lead)</p>																	

	<p>There are seven main components:</p> <ol style="list-style-type: none"> 1. Forecast all incident demand by type and location over the next 5 years 2. Agree the required levels of quality and time performance for each type of patient 3. Model the required resources to deliver 2. above by hour of day, day of week and geographical location 4. Identify and quantify WAST efficiencies including new models of response such as APPs, abstraction reduction and roster realignment 5. Identify and model unscheduled care system efficiencies 6. Model the impact of planned service changes affecting patient flows, and 7. Model required resources for Clinical Contact Centres including call handling and clinical staff delivering hear and treat services to meet forecast activity and quality and performance requirements. <p>Members felt that locality baseline information would be really useful and would inform the work. It was felt that a reasonable strategy would be to undertake the work on a regular basis every 2 to 3 years. The importance of linking to the Welsh Government's Clinical Plan and strategic vision to transform clinical care was also discussed; Stephen Harrhy agreed to discuss with officials from the Welsh Government.</p> <p>The Steering Group overseeing the work would include representatives from:</p> <ul style="list-style-type: none"> • Health Board Chief Executives – Steve Moore (Vice Chair of EASC has agreed to represent) • Welsh Government • The National Collaborative Commissioning Unit • The Welsh Ambulance Services NHS Trust (WAST) to include the Medical Director, Director of Operations, Director of Planning & Performance and Trade Unions / staff side organisations. <p>Members NOTED that progress reports would be made to EASC from the Steering Group throughout the process. The review will aim to complete its work as quickly as possible with a formal report potentially available for discussion at the EAS Committee meeting on 10 September 2019, although final timescales will be confirmed once the contract had been placed.</p>	
--	--	--

AGENDA ITEM 1.4

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the commissioning of a collaborative, whole system 5 year strategic demand and capacity review for WAST emergency medical services • NOTE the establishment and membership of a steering group to oversee the review • Receive the findings of the Review at the earliest opportunity. 	
EASC 19/30	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p>	<i>ALL</i>

ANY OTHER BUSINESS		
EASC 19/31	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/32	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 14 May 2018 at the National Imaging Academy, Pencoed, Bridgend.	Committee Secretary

Signed
Christopher Turner (Chair)

Date



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 13 May 2019

Author: Mark Dickinson**Version:** 1 (Approved)**Members
present**

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Cardiff & Vale UHB (MB)
 Tracey Cooper, Chief Executive, Public Health Wales (TC)
 Andrew Davies, Chair, Swansea Bay UHB (AD)
 Vivienne Harpwood, Chair, Powys tHB (VH)
 Alex Howells, Chief Executive, Health Education &
 Improvement Wales (AH)
 Chris Jones, Chair, Health Education and Improvement
 Wales (CJ)
 Brendan Lloyd, Medical Director, Welsh Ambulance
 Service NHS Trust (BL) (for Jason Killens)
 Marcus Longley, Chair, Cwm Taf UHB (ML)
 Donna Mead, Chair, Velindre NHS Trust (DM)
 Tracy Myhill, Chief Executive, Swansea Bay UHB (TM)
 Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
 Mark Polin, Chair, Betsi Cadwaladr UHB (MP)
 Judith Hardisty, Vice Chair, Hywel Dda UHB (JH) (for
 Bernadine Rees)
 Carol Shillabeer, Chief Executive, Powys tHB (CS)

**In
attendance**

Mark Dickinson, NHS Wales Health Collaborative (MD)
 Rosemary Fletcher, Director, NHS Wales Health
 Collaborative (RF)

Apologies

Gary Doherty, Chief Executive, Betsi Cadwaladr UHB
 Steve Ham, Chief Executive, Velindre NSH Trust
 Jason Killens, Chief Executive, Welsh Ambulance Service
 NHS Trust
 Steve Moore, Chief Executive, Hywel Dda UHB

Bernadine Rees, Chair, Hywel Dda UHB Len Richards, Chief Executive, Cardiff & Vale UHB Allison Williams, Chief Executive, Cwm Taf Morgannwg UHB Jan Williams, Chair, Public Health Wales Martin Woodford, Chair, Welsh Ambulance Service NHS Trust	
Welcome and introduction	Action
AL welcomed colleagues to the meeting and noted apologies for absence.	
Minutes of previous meeting	Action
The minutes of the meeting held on 6 December 2018 were approved as a correct record. The minutes will be forwarded to board secretaries for noting at health board and trust board meetings.	MD
Action log and matters arising	Action
<p>The action log was reviewed. It was noted that the majority of actions had been closed as completed.</p> <p>Those actions that remain open all relate to the development of an NHS Wales National Executive function. It was noted that RF and MD are meeting Jo Jordan and Samia Saeed-Edmunds in Welsh Government on 14 May to discuss this. It is anticipated that this will be primarily focused on WG gathering information about the Collaborative. It was noted that detail was awaited in respect of progress with plans for the NHS Executive.</p> <p><i>(DM joined the meeting at this point)</i></p>	
Year End Report against 2018/19 Collaborative Work Plan	Action
<p>RF introduced the report against last year's work plan, noting that it had already been received by the Collaborative Executive Group. Some outstanding actions have been carried forward into the plan for 2019/20.</p> <p>Concerns were noted around delays to the critical care clinical information system and MD provided an update, reporting that it was hoped that procurement documentation would be signed off during May.</p>	

<p>The heightened emphasis on maternity services was noted in the context of the need to establish the new Wales Maternity and Neonatal Network.</p> <p>It was noted that the planned appointment of a National Mental Health Director had been delayed pending progress with the NHS Executive. CS reported that it was approximately a year since the previous director had retired, but was optimistic that progress could soon be made.</p> <p><i>(AD joined the meeting at this point)</i></p> <p>AL queried why the Eating Disorders dashboard was being delayed until 2022. CS responded that this was due to the timing of the implementation of the WCCIS system, but that some aspects of the dashboard would be operational before full WCCIS roll out.</p> <p>AL thanked RF for the report and noted that, given the context, the Collaborative team has done very well to get through so much work and to complete many important actions.</p>	
Collaborative Annual Report 2018/19	Action
<p>RF introduced the Annual Report, noting that this is the first time a narrative annual report has been produced by the Collaborative team. The report is intended to respond to the need for more information for key stakeholders and also the desire of team members to promote the work done. The target audience is primarily stakeholders in NHS Wales, Welsh Government and CHCs and the content has been shaped to reflect this. The report covers both core business for NHS Wales and additional work in support of WG. Content had been provided by staff in individual teams and programmes.</p> <p>RF drew attention to the new areas of work covered in the report, including support to the Women's Health Implementation Group and to the nationally directed programme for endoscopy. RF also noted Collaborative-wide activities, including peer review.</p> <p>RF referred to the fact that the Collaborative team has grown in size and emphasised the efforts being made to engage with staff and to act on their feedback, including via a newly established staff forum.</p>	

<p>(TC joined the meeting at this point)</p> <p>AL noted that the report was very clear and helpful.</p> <p>JP referred to the section on the lymphoedema network, suggesting that, as staff are involved in direct care delivery, there was a need to review the governance and respective roles and responsibilities of the Collaborative and health boards. RF undertook to review the governance arrangements for the lymphoedema network.</p> <p>AD suggested that lessons need to be learned about how work is led and about lines of accountability, particularly for work undertaken for WG.</p> <p>DM referred to the reference in the report to Save a Life Cymru, noting that WG had not agreed for CPR training to go into schools, although this was the case in other parts of the UK. BL added that it had been suggested that CPR could have been added to the content of the Welsh Baccalaureate qualification. AD noted the potential role of further education.</p> <p>ML noted that approximately half of resource of the Collaborative is invested in the Wales Cancer Network and queried the rationale for this. RF responded that this is purely a legacy issue reflecting the history of investment decisions over many years. RF added that the Collaborative is increasingly taking opportunities to work across networks and programmes, citing work to develop a Collaborative-wide analytical function as an example. AL stated that there is a need to move towards a more balanced deployment of resources.</p> <p>TC noted the context for the year ahead, anticipating plans for the NHS Executive. There is a need to ensure that resources are aligned behind strategic priorities, including those specified in whatever national delivery plans exist post 2020.</p> <p>RF undertook to consider the issues raised in the further development of the report.</p> <p>AL thanked RF and the Collaborative team for producing a helpful and informative report.</p>	<p>RF</p> <p>RF</p>
--	-----------------------------------

Collaborative Work Plan 2019/20	Action
<p>RF introduced the high level work plan, noting that the individual sections will be the subject of 'deep dives' at forthcoming meetings of the Collaborative Executive Group, with the first one being on the work of the Wales Cardiac Network in May.</p> <p>AL asked about the work of the new Maternity and Neonatal Network and how its work will interface with the recently announced action by a number of agencies. RF responded that discussions are ongoing to clarify this.</p> <p>AL queried whether the key deliverables are clearly enough articulated and are both measurable and achievable. TC suggested that the 'big ticket' items should be more clearly identified in the introduction.</p> <p>CJ suggested the need for greater clarity as to where is assurance held and the mechanisms for assurance. MP raised a specific issue of accountability in relation to the LINC programme, which had recently been subject to formal reporting to boards. RF responded to these issues, noting that the Collaborative team had produced a paper last year to clarify the governance and accountability of each of networks back through network boards to the Collaborative Executive Group and the Collaborative Leadership Forum (and, in some contexts to WG). RF added that this was the first she had heard about the concerns in relation to LINC and noted that update reports on LINC had been brought to the last three meetings of the Forum. JP added that the last update had included specific consideration of the process for taking the LINC business case to boards.</p> <p>CJ reported that he still has outstanding concerns about the governance arrangements for work commissioned directly from the Collaborative team by WG. AL responded that these concerns have previously been raised with WG, including directly with Andrew Goodall and it is known that these problems are recognised.</p> <p>AD stressed the need for the work of the Perinatal Mental Health Network (and other parts of the Collaborative) to align with the wider work on health improvement and the early years being led by Public Health Wales.</p> <p>DM referred to the work of the Wales Cancer Network on the single cancer pathway and also the wider work on</p>	

<p>diagnostics, stressing the importance of analytical work to gain a greater understanding of the growth in demand for cancer diagnosis and treatment services. TC noted that, in their respective lead roles for cancer, pathology and imaging, she, Steve Moore and Len Richards are working increasingly closely on these issues. It is planned to submit a three year plan for cancer diagnostics to WG for investment.</p> <p>AH noted that the wider context is shifting with the development of a national NHS Wales clinical plan. AL responded that chairs are not currently sighted on this work.</p> <p>CJ noted the references in the plan to peer review, stressing the need for a more holistic approach. MD reported that peer review was being introduced across the Collaborative's networks, in line with the NHS Wales Peer Review Framework (previously agreed by the Forum) and that learning and experience was being shared across networks.</p> <p>It was agreed that an updated three year peer review programme will be brought to the next meeting in September.</p> <p>RF undertook to consider the issues raised in the implementation of the work plan.</p>	<p>MD/RF</p> <p>RF</p>
Collaborative update	Action
<p>RF introduced a written update report, containing briefings on a number of areas of work and other issues.</p> <p><i>Major trauma network</i></p> <p>RF referred to the report and provided additional information. A very productive workshop had been held, which had benefited from patient input. The aspiration remains for the network to be operational from April 2020, but this remains challenging. Engagement is taking place in Hywel Dda in relation to interim trauma unit designation, which may raise issues for other health boards.</p> <p>It was noted that consideration of workforce requirements for thoracics will be taken forward through the WHSSC Joint Committee.</p> <p>TM emphasised both the importance and benefits of having patients 'in the room' participating in the planning and development of services. The precedent set through the workshop needs to be maintained through the ongoing work of the network board. TM also noted the new appointment in</p>	

Cardiff and Vale UHB to the role of Programme Director for the Major Trauma Centre.

CJ emphasised the need for clarity about the OD requirements for the new network, and networks more generally, because they traverse normal boundaries. Participants need support to transition into the required new ways of working.

Single cancer pathway (SCP)

RF introduced the report, referring to £3m WG investment and the fact that the Wales Cancer Network was running a process that had sought, and would be evaluating, applications from health boards and trusts. RF noted the increasing alignment across the SCP work, diagnostics networks and the new endoscopy programme, each of which has associated funding streams.

The processes for allocating the various funding streams were discussed. It was noted that £1m would be deployed under the auspices of the Endoscopy Programme Board, but there was not yet clarity over how the £1.4m for diagnostics and healthcare sciences would be allocated. It was noted that multi-organisation bids had been encouraged in the SCP process and that these should be treated positively, without detriment to Betsi Cadwaladr as, effectively, a 'region' in its own right.

JH expressed concern that there were too many individual funding streams, being allocated separately. This was noted as a recurring theme.

Major conditions implementation groups

The transfer to the Collaborative of responsibility for supporting major conditions implementation groups, together with the TUPE transfer of relevant staff was noted.

AL noted that funding directed via such groups was time limited, but had, in many cases been allocated to ongoing services. Evaluation of the effectiveness of such investment is variable. AL had written to the Deputy Chief Medical Officer on this issue in January and had received a holding response.

RF reported that the Collaborative has worked on mapping the spend of the £1m allocations and will be working with

<p>implementation groups to develop appropriate exit strategies for when the funding ends or is altered.</p> <p><i>Wales Maternity and Neonatal Network</i> The content of the report was noted, as was the need to be clear about purpose of network. The need for close working between the new network and the Perinatal Mental Health Network was stressed.</p> <p><i>National endoscopy programme</i> The content of the report was noted, as was the challenging timescale.</p> <p><i>LINC</i> It was noted that, notwithstanding the issues referred to above, the outline business case has now been approved by health boards and trusts and that the WG scrutiny process had recommended approval. A gateway review has also been undertaken. A substantive paper is to be reported to the May meeting of the Collaborative Executive Group.</p> <p><i>Accommodation</i> The content of the report was noted.</p> <p><i>Hosting agreement</i> The recently agreed extension to the hosting agreement, under which Public Health Wales hosts the Collaborative team on behalf of NHS Wales was noted.</p>	RF/MD
Other Business	Action
<p>It was noted that it was AD's last meeting of the Collaborative Leadership Forum. AL thanked AD for his contribution, noting specifically his wisdom. CJ, as the previous chair of the Forum, added his thanks and noted that he expected that AD would continue to find ways of collaborating. CJ added that AD demonstrated the value of public service friendship and support and wished him well for the future.</p>	
Date of next meeting	
<p>Post meeting note: the next meeting will be held at 9am on 17 September 2019 at the NHS Wales Confederation, Phoenix House, Cathedral Road, Cardiff.</p>	

Report Title:	Quality, Safety and Experience Committee – Chairs Report					
Meeting:	Board Meeting			Meeting Date:	26.09.19	
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Quality, Safety and Experience Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Quality, Safety and Experience Committee held on 17 September 2019

PATIENT STORY – MY JOURNEY – COMPLEX MATERNITY CARE AND THE MULTI PROFESSIONAL TEAM WHO CARED FOR ME

The Story of Bethan and Mark's journey was presented and read out to the Committee. The story demonstrated how up to 40 members of the multi-disciplinary team enabled a timely and effective approach into the care of a patient who suddenly became very ill. The key points in learning for the team highlighted women who were low risk, may become ill quite quickly. Skilled multi professional teams working and training together provided safe, effective and timely care even in most high risk and complicated circumstances. It showed that continuity of care by the right people in the right place could be achieved. The team also ensured that the couple was placed at the centre of care during their journey.

CHILDREN AND WOMEN'S CLINICAL BOARD ASSURANCE REPORT

The Director of Nursing for Children and Women's Service Clinical Board provided an overview of the Assurance Report to the Committee which detailed the arrangements, progress and outcomes in relation to the Quality, Safety and Patient Experience agenda over the past 12 months.

YOUTH THEMATIC REVIEW

The report provided a Cardiff & Vale UHB response to the Thematic Review undertaken by Health Inspectorate Wales 2018 into how healthcare services in Wales are meeting the needs of young people. The report was published in March 2019, and identified 37 recommendations which Health Boards were initially asked to review and provide comments for accuracy. This was an All Wales review and as such not all of the recommendations made, were relevant to Cardiff and Vale UHB. A CAMHS external review had been undertaken and the challenges the service faced were discussed. To note, they had successfully recruited into the governance and senior nurse posts and had filled a number of vacancies.

CWM TAF UHB MATERNITY – CARDIFF AND VALE LESSONS LEARNT

The Royal College of Obstetricians and Gynaecologists was commissioned by Welsh Government to undertake an external review to investigate the care provided by the maternity services of Cwm Taf University Health Board.

the UHB completed an assurance framework which provided a position statement with regards to the UHB compliance against the recommendations in the report. An overview of the Cardiff and Vale UHB position was presented at the public session of the May 2019 Board. In relation to the 70

recommendations, 11 were not applicable, the UHB was compliant with 41, partially compliant with 16, and had identified two areas where immediate action was required.

In terms of the ambers turning to green, the Executive Nurse Director confirmed that HIW would undertake an independent review shortly which would address the issues. HIW were aware of the local pressures to secure expected shifts within the services. Conversations were ongoing on a regional planning basis.

There was wider discussion on the robustness of the maternity services that may occur. The challenge for the service was around indecision, the lack of communication and the issue in relation to the single point of access. The paediatric and maternity picture was similar and the lack of regional planning to some of the issues was the greatest challenge. The Health Board had been proactive around the over recruitment of midwives for future flow but there was not complete clarity of expectation of flow from Cwm Taf and Aneurin Bevan Health Boards. There was a structure in place but this had not been concluded on what the outcomes were and the matter had been escalated from the CEO to the Director General of the NHS.

GOSPORT REVIEW

The Committee was informed there were three areas to provide assurance on, these were in relation to anticipatory prescribing and what was in place across the organisation, what we are doing in mortality rates and trends in death certification. It was confirmed that a high level of assurance could not be provided as there was still work to be undertaken on all three areas.

The Medical Director provided an update regarding the Medical Examiner role and advised there would be an obligation to report all deaths within our Hospitals by April 2020 and all deaths within our Health Board by April 2021. Members were advised that the Medical Examiner Officer role had been appointed to but the Medical Examiner post had yet to be appointed although a number of individuals had undergone on line training.

OMBUDSMAN ANNUAL LETTER AND REPORT

The Public Service Ombudsman for Wales Annual letter was relayed to Members and provided an overview of trends, performance and key messages arising from activity in the Ombudsman's office over the previous year.

It was confirmed the report was positive in relation to the number of complaints received from the Health Board. The number of investigations had reduced this year while more cases were upheld in whole or in part and there were fewer cases investigated. There were 10 public interest reports across Wales last year. Two of those reports were issued against our Health Board and both had been reported to the Committee. One had been closed and was awaiting a closure letter on the second case.

PUTTING THINGS RIGHT ANNUAL REPORT

The Committee was provided with the PTR Annual Report which demonstrated the efficiency of the concerns team and in actioning the concerns received. There was engagement from the Clinical Boards by having tracking meetings each week, which provided improvements and sustained performance. The following discussions included:

- The car parking issues and it was confirmed that improvements had been seen on the UHW site, although more work was needed on the Llandough site around signage.
- Concerns that a rise could be seen in the future of claims over £1m going forward to Board.
- The General Medical Practice Indemnity came into place on 1 April 2019. Training had taken place with Primary Care and GP services. More information would be known once the practices started to engage with the Health Board around concerns and claims. The Health Board would make the decision in relation to the complaints going forward. Members were assured that the Welsh Legal and Risk Pool service would manage the claims.

POLICIES AND PROCEDURES FOR APPROVAL

A number of policies and procedures were ratified by Members, these included:

- Parental Infusion Pumps Policy
- Research Governance Policy
- Framework for the Management of Performance Concerns in General Medical Practitioners (GPs) on the Medical Performers List Wales

DIABETIC RETINOPATHY – PATIENT RECALL

The Committee received an overview of the report which provided details of the work undertaken by Public Health Wales who had identified there was no robust fail safe in the system. Therefore a number of patients were recalled. Out of these four patients were of concern to suffer mild to moderate harm. These went through the redress process. One patient was still in the redress process and two cases had settled and one patient declined any financial settlement.

CENTRALISATION OF ENDOSCOPY DECONTAMINATION

The Committee was provided with a verbal update advising all decontamination in the Health Board would be centralised to ensure they are clean and safe.

UPDATE ON STROKE REHABILITATION MODEL AND WORKFORCE

The Committee was informed of the work relating to the Stroke Rehabilitation Model and the ongoing service improvements looking at patient pathways. A hyperacute stroke unit was being considered in the revised service model.

NATIONAL AUDIT UPDATE

The Committee was presented with the audit results over the past six months and how it aligned with the broader work of the national audits. It was acknowledged there were areas where improvements were needed.

Outside of the audit list the Committee was alerted to the Hip Fracture database which had shown concerns. The Committee was assured that the data would be worked through and escalated through the governance process.

HEALTH INSPECTORATE WALES ACTIVITY UPDATE

The Committee was presented with the HIW activity report since April. A couple of unannounced visits were expected in the Maternity Unit and Specialist Services where self-assessments had been undertaken and submitted.

Unannounced visits had taken place in March in the Emergency Unit and Assessment Unit where there were immediate assurance issues. Helpful discussions had taken place with HIW where it was acknowledged that some of the actions and improvements to put in place would be long to medium term.

With engaging the public, smiley face machines had been placed in the area to capture feedback on a daily basis and had seen an increase with patients stating their experience was positive.

HEALTH INSPECTORATE WALES PRIMARY CARE CONTRACTOR ACTIVITY

An update was provided on primary care contracts relating to general medical services and dental services.

Since last years' report there had been five General Medical Inspectorate visits where two surgeries had been issued with immediate assurance letters. Systems and processes had been implemented to deal

with the findings and were being routinely monitored.

Activity in General Dental Services had been identified and practices had been issued with immediate assurance issues. The Health Board had recently been advised of similar findings in other practices and was looking at this more robustly. The Primary Care Clinical Board was communicating with Primary Care colleagues on this matter.

CARER MEASURES

The Committee was presented the Annual Carers Report 2018-2019 which set out the achievements of the UHB, Cardiff and Vale of Glamorgan Local Authorities, Cardiff Third Sector council and Glamorgan Voluntary Services, during 2018-2019.

The objectives cited were:

- Supporting life alongside caring
- Identifying and recognising carers
- Providing information, advice and assistance

Also reported were the eligible activities which were:

- Supporting carers in general practice
- Discharge from hospital planning

The work and schemes undertaken were maturing in GP practices and schools. The next phase of work to focus on was the recognition and number of carers in our workforce. A survey would be distributed within the next few weeks.

DELIVERY UNIT REPORT: IMPACT OF LONG WAITS

An update was received on the Delivery Unit Report and the Health Board's action plan was shared. This was in response to concerns regarding an increasing number of patients across Wales waiting greater than 52 weeks on a Referral to Treatment Time (RTT) pathway, the Delivery Unit undertook a Wales-wide review of long waits for Planned care. The Health Board received a final copy of the Delivery Unit's report for Cardiff and Vale Health Board at the end of January 2019.

ITEMS RECEIVED FROM CLINICAL BOARDS QUALITY SAFETY AND EXPERIENCE COMMITTEE

Minutes were received from each of the Clinical Board Quality, Safety and Experience sub Committees.

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 <i>Please tick as relevant, click here for more information</i>			
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>		

Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT				
Meeting:	Board Meeting			Meeting Date:	26th September 2019
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:	Robert Chadwick, Executive Director of Finance				
Report Author (Title):	John Antoniazzi, Chair of Finance Committee				

SITUATION

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 31st July.

Finance Report as at Month 3

The report updated the Committee on the UHB's financial performance to month 3.

The UHB's approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes a balanced financial plan for 2019/20.

The Committee was informed that at month 3, the UHB had reported a cumulative overspend of £1.808m against the plan. The reported position assumed that the UHB would receive a further £6.1m funding (which has subsequently been confirmed) to support the improvements in RTT performance. This approach was different to reports for months 1 & 2 which assumed that RTT costs had been incurred at risk in lieu of Welsh Government confirmation of the additional Performance funding and this needed to be reflected when considering the trend in deficits reported over each of the first 3 months.

It was emphasized that the operational overspend at month 3 was cause for concern, however the UHB was committed to recover the year to date deficit and had asked Clinical Boards for recovery actions to deliver a break even position by the year end as planned.

Cost Reduction Programme and Cross Cutting Theme

The report updated the Committee about the UHB's progress against the UHB initial savings requirement of £31.245m for 2019/20. The savings target had been reduced by £2.1m to £29.145m in June to reflect the release of the UHBs remaining investment reserve.

Recurrent and non recurrent schemes totaling £28.796m had been identified as Green or Amber as at 30th June 2019 leaving a shortfall of £0.349m to be identified. The recurrent impact of schemes was forecast to be £25.385m.

Risk Register

The 2019/20 Finance Risk register was presented to the Committee. It was highlighted that 4 of the risks identified on the 2019/20 Risk Register were categorized as extreme risks (Red) namely:

- Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21.
- Management of budget pressures including month 3 overspends of £1.094m, £0.824m and £0.597m reported respectively in the Medicine, PCIC and Surgery Clinical Boards.
- Development and delivery of corporately led financial opportunities of £12.8m to achieve year end break even position. No red pipeline schemes identified.
- Management of nursing position which was £0.960m over budget at month 3.

Finance Committee Effectiveness Review – Results And Actions

The results for the annual Committee Effectiveness review undertaken by Finance Committee Members and the Executive Director Lead for the Committee were all positive and therefore no action plan for improvement had been developed.

In future years the annual questionnaire would also be sent to attendees of the Finance Committee to ensure that a broader view of the Committee was captured.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

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
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

Report Title:	Strategy & Delivery Committee – Chairs Report					
Meeting:	Board Meeting				Meeting Date:	26.09.19
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Strategy & Delivery Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Strategy & Delivery Committee held on 3rd September 2019

Unplanned Care System - Presentation

The Committee was provided with a very good overview of the programme of work in place to achieve an unplanned care system which provided the right care, in the right place, first time. The Chief Operating Officer confirmed that demand continues to increase across most parts of the system, performance has generally improved, initially in EU and subsequently in the flow of patients out of hospital. The Committee were also advised that Get Me Home +, Red2Green and Discharge to Assess have shown positive results and started to rebalance the system.

Strategic Clinical Plan - Update

An update was provided on the Strategic Clinical Plan. The Executive Director of Strategic Planning confirmed there was an increasing separation emerging of UHL and UHW roles and a business case for the UHB Tertiary Services Plan for UHW was being developed.

Scrutiny of the Capital Plan

The Committee received assurance that the Capital Programme is being closely monitored to ensure the UHB meet their statutory and mandatory obligations. The Executive Director of Strategic Planning confirmed the UHB had 5 business cases submitted to Welsh Government for consideration including:

- Strategic Outline Case for CRI Sexual Health Referral Centre
- Strategic Outline Case for UHW Academic Avenue development (Theatres/Haematology Ward and Day Unit/Polytrauma Unit)
- Outline Business Case for Maelfa Wellbeing Hub
- Outline Business Case for Penarth Wellbeing Hub
- Business Justification Unit for Cystic Fibrosis Unit at UHL

and The CMG report highlighted a number of key issues related to several of the schemes

including:

- Neonatal Unit
- Rookwood relocation
- UHW Haematology Day Unit
- UHW Major Trauma & Vascular Hybrid Theatre
- Penarth Wellbeing Hub

Amplify 2025

The Committee was introduced to the new cultural and system improvements that are being implemented across the UHB. The Executive Director of Workforce and Organisational Development explained that the UHB had designed a program of work, similar to Canterbury Health Board from New Zealand, to develop the health system for the benefit of patients and staff. The Executive Director of Workforce and Organisational Development explained that changes had already been seen across the UHB and “Wyn” was placed at the heart of decision making.

Infrastructure / Estates Update

The Committee received a detailed update regarding Estates. The Executive Director of Strategic Planning confirmed the Estates Department were currently understaffed by approximately 30 members, however with the support of workforce, new team members were starting. The Executive Director of Strategic Planning also explained that modernisation was required and a new system was being developed to enable UHB staff visibility of estate and maintenance issues. The Committee supported the work being undertaken by the Estates Department and also supported the modernisation proposals in relation to the structure and the introduction of technology to ensure the department is fit to meet its on-going challenges.

Research & Development Update

An update was provided on the UHB Research & Development. The Medical Director advised the Committee that the research function had the best year in 5 years with over 6,500 patients recruited into research studies. The Medical Director also confirmed that the Joint Research Office was an important strategic development which would improve the UHB's relationship with Cardiff University.

Independent Review of the CAMH Service & Service Delivery Unit Report

The Committee were provided with an update following the Independent Review of the CAMH Service. The Chief Operating Officer confirmed there had been exceptional increases in the demand for Primary Care CAMHS during April and May 2019 and as a result the measures had deteriorated remarkably. The Chief Operating Officer advised the Committee that a comprehensive report would be taken to the Board meeting in September 2019 to advise where the service is and steps taken to improve the service.

Key Organisational Performance Indicators

The Committee discussed the most recent performance delivered and achieved across the main areas of service activity that are closely monitored by Welsh Government (WG). The Committee

was encouraged to note the continued positive performance and year on year improvement in most areas.

Primary Care Out of Hours Service

The Committee received a helpful update on the national peer review of Urgent Primary Care / Out of Hours. The Chief Operating Officer advised the Committee that the peer review noted a number of areas where the UHB were performing well which included:

- Workforce planning and the MDT model as best practice across Wales (this had been cascaded to others).
- The development of the remote working protocol as best practice in Wales and the protocol on death certification (again these have been shared with the All Wales OOH forum).
- The work undertaken on demand capacity analysis which is also being used as a model for implementation in other Health Boards.
- The escalation protocols and arrangements for on call and out of hours which will be suggested to other Health Boards as good practice.
- The “good culture and excellent support management and leadership” within the Health Board.

The Chief Operating Officer also advised the Committee that within the Public Accounts Committee a number of areas were noted as complimentary for the UHB.

Workforce Key Performance Indicators

The Committee were provided with an update from the Executive Director of Workforce & Organisational Development who confirmed that there were some challenges within medicine and surgery, particularly around nursing, therefore workforce had moved into International Recruitment and 40 International Nurses had been recruited for both Clinical Boards. The Executive Director of Workforce & Organisational Development advised the Committee the decision to move into International Recruitment was a risk however early signs indicated this was a successful decision.

Welsh Language Scheme

The Committee were advised that the Welsh Language (Wales) Measure 2011 replaced the Welsh Language Act 1993 and as part of the new legislation, in Wales the Welsh Language has equal legal status with English. The Committee confirmed the need for the UHB to embrace the Welsh Language and part of its culture and supported the actions to assist the organisation in complying with the standards.

Appraisal Rates – Deep Dive

The Committee was informed of the new value based appraisals process that was being implemented across the UHB. The Executive Director of Workforce & Organisational Development advised the Committee that the process had been tested widely throughout the UHB and positive feedback had been received. The Committee supported and welcomed the revised values based appraisals process as it would be of great benefit to the UHB and its staff.

Board Assurance Framework (BAF)

Of the six key risks set out in the BAF, four are linked to the S&D Committee i.e. workforce, sustainable primary care and community services, sustainable cultural change and capital assets.

At this September 2019 meeting, the Committee reviewed the risk relating to Capital Assets. The risk areas identified and agreed by the Board were reviewed.

A full discussion took place around the causes, impact, current controls in place and current assurances provided.

Employment Policies

The Committee reviewed minor amendments to the following policies:

- NHS Wales Special Leave Policy
- Maternity Policy

The Committee adopted both policies and approved the full publication of the documents in accordance with the UHB Publication Scheme.

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

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

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

Report Title:	Charitable Funds Committee – Chairs Report					
Meeting:	Board Meeting				Meeting Date:	26.09.19
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Chairtable Funds Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Charitable Funds Committee held on 10th September 2019

Wales for Africa Steering Group

The Committee was advised that the Wales for Africa Steering Group required structure and requested the group report into the Charitable Funds Committee going forward. After Committee discussion, it was agreed that the minutes of the Wales for Africa Steering group would be taken to the Committee for information at future meetings.

Food Sense Wales - Update

An update was provided on the Food Sense Wales Project. The Executive Director of Therapies & Health Science advised the Committee that Cardiff and Vale UHB received a commendation from Vaughn Gethin, Minister for Health & Social Wellbeing, for the work undertaken in the School Enrichment Programme.

Governance regarding Charitable Funds Committee Project Funding

The Committee acknowledged new governance arrangements which would be instigated around Health Charity Bids. The new arrangements and tracking system is ensuring supported bids are being delivered as per the Committee agreements. Further discussion was held around the bid reports, and the Committee agreed that a revised Charitable Funds Bid template would be developed to include the following criteria:

- Responsible Officer
- Who the funds would benefit – Staff, Patients or both
- How impact of funds would be measured
- How outcome of funds would be measured
- Agreed timescales for update reports to be brought back to the Committee
- How the bids align to the Health Charity and the UHB values and objectives

Endowment Order

The Committee approved the purchase of the Care Cube System for the one-off cost of £33,000, using money currently held on Fund 9494 Biggs Legacy Cardiac Research.

Fundraising Report 2018/19

The Committee received a detailed report regarding Fundraising. The Head of Arts and Health Charity advised the Committee a number of funds had increased due to the hard work of the Fundraising Support Officers. The Head of Arts and Health Charity explained the team were planning a number of events for 2019/20 and the Health Charity hoped to support the Barry and Cardiff 10k events in March and August 2020 to gain more awareness and support across the Vale of Glamorgan.

Annual Report 2018/19

The Committee were provided with the Annual Report 2018/19 and considered the progress of the Health Charity Fundraising Team along with the statement of financial accounts for Charitable Funds.

Health Charity Strategy 2019-2024

The Committee were introduced to the first Health Charity Strategy 2019/-24. The Director of Communications explained the Health Charity Objectives advised the Strategy was for the Charitable Funds Committee and Charity Trustee to have assurance that as the Health Charity was growing the Charity objectives were in line with Committee and Trustee expectations.

Health Charity Branding Guidelines

The Committee were provided with a helpful report which outlined the revised Health Charity Branding Guidelines that ensures the Health Charity logo is used with consent and in the correct way in addition to the Health Charity image becoming professionalised.

Sustainable Staffing Paper

The Committee discussed the increase in the Health Charity Staffing since June 2018 and the significant impact this had to the Charities awareness, visibility, professionalism and support.

The Director of Communications advised the Committee that to ensure continued Health Charity achievements and growth, the team required further capacity. After Committee discussion, it was agreed a further report would be brought to the Committee which contained staffing options and finances for Committee consideration.

Horatio's Garden

The Committee were provided with a detailed report outlining a timeframe on Horatio's Garden and the total costs to date. The Head of Arts and Health Charity informed the Committee that a number of events were planned to visit the garden and all Committee members were invited to attend to see the garden progressing.

Staff Lottery Bid Panel Report

The Committee were advised that a structure and evaluation meeting was held by the Staff Lottery Bid Panel to ensure that bids submitted measured benefits and outcomes to patients and staff. The Senior General Hospital Manager also advised the Committee that going forward if funds were not approved in a timely manner they would be withdrawn and a request for the bid to be re-submitted would be communicated.

Finance Monitoring Report

The Committee was provided with a report that detailed the Health Charity's current financial position. The Deputy Executive Finance Director explained that the Charity had a number of financial commitments this year totaling £1.5m therefore further financial commitments needed to be postponed as a financial re-structure was required to enable a further release of funds to the Health Charity. The Committee members agreed to meet outside the meeting to discuss and evaluate the financial position.

Staff Benefits Group – Car Dealership

The Committee approved a proposal from the Staff Benefits Group Review Panel to accept Affinity Partnership Scheme with Nathaniel Car Dealership which would replace the agreement with Griffin Mill to provide excellent benefits for UHB Staff Members.

Staff Benefits Meeting Minutes

The Committee reviewed and noted the Staff Benefits Meeting Minutes.

Items to bring the attention of the Board / Trustee

The Committee agreed to bring the following items to the Charity Trustee for consideration and approval:

- (a) The draft Annual Report 2018-19
- (b) The Health Charity Strategy 2019-2025

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		9. Reduce harm, waste and variation sustainably making best use of the	

entitled to expect				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	
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.					



Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board					Meeting Date:	26 th September 2019	
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Richard Thomas, Chair of Stakeholder Reference Group							

SITUATION

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 24 July 2019.

REPORT

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following

Thoracic Surgery

The SRG was informed that the Medical Directors of Cardiff and Vale and Swansea Bay UHBs had identified a need for 8 consultant thoracic surgeons and this had been agreed in principle. Cardiff and Vale UHB would therefore be appointing an additional thoracic surgeon in time for the commencement of the Major Trauma Centre service in April 2020.

Feedback from Board

The SRG received an update on some of the key issues discussed at the Board meeting held on 30 May 2019. Nikki Foreman agreed to provide a written summary for future meetings.

Draft Rehabilitation Strategy

The SRG received a presentation from Fiona Jenkins on the ideas emerging from the draft Rehabilitation Strategy and was asked for its thoughts and ideas on how the Strategy could be made real for 'Wyn' and the citizens of Cardiff and the Vale of Glamorgan. The SRG made a number of observations

- There should be specific reference to carers.
- 'Wyn' needs to be the prominent figure at the centre of the diagram
- The visuals are good but the language should be simpler.
- The colour scheme is too dark and fussy.
- A fire station should be included in the diagram.
- Integration and interface between the different providers and elements will be key and will require clear management.
- Advocacy services should be included
- The pictorial representation of 'Wyn' must be consistent across all the UHB's materials.

Improving the Patient Pathway for Frail Older People

The SRG received a presentation from David Allison on proposals to improve the pathway for frail older people in the Vale of Glamorgan. The SRG made a number of observations

- Could it be a 'prototype' for the wider Rehabilitation Strategy?
- There is a lot of support for Sam Davies ward and Barry Hospital in general and proposals to close facilities there will face significant opposition.
- The needs of carers in the western Vale should be considered

- Accessibility would be an issue.
- The need to emphasise that Barry Hospital is not closing and at the same time outline the future proposals for the site.
- Home care service capacity will have to be increased.

The proposals would be brought back to the SRG in September as part of the formal engagement process. The SRG would assist in publicizing a public workshop to develop the model and test the thinking.

Draft Strategic Equality Plan

The SRG suggested that the UHB should ensure that the equalities agenda is embedded in everything that it does. It suggested minor amendments to the four objectives contained in the current plan and will provide comment on the draft Strategic Equality Plan 2020-24.

Day Surgery at University Hospital Llandough

The SRG received a presentation from Mike Bond on proposals to deliver more non-complex surgery at UHL. The SRG made a number of observations and posed several questions including

- Engagement would be required with the local communities around UHL and UHW.
- Parking at UHL would be an issue.
- What would be a realistic percentage of surgery cancellations?

The SRG would provide comment on the formal engagement document

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

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:		Not Applicable							

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

Report Title:	Local Partnership Forum Report						
Meeting:	UHB Board				Meeting Date:		
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 7 August 2019. 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 report 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:

We have a legal obligation to produce and deliver a 4 year Strategic Equality Plan. The current plan ends on 31 March 2020. The Forum received a report describing the intent and processes to be followed (including timescales), and highlighted the alignment with Shaping Our Future Wellbeing, the Future Generations Act and other legislation.

The Director of Corporate Governance presented the draft Standards of Behaviour Policy for comment and input from the Forum. It was agreed that as there were a significant number of comments this would be referred to the Employment Policy Sub Group for follow up.

For Consultation/Engagement:

The Forum received a presentation on a proposal to increase the range of non-complex surgical treatments in UHL. Key points raised by the Forum included:

- Whether or not additional beds/theatres would be required at UHL
- The potential impact in terms of sustainable travel
- the importance of engaging with Allied Health Professionals early on in the process so that they could be involved in the change rather than having to react to it
- non-complex surgical cases tend to be the ones that get cancelled because of emergencies, winter pressures etc. This would not happen at UHL.
- the links between this model and prehabilitation and the better outcomes achieved when patients are fitter and healthier

The Forum also received a presentation on proposals to improve care for frail older people in the Vale of Glamorgan. It was noted that these proposals were still at an informal stage and that this had been brought to the Forum as part of a 'pre-engagement' exercise to test them and receive feedback on them.

Key points raised during the discussion included:

- There was an interest in learning more about the successful D2A (Discharge to Assessment) pilot conducted at St David's Hospital
- It was clear that patients needed to be nursed differently – this was partly about a skills mix, but there was also a need for a change in behaviours e.g. getting patients to move more.
- There were concerns expressed about the proposal to close beds given the context of an aging population.
- The importance of including therapists from the outset not after the changes were agreed was reiterated

For Communication:

The Chief Executive updated the Forum on the following:

- Amplify 2025
- Changes to Board. Miss Battle was thanked for her contribution as UHB Chair and assurances were given that the Safety Valve would continue
- JET meeting with Welsh Government

The Forum was advised that a Clinical Services Plan was being developed to enable us to articulate clearly how services will adapt and change, especially in Primary Care, and to engage further with our Communities. Workshops are being held in the locality and a more detailed paper would be brought to the next LPF meeting.

Sustainable travel is a standing agenda item at all LPF meetings. The new Park and Ride service from Cardiff to UHL and the option to develop an interchange at UHW were discussed. The point made at previous meetings about the need to provide a park and ride service from the Vale of Glamorgan to UHL was reiterated.

For Appraisal:

- LPF received the Finance Report, Workforce KPI Report and Patient Safety, Quality and Experience Report for May 2019. It was noted that if spending continues as it has for the first three months we will be £7m overspent and our plan will lose its approved status.

ASSURANCE is provided by:

- Ensuring alignment of Local Partnership Forum 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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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