Bundle Local Partnership Forum 4 December 2019

Agenda attachments

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2.2	Items to be brought to the attention of the Board
2.3	Any other business previously agreed with the Co-Chairs
2.4	Future Meeting Arrangements:
2.4.1	Wednesday 11 February 2020 at 11am (with a staff representative pre-meeting at 10.00am). Venue to be confirmed

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 4 December 2019 at 9.30am in Nant Fawr Room 1, Woodlands House

PART 1: Items for Action/Consideration		
1	Welcome and Introductions	*Chair*
2	Apologies for Absence	*Chair*
3	Declarations of Interest	*Chair*
4	Minutes of the meeting held on 2 October 2019	*Chair*
5	Action Log Review	*Chair*
For Consideration:		
6 9.40	Move More, Eat Well Plan 2020-2023	*Exec Director of Public Health/Consultant in Public Health*
7 10.00	Clinical Services Strategy	Presentation – *Executive Director of Strategy and Planning*
For Consultation/Negotiation		
For Communication:		
8 10.20	Chief Executives Update	Verbal – *Chief Executive*
9 10.30	Sustainable Travel	Verbal - *Executive Director of Strategic Planning*
For Appraisal:		
10 10.40	Finance Report	*Executive Director of Finance*
11 10.50	Workforce Report	*Executive Director of WOD*
12 11.00	Patient Safety Quality and Experience report	*Executive Director of Nursing*
11.10 PART 2: Items for information (for noting only) and Closure		
1	Minutes of the Employment Policy Sub Group	
2	Items to be brought to the attention of the Board	
3	Any other business previously agreed with the Co-Chairs	
4 **Close at 11.15**	Future Meeting Arrangements: Wednesday 11 February 2020 at 11am (with a staff representative pre-meeting at 10.00am). Venue to be confirmed	

Minutes from the Local Partnership Forum Meeting held on 2 October 2019 at 10am in Nant Fawr Room 1, Woodland House

PRESENT:	
Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives / UNISON (co-Chair)
Joanne Brandon	Director of Communication, Arts, Health Charity and Engagment
Caroline Bird	Deputy COO
Peter Welsh	Hospital Manager ,UHL and Barry
Dawn Ward	Independent Member – Trade Union
Mathew Thomas	UNISON
Stuart Egan	UNISON
Lianne Morse	Head of HR Operations
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Rebecca Christy	BDA
Dorothy Debrah	BDA
Rhian Wright	RCN
Pauline Williams	RCN
Andrew Crook	Head of Workforce Governance
Julie Cassley	Deputy Director of Workforce and OD
Fiona Kinghorn	Executive Director of Public Health
Sian Griffiths	Consultant in Public Health (part of meeting)
Chris Dawson-Morris	Corporate Strategic Planning Lead
Abigail Harris	Executive Director of Strategic Planning
APOLOGIES:	
Len Richards	Chief Executive
Rachel Gidman	Assistant Director of OD
Nicola Foreman	Director of Corporate Governance
Ruth Walker	Executive Director of Nursing
Steve Gaucci	UNISON
Robert Chadwick	Executive Director of Finance
Ceri Dolan	RCN
Janice Aspinall	RCN
Fiona Salter	RCN
Joe Monks	UNISON
Peter Hewin	BAOT/UNISON
Stuart Walker	Medical Director
SECRETARIAT:	
Rachel Pressley	Workforce Governance Manager

LPF 19/063 WELCOME AND INTRODUCTIONS

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

LPF 19/064 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

Mr Jones asked if Executive members of the Forum could be reminded of the need to send a deputy if they were not able to attend the meeting.

LPF 19/065 DECLARATIONS OF INTEREST

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

LPF 19/066 MINUTES OF THE PREVIOUS MEETING

The minutes from the meeting held on 7 August 2019 were agreed to be an accurate record of the meeting.

LPF 19/067 ACTION LOG

The Local Partnership Forum noted the action log.

LPF/055 (Clinical Services Plan): Mrs Harris advised that the Links Building was no longer considered fit for purpose from a Health and Safety perspective. Elements of the plan to re-locate the CMHT team in CRI had been pulled forward following a business continuity meeting. Discussions were still taking place around the relocation of the Drug and Alcohol Team and more would be known later that day. In the longer/medium term, a service model similar to that in the Vale was being considered for CHMTs in Cardiff. This would involve capital funding and investment, but the service model needed to be agreed first before agreeing the infrastructure needed to deliver it.

LPF 19/068 INTEGRATED MEDIUM TERM PLAN

The Forum received a presentation from Mr Dawson-Morris on the development of IMTP for 2020-23. Mr Dawson-Morris advised that 2020-21was Year 2 of the current plan, and as such was a refresh of the priorities and actions previously agreed rather than a new plan.

Key highlights of the presentation included:

- The IMTP needed to be viewed in the context of the Clinical Services Plan, SOFW (Shaping Our Future Wellbeing) and where we are as an organisation.
- The Regional Partnership Board and our role as a deliverer of services needed to be considered
- The approach adopted was transparent, accountable and emergent
- The priorities contained within the plan were presented against the SOFW strategic objectives – comments and reflections on these were being sought
- There is a focus on prevention of decline, cluster/locality working, maximising time (of patients and staff) and optimal pathways
- The plan will contain three levels of action – just do it, improvement with support and alliancing (bring together a range of partners to tackle the big issues between and across Clinical Boards)

Mr Jones stated that his only concern was that the Clinical Boards had not involved their leads staff representatives in this process. Ms Bird assured him that she would feed that back to the Clinical Board teams. Miss Ward supported Mr Jones' comments – she noted that in the past the staff representatives had been given the opportunity to sense check and influence the plans and the implications they had for staff. She emphasised that they were not debating if the plan contained the right things, as it had been well rehearsed over the years, but that the lead reps should have been involved or been invited to the workshops as they know the plan and need to be involved in the process.

Mrs Cassley offered LPF members reassurance that as well as the integrated Workforce Plan, each Clinical Board has its own written plan with workforce elements which would be discussed in more detail at the Workforce Partnership Group.
Action: Mrs Cassley

(Mr Dawson-Morris left the meeting)

LPF 19/069 Embedding Prevention in the UHB

The Forum received a paper from Dr Griffiths on the importance of embedding prevention in a systematic way to ensure we deliver our mission of 'keeping people well'.

Dr Griffiths advised that there is a good track record of preventative activity in the UHB, but these are not always co-ordinated. There is evidence that we can support prevention through patient contact, supporting staff health and wellbeing and out environment.

A model has been developed, and the views of LPF were sought, using smoking and healthy travel as examples. The model contains 5 actions for delivery:

- A PMO approach to smoking
- Delivering the UHB commitments in the Healthy Travel Charter
- Creating a social movement approach to prevention
- Supporting a network of clinical champions
- Communication

LPF was asked to support the model, and individual members were ask to commit to prevention themselves through role modelling and sharing the examples of good work.

Mr Jones supported the model and the good work being done. However he suggested that more could be done e.g. claiming travel expenses for traveling too and from work on bicycles, and declaring a climate emergency. Miss Ward also felt that the model could be more aspirational. She suggested that Dr Griffiths should attend a staff side meeting to engage in a more meaningful conversiation.

Mrs Wright indicated that she was concerned about the psychological wellbeing of lots of nurses and suggested that there should be more counselling support for them. Mr Driscoll advised that the Health Charity had recently agreed to strengthen the Health and Wellbeing resources for staff through the engagement of additional staff within the Employee Wellbeing Service.

Mrs Cassley suggested that the UHB Values and Behaviours Framework should be built into the model, and Mr Welsh suggested that the staff benefits scheme could be made more explicit to encourage staff to take advantage of them as part of their own self care.

Mr Egan raised concerns about the affordability of healthy food in the UHB restaurants. He suggested that if we were serious about changing behaviours there should be one healthy, affordable meal available every day. Mr Jones suggested that free water should also be available. Dr Jenkins advised, in her role as Chair of the Nutrition and Catering Committee, that there had been long discussions about free water and the provision of cheap healthy meals, but that income targets also needed to be considered and that current food standards meant that the options

available for sale were water and juice. Suitable changes would therefore need to be made to substitute income loss.

Mr Jones brought the discussion to a close, stating that LPF fully supported the model. Any further comments would be sent to Dr Pressley for sharing with Dr Griffiths.

(Dr Griffiths left the meeting)

LPF 19/070 SUSTAINABLE TRAVEL

Mrs Harris provided the Forum with a brief update on sustainable travel.

She reminded members that the Health Charity had supported a new Park and Ride Service from Cardiff (Toys R Us) to UHL, and advised that she had been receiving positive feedback in general, though it may be necessary to extend the hours to make it sustainable. She asked LPF to continue to promote the service and encourage staff and visitors to use it.

A new shuttle bus between UHW and UHL had been introduced. Mr Jones asked why this could not stop at St David's on route, but Mrs Harris advised that they needed to use the route with maximum volume and people would not use it if it took too long.

Coporate membership of Nextbikes was due to be launched imminently – this would involve membership for 1500 people and was being co-funded by UNISON. One of the biggest challenges would be ensuring that the right people were allocated membership. Concerns had previously been raised about the use of helmets. Mrs Harris advised that staff would be advised to think about where they could store a helmet if they cycled regularly.

LPF 19/071 CHIEF EXECUTIVES REPORT

In Mr Richards absence, Ms Bird advised that unscheduled care had been under extraordinary pressure, and that staff had done a fantastic job dealing with more patients through the door and more admitted. A winter plan had been developed and had been supported by Board the previous week. This put schemes into place to mitigate against pressures while working with our Local Authority Partners and the voluntary sector. Ms Bird emphasised that all winters are different, but based on debriefs from the previous years, key elements of this year's plan included:

- The principle of home first and prevention (including flu vaccinations)
- Enhancing Primary Care and Out of Hours resources
- Increased focus on respiratory
- In-hospital capacity and increasing number of senior decision makers.

The main risks identified were nursing capacity for additional beds, medical staffing and domicilary care/home workers. Miss Ward reminded the Forum that there were alternatives to nursing roles, including Allied Health Professionals.

Ms Bird indicated that any feedback was welcome. She picked up on the theme of engagement mentioned earlier in the meeting, and assured the Forum that staff representatives would be involved in the debrief next year, if they hadn't been previously.

Mrs Wright asked about a rumour she had heard regarding a regional Bank. Mrs Cassley advised that this was more than a rumour and that there were discussions about a collaborative Bank with neighbouring organisations, however, it would take time. Mr Driscoll added that assurances were needed that we would be better, not worse, off as a consequence. Mrs Cassley advised that this work was being led within the UHB by Mr Roberts (Deputy Director of Nursing).

Mrs Kinghorn advised the Forum that a comprehensive programme of flu vaccinations was being rolled out. In terms of staff this would be phased out in batches, starting in high risk areas.

LPF 19/072 FINANCE REPORT

The Local Partnership Forum received and noted the Finance Report for the period ending 31 July 2019. Mr Driscoll advised that the UHB had been de-escalated from targeted intervention to 'Business as Usual'.

LPF 19/073 WORKFORCE KPI REPORT

The Local Partnership Forum received and noted the Workforce Report for the period ending 31 July 2019.

Mr Driscoll advised that the Welsh Language Commissioner had rejected the concerns raised about the implementation of the Standards, which meant that the UHB needed to comply with all elements of the Standards.

The first cohort of international nurses had arrived, with a further 40-50 expected. These would be important in the delivery of the winter plan.

There was some cause for concern around absence, with a higher than expected increase for this time of year.

Amplify had been successfully launched in July and there was an extraordinary meeting of the Workforce Partnership Group on 10 October to talk this through. The next phase would be a 'showcase' which would be launced in Spring 2020. This had been delayed due to issued finding the right building.

Mrs Harris was leading the next cohort to Canterbury later this month. Applications had been invited and 2 nursing and therapy staff members and been chosen. They would be invited to attend a future LPF meeting to share their learning.

Mr Crook reminded the Forum that we needed to be able to identify our staff from the EU in order to support them through Brexit and with their applications to the EU Settlement Scheme. He re-iterated the importance of all staff registering their nationality on ESR and asked members of the Forum to support and encourage this. Drop in sessions and pop up stands had been arranged in UHL and UHW to help staff find out more about the EU Settlement Scheme and how to apply.

LPF 19/074 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Local Partnership Forum received and noted the Patient Safety, Quality and Experience Report.

Mrs Williams noted that there was an increase in the number of deaths reported. Mrs Harris advised that this had also been noted at Board and work was being done

to look into it, and would be reported back. Mr Jones stated that is was upsetting to read this in a report and requested that Mrs Walker sent a deputy if she was not available to talk to the report. Mr Driscoll advised that he would feed this back to her.

Mrs Wright noted that only the last figure was available for pressure ulcers, which did not allow for trends to be analysed. Dr Jenkins explained that this had also been discussed at Board. It was a reporting issue and that there would be better information going forward.

LPF 19/75 Part 2 - ITEMS FOR INFORMATION

The Local Partnership Forum received and noted a report on the Impact on Weekly Pay for Bank Staff

LPF 19/076 ITEMS FOR BOARD

There were no specific items which the LPF wanted to be brought to the attention of the Board.

LPF 19/077 ANY OTHER BUSINESS

There was no other business to be raised.

LPF 19/078 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 4 December at 9.30am with a staff representatives pre-meeting at 8.30am in Room Nant Fawr 1, Woodland House.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 19/068	2 October 2019	IMTP	Workforce Plan to be discussed at Workforce Partnership Group	Mrs Cassley	**Complete** Discussed at Workforce Partnership Group meeting held on 06.11.19

REPORT TITLE:	**Draft Cardiff and the Vale of Glamorgan Move More, Eat Well Plan**							
MEETING:	Local Partnership Forum					**MEETING DATE:**	04/12/2019	
STATUS:	**For Discussion**		**For Assurance**		**For Approval**	**X**	**For Information**	
LEAD EXECUTIVE:	Executive Director of Public Health							
REPORT AUTHOR (TITLE):	Consultant in Public Health Medicine							

PURPOSE OF REPORT: To ensure that the population of Cardiff and the Vale of Glamorgan is a healthy weight, by moving more and eating well.

SITUATION:

The draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan is being presented to Local Partnership Forum, in order to gain support for its strategic themes. The draft Plan is currently out for organisational and partnership engagement, between 4 November and 15 December 2019. We are therefore seeking views on how Cardiff and Vale UHB, working in partnership, can best support the Plan.

REPORT:

BACKGROUND:

We have previously discussed that our population needs to be move more, and to eat well in order to gain and maintain a healthy weight and to enhance our wellbeing. The current situation is not tenable, as over half our adult population is overweight or obese and over one fifth of our reception year children are overweight or obese. This can lead to future cardiovascular disease, some cancers, osteoarthritis and type 2 diabetes.

We have been working this year on developing our Move More, Eat Well Plan for Cardiff and the Vale of Glamorgan, where everybody has a chance to play a part, where we use evidence of what works to achieve our goals, and innovation to create energy and enthusiasm for this programme of work. Overall we would like a social movement approach to be adopted, in order for this to be a success.

There are many levers that will help us to achieve this vision. This includes the Wellbeing of Future Generations (Wales) Act, the Social Service and Wellbeing (Wales) Act and the Public Health (Wales) Act. Nationally, *Healthy Weight, Healthy Wales* was launched in October 2019. It outlines the key national drivers to support this agenda. The respective Delivery Plan will be announced in January 2020.

Locally, the draft Plan is being supported by both Cardiff and the Vale of Glamorgan Public

Services Boards, and the Cardiff and Vale of Glamorgan Regional Partnership Board and respective plans.

ASSESSMENT:

There has been full engagement in multiple partnership arenas to produce this draft Plan. The concept of the draft Plan was taken to Local Partnership Forum in October 2018, when we were starting our journey with the Move More, Eat Well Plan. As a Health Board this Plan will help us strengthen our approach and join up arenas of work in the UHB, under the umbrella of 'keeping people well'.

Two stakeholder events were held on 12 and 13 March 2019, with wider partners from the local authorities, Universities and the third sector in order to generate ideas for action, based on what they felt they could do, what others could do, and what we could do together to move more and to eat well. These events were attended by around 120 people. The many ideas were collected into ten priority areas, with associated actions, which are illustrated in the draft Plan.

We are currently undergoing an organisational and partnership engagement process for the draft Plan, which commenced on 4 November 2019, and will conclude on 15 November 2019. As a part of this engagement, there are 4 key questions:

1. Are you happy to support the Plan?
2. Do you have any comments on the content of the Plan?
3. How would you like to get involved in the action areas contained within the Plan?
4. Do you have any additional comments to make?

We will collect all feedback after the engagement period and use the results to enhance the current content. During the Spring, we will engage further with stakeholders, with a view to a launch in March 2020.

RECOMMENDATIONS:

Local Partnership Forum is asked to:

1. **APPROVE** the draft Move More Eat Well Plan approach and content.
2. **SUPPORT** the launch of the final Move More Eat Well Plan in March 2020, and its delivery.

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:	No. It is underway. If "yes" please provide copy of the assessment. This will be linked to the report when published.

Draft Cardiff and Vale of Glamorgan

Move More, Eat Well Plan

2020-2023

Move Eat Sleep Repeat!

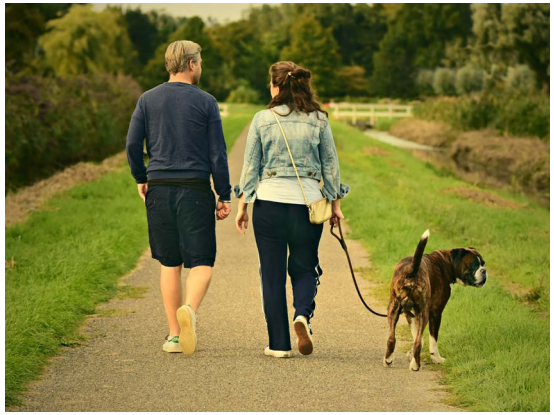
Move more, eat well

#movemoreeatwell

Foreword

We all need to move more and to eat well to stay fit and healthy and to enjoy life. Across Cardiff and the Vale of Glamorgan Public Service Boards and Regional Partnership Board we have pledged to work together to ensure that our population will be healthier by moving more and eating well.

We will work across our departments and organisations which includes: local authority planning, transport, and education; Cardiff and Vale University Health Board; Natural Resources Wales; South Wales Police; the third sector; the university/college sector and private sector in order to achieve this aim.



We are better together, and we can all do our bit as individuals, within our communities and the places that we live and work to make a difference. There is also a need to create healthy and sustainable food and physical activity environments, to encourage our communities to make the healthy choice.

Through engagement we have jointly created 10 priority areas for Cardiff and the Vale of Glamorgan, through which we will see this change over the next three years, and beyond.

You can be a part of this, by pledging to move more and eat well for yourself, your family, friends and community. Pledge at: #movemoreeatwell. Let's do this together!

Huw Thomas
Chair, Cardiff Public Services Board
Leader of Cardiff Council

Cllr Neil Moore
Chair of Vale of Glamorgan PSB and
Leader of Vale of Glamorgan Council

Cllr Susan Elsmore
Chair of Cardiff and Vale of Glamorgan RPB and Cabinet Member for Social Care, Health & Wellbeing, Cardiff Council

Our Vision

Our vision is that ***people in Cardiff and the Vale of Glamorgan will move more and eat well.***

We want everyone to take part and to pledge to do something differently. Action needs to take place by us all, as individuals and then as public and private sector organisations to make this happen. Through collaboration, we can all make a difference.

Fiona Kinghorn
Executive Director of Public Health
Cardiff and Vale University Health Board

Our 10 Priorities

What have we already achieved?

Every year, reception year school children are weighed and measured as a part of the national child measurement programme. During 2017/18, 77.4 per cent of these children (aged 4 to 5) were a healthy weight, the best in Wales.

We are not starting this programme of work from scratch, as much is already underway. In Cardiff, the Health Supplementary Planning Guidance has already been adopted, and is ensuring that the environments where we live and work are healthy within the Cardiff area.

We launched a Healthy Travel Charter in Cardiff in April and in Vale of Glamorgan in October 2019. This means employers will be supporting you to use healthy travel to and from work. Charters for the business and third sector are also being developed.

In both of our major hospitals, we sell at least 75% of food which is healthy for our staff and visitors.

There are also outdoor gyms on both sites.

Making Every Contact Count training has been delivered to over 2,200 people across Cardiff and the Vale of Glamorgan.

Both Cardiff and the Vale of Glamorgan are early adopters of the Hands Up school travel survey. Many schools also participate in the Daily Mile or similar.

During the school Summer holidays, the School Holiday Enrichment Programme runs in Cardiff and Vale of Glamorgan, and ensures that children receive nutritious food and physical activity during this period.

However, we still have much to do.

Our engagement process

We have engaged many people on this Move More, Eat Well Plan, but this is just the start.

On the 12 and 13 March 2019 we held two engagement events in Cardiff and the Vale of Glamorgan respectively. There were over 120 people in attendance over the 2 days. During the events we asked people what they could do, what others could do, and what we could do together to move more and to eat well.

We held a joint Cardiff and Vale of Glamorgan Public Services Board workshop on 22 May 2019, with a view to prioritising our actions together. We created 10 priority areas which we will deliver over time.

We now want to engage more people on the actions of this plan and what matters to them. We commit to meaningful engagement with people through the life of this plan, and we will develop a communications and engagement plan for this purpose.

What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	PARTNERS
	We will systematically improve the food and physical activity offer in schools	1.1 Improve whole school approach to healthy food provision and monitor compliance 1.2 School lunch breaks are of sufficient duration e.g. 45 minutes 1.3 Daily Mile or suitable alternative in all primary schools 1.4 Active travel plans in schools 1.5 Healthy out of school hours' provision	Pre-schools, Schools, Education, Transport, Leisure and Play services, Healthy Schools Teams, Dietetics, Public Health, Food & Fun Steering Groups, Sport Cardiff, Food Cardiff, Food Vale.
	We will ensure that planning will create healthy environments	2.1 Planning policy ensures that healthy environments are available on major new developments 2.2 Current and future developments design in accessible blue and green space and formal places for outdoor play and recreation 2.3 Design in healthy and active schools 2.4 Restrict permissions on hot food take-aways 2.5 Use traffic regulation orders to create supportive and safe environments	Planning, Cardiff and Vale UHB, local authority education directorates, Food Cardiff, Food Vale.

What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	PARTNERS
	We will create an environment and culture which supports healthy travel	3.1 Develop and implement Healthy travel charters across public, private and third sectors 3.2 Implement and expand public cycle hire schemes, including e-bikes 3.3 Further develop cycling and walking infrastructure and cycling parking 3.4 Develop an integrated public transport system	Planning, transport, PSB organisations, businesses, third sector
	We will champion the food and physical activity offer in workplaces	4.1 All PSB organisations' staff restaurants/canteens are signed up to healthy food standards 4.2 All PSB organisations have walking and cycling routes available to/from sites and active travel plans 4.3 All PSB organisations are participating in healthy workplace principles	PSB organisations, workplaces, Employers Network, Public Health, Food Cardiff, Food Vale, Nutrition and Dietetics

What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	PARTNERS
	We will ensure that advertising and marketing is healthy	5.1 Develop and implement a public sector policy to restrict junk food advertising across Cardiff and the Vale 5.2 Promote healthy foods in marketing campaigns 5.3 Promote use of technology so people move more	PSB organisations, Digital Communities Wales, Adult Learning, Food Cardiff, Food Vale
	We will create a refill region	6.1 Water is freely available in pre-schools; schools; workplaces and public sector organisations	Pre-schools, schools, workplaces, public refill stations

What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	PARTNERS
	We will create an informed workforce and population	7.1 Further implementation of Nutrition Skills for Life™ in areas of high need e.g. Get Cooking 7.2 Enhanced roll out of Making Every Contact Count e-learning 7.3 Train the trainer approach created for Making Every Contact Count	Dietetics, Cardiff and Vale UHB
	We will create healthy and sustainable food procurement systems	8.1 Embed principles of healthy food procurement across public sector bodies 8.2 Link with Corporate Health Standard Award to support all employers to incorporate healthy food procurement	Procurement teams, Cardiff and Vale UHB, Cardiff local authority, Vale of Glamorgan local authority, Food Cardiff, Food Vale

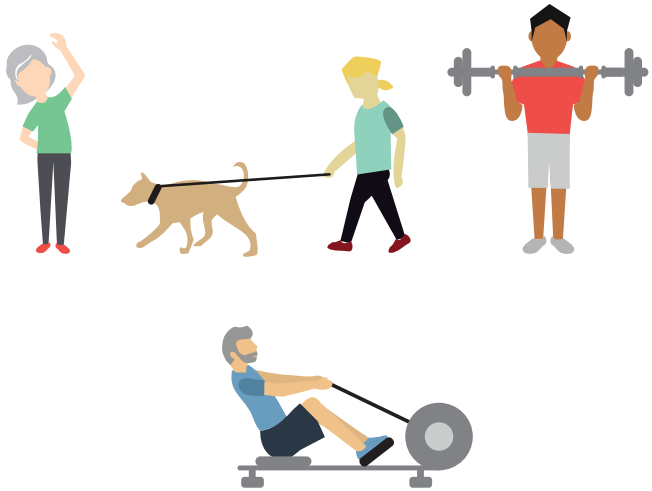
What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	PARTNERS
	We will support communities to be healthier	9.1 Launch Food for Life Get Togethers 9.2 Roll out Food-related benefits training 9.3 Increase walking in older people in communities with highest need 9.4 Support communities with highest need to take more physical activity and to eat well	Cardiff and Vale UHB, Foodsense Wales, Sport Cardiff, Vale of Glamorgan local authority, Food Cardiff, Food Vale.
	We will support people to become a healthy weight	10.1 Implement universal coverage of social prescribing for food and physical activity 10.2 Implement a complete referral pathway for children and adults who are overweight/obese 10.3 Deliver a programme in primary care to support people with pre-diabetes to improve their health	Cardiff and Vale UHB, Primary Care

What can each of us do every week?

1

Do 150 minutes of moderate to vigorous exercise per week. Some is good, more is better. Every minute counts.



2

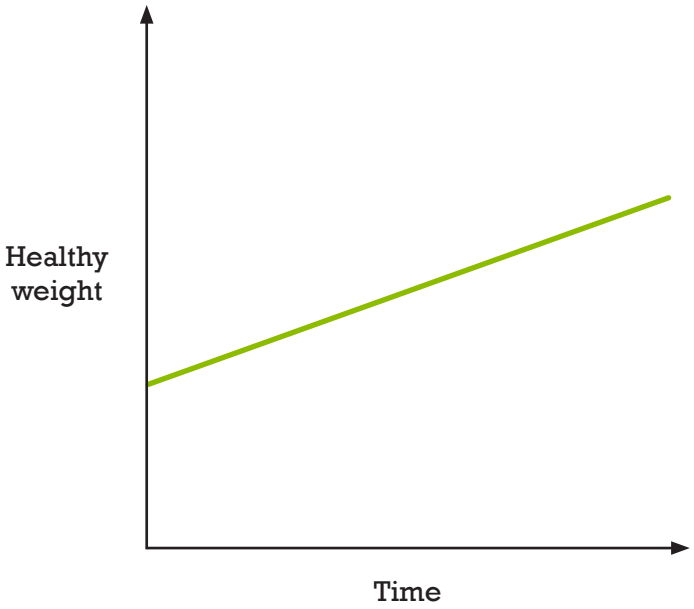
Find ways to eat 5 fruit and vegetables a day

3

Use healthy travel to and from work/school

How will we measure success?

We will develop an evaluation framework to measure the success of our Move More, Eat Well plan.



	ACTION				
PRIORITY	1	2	3	4	5
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Move Eat Sleep Repeat!

Move more, eat well

#movemoreeatwell

For further information contact the Cardiff and Vale Public Health Team
Email: movemoreeatwell@wales.nhs.uk
Tel: 02921 836503

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.

Len Richards
Chief Executive

Charles Janczewski
Interim Chair

Dr Stuart Walker
Medical Director

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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.

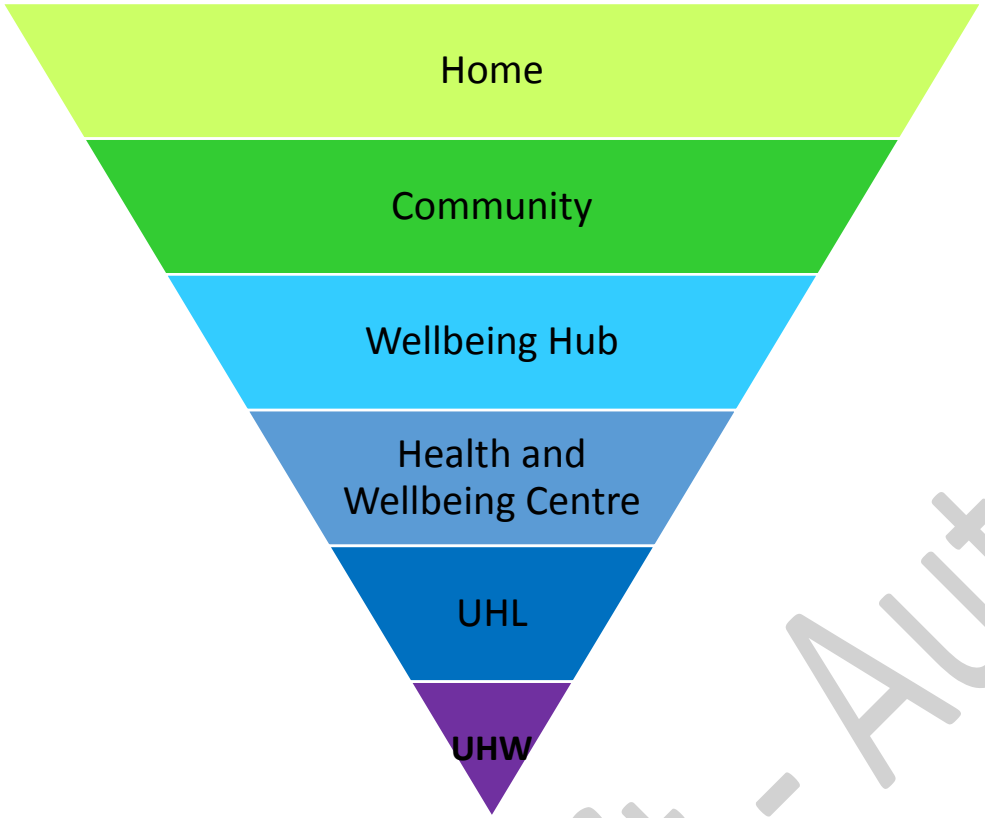
We know that the facilities we will need to provide transformed services will need to be very different. In 2018 we developed an estates strategy which set out the condition, utilisation and functional suitability of our current infrastructure, and the outline plans for developing our estate over the 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.

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 specialities, 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 specialities (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

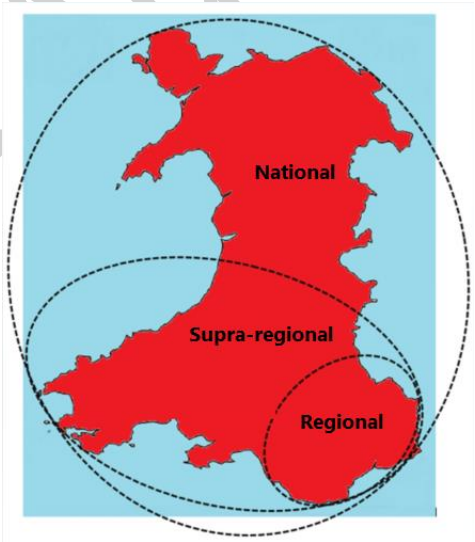
Cardiff and Vale University Health Board (UHB) was established in October 2009 and is one of the largest NHS organisations in the UK, and provides services at a local, regional, supra-regional and national level.

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.

For more detail please see table on page 15

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: Cardiff is the fastest growing city in the UK. 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 there is a difference of 22 years. 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.

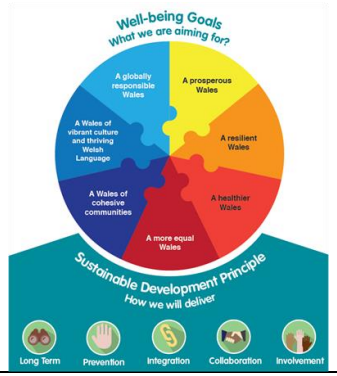
Welsh language: The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in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

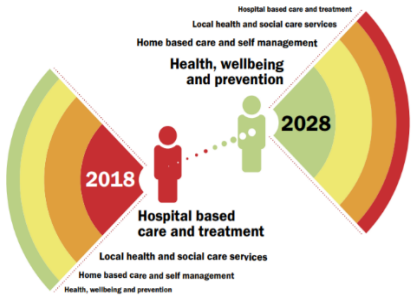
We have been working on the practical implementation of **prudent healthcare** principles since spring 2014. Our approach has also encompassed the findings from the Parliamentary Review endorsing the **"**one system" vision with four aims – the Quadruple Aim – that health and care staff, volunteers and 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 though our Integrating Health and Social Care Programme.



Social Services & Wellbeing (Wales) Act 2014
Our plan must contribute to the delivery of improved wellbeing outcomes and shift the focus of care from hospital to community.

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 Llanederyn 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, orginally a home for gentry, became a convalescent home for Welsh papaplegic 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 Artifical 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 reablement and rehabilitation 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 Eldery 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

Performed 46,212 operations in hospital theatres

£ 1.4b annual budget

Took part in 2,003,260 patient contacts

Took part in 547,215 patient contacts by community staff; 290,254 were by District Nurses

Performed 292,116 X Rays

9 primary care clusters, with 513,635 people registered with a GP

Community staff supported 705 palliative patients through the Continuing Health Care process

7,555 referrals made to the Community Resource Teams

Helped 122,622 people to access out of hours services

Dispensed 10,037,645 prescription items

Helped 16,667 people access mental health services

Employ 12,177 FTE staff members

Carried out 5,615,159 blood and urine tests

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 14th 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.

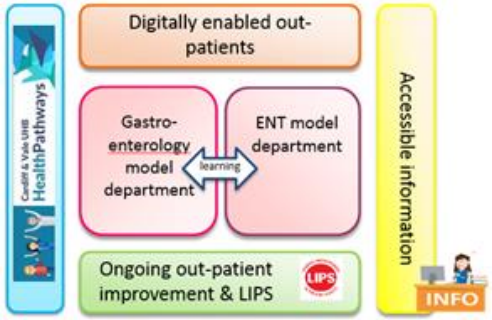
Patient Knows Best

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.

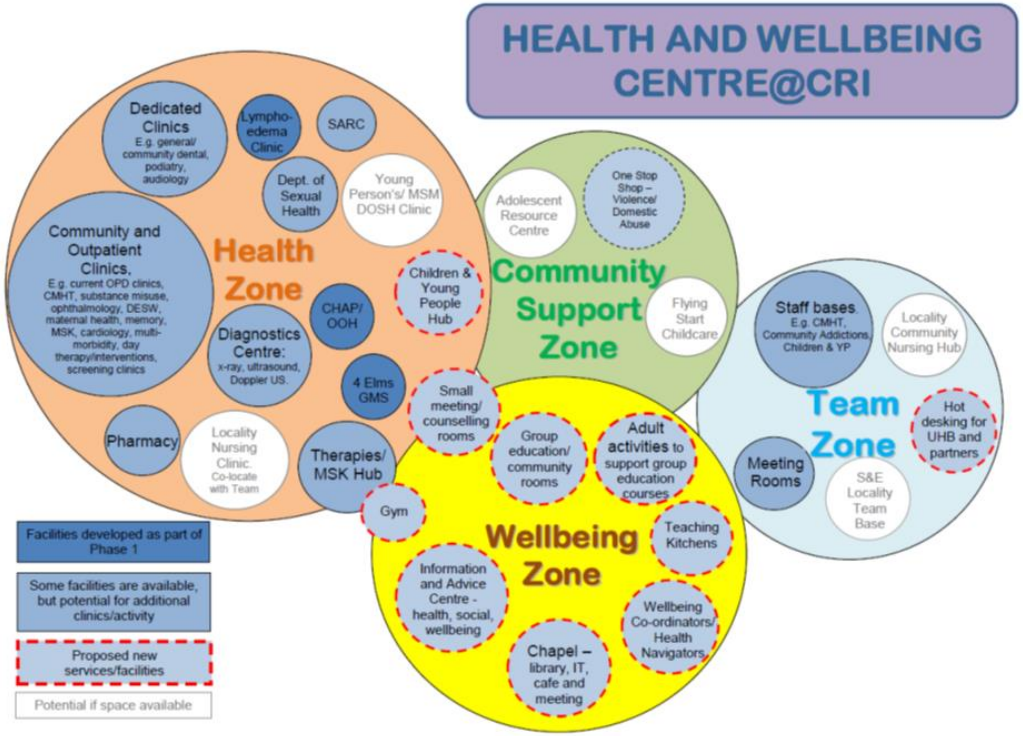
In developing our strategy we worked with staff, people who use our services and partner organisations to shape our strategic direction. The strategy sets out how we intend to deliver our strategic objectives. It describes the challenges we face, the principles which underpin the development of our services 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.

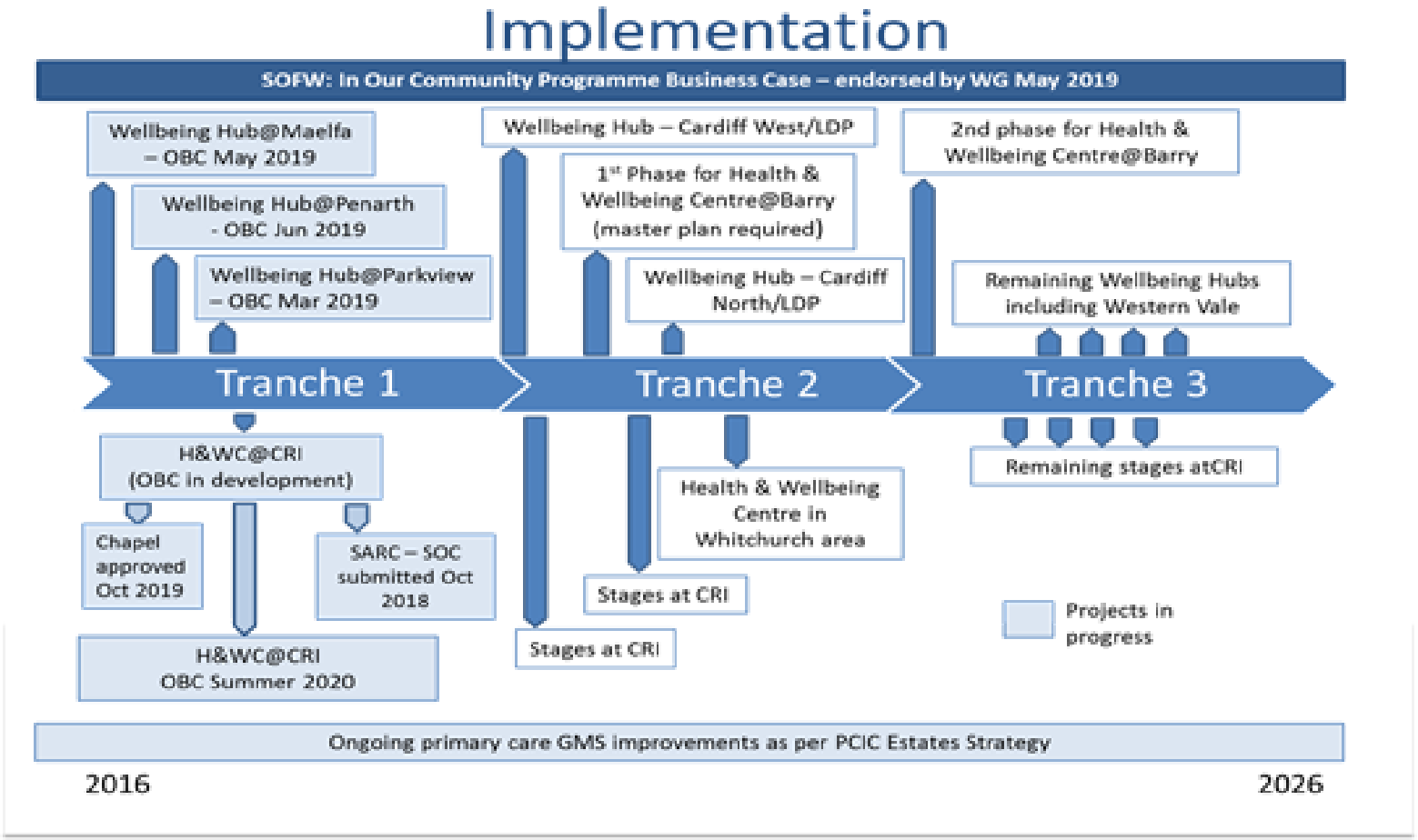
The whole system model describes how services will integrate with local authority, third and independent sectors in relation to caring for people in the community. As technology continues to develop access to services will be available from other sites than the main hospital bases. This includes outpatient 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

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)

Tranche 1:

- Health & Wellbeing Centre @ CRI
- Wellbeing Hub @ Parkview
- Wellbeing Hub @ Maelfa
- Wellbeing Hub @ Penarth

Tranche 2:

- Health & Wellbeing Centre @ Barry
- Health & Wellbeing Centre @ North & West Cardiff

Tranche 3:

Remaining Wellbeing Hubs

This work is being taken forward via the Shaping Our Future Wellbeing: In Our Community programme. We are currently in Tranche 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 and will be subject to further engagement.

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)

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.

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

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 reprovision of UHW. 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 clinical 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. Following positive feedback from a period of engagement, 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, developing UHL as a Surgical Centre of Excellence for non-complex, routine planned surgery. This will shape progression through the full spectrum of specialities.

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 below 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 though 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.

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.	
Current service	**Future service**
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. 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. 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.	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.

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.	
Current service	**Future service**
Wyn arrives at A&E (Emergency Department), is triaged, has an x-ray and blood tests and diagnosed with a broken hip. 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. 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.	Wyn arrives at A&E, is triaged, has an x-ray and blood tests and diagnosed with a broken hip. 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. 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. On discharge from the GMH+ team Wyn is referred to the 'Elderfit' classes in his local community.

Wyn has developed a chest infection.	
Current service	**Future service**
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.	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.

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**
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. 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. 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. 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.	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. 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. 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. 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. The rehabilitation prescription goes with Catrin and rehabilitation continues at her local hospital immediately following the agreed plan. She is discharged home more rapidly with better functioning of her injured limbs.

Engagement and Consultation

This Plan has been shaped by conversations we have had with a range of stakeholders over the last two years. Before we enter a period of wider external engagement in early 2020, we want to test the direction of travel with Health Board staff and colleagues in local primary care, as key partners in delivery of the vision. We want to hear your views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy.

A range of engagement materials have been developed to enable staff to give us feedback, with the aim of strengthening the draft Clinical Services Plan ahead of wider external engagement with stakeholders and the public. All documents are available on the intranet: details to be inserted.

This document sets out draft plans for how we see hospital services developing over the next decade as part of a transformed system. Keeping Wyn at the centre of your thinking, please tell us:

- What are the potential opportunities for your services?
- What are the potential challenges for your services?

Please send your feedback – as individuals, as teams, as groups of professionals **– by xxx to** **ShapingOur.Futurewellbeing@wales.nhs.uk**

`Report Title:	**Finance Report for the Period Ended 30th September 2019**										
Meeting:	**Local Partnership Forum**							**Meeting Date:**	**4 Dec 19**		
Status:	**For Discussion**	**x**	**For Assurance**	**x**	**For Approval**		**For Information**				**x**
Lead Executive:	**Executive Director of Finance**										
Report Author (Title):	**Deputy Director of Finance**										

SITUATION

The UHB's approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes a balanced financial plan for 2019/20.

At month 6, the UHB is reporting an overspend of £2.525m against this plan. The UHB plans to recover this year to date deficit and deliver a break even position by the year end.

REPORT

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 from Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of the plan. The financial plan for 2019/20 requires the delivery of a £31.245m savings target.

A summary of this plan is provided in Table 1.

Table 1: 2019/20 IMTP

	Approved IMTP £m
b/f underlying deficit	**(36.3)**
Net Allocation Uplift (inc LTA inflation)	56.6
Cost Pressures	(47.6)
Investments	(4.0)
Recurrent Cost Improvement Plans	31.3
In Year Financial Plan	**36.3**
Planned Surplus/(Deficit) 2019/20	**0.0**

The actual and provisional performance against the 3 year break even duty on revenue is shown in Table 2 below.

Table 2: Performance against 3 year financial break even duty

	Actual / Forecast year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass of fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.872)	(65.968)	Fail
2019/20	0.000	(36.725)	Fail

The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. **The above table shows that the UHB breached its statutory financial duty in 2016/17, 2017/18 and 2018/19 and that the forecast balanced 2019/20 outturn position also results in a breach of financial duty at the end of 2019/20.**

ASSESSMENT

The Finance Dashboard outlined in Table 3 reports actual and forecast financial performance against key financial performance measures.

Table 3: Finance Dashboard @ September 2019

		STATUS REPORT				
Measure	**n**	**September 2019**	**RAG Rating**	**Latest Trend**	**Target**	**Time Period**
Financial balance: remain within revenue resource limits	36	£2.525m deficit at month 6.	R	⊖	2019/20 Break-Even	M6 2019-20
Remain within capital resource limits.	37	Expenditure at the end of August was £15.784m against a plan of £16.412m.	G	⊖	Approved planned expenditure £41.791m	M6 2019-20
Reduction in Underlying deficit	36a	£36.3m assessed underlying deficit b/f position at month 1. FYE of identified savings meet recurrent target at month 6.	R	⊖	If 2019/20 plan achieved reduce underlying deficit to £4.0m	M6 2019-20
Delivery of recurrent £16.345m 2% devolved target	36b	£16.345m identified at Month 6.	R	⊖	£16.345m	M6 2019-20
Delivery of £10.0m recurrent/non recurrent corporate target	36c	£10.000m identified at month 6.	R	⊖	£10.000m	M6 2019-20
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.6% in September	G	↑	95% of invoices paid within 30 days	M6 2019-20
Remain within Cash Limit	37b	Forecast cash surplus of £ 0.677 m	G	⊖	To remain within Cash Limit	M6 2019-20
Maintain Positive Cash Balance	37c	Cash balance = £3.884m	G	⊖	To Maintain Positive Cash Balance	End of September 2019

Month 6 Cumulative Financial Position

The UHB reported a year to date deficit of £2.525m.

The UHB intends to recover this year to date deficit and deliver a break even position by the year end. The UHB has a plan to achieve this which includes the delivery of remedial actions and the careful management and control of budgets and expenditure. This will take concerted management attention and is not without risk of delivery which is assessed to be up to £4m. This assumes full delivery of the savings plan and excludes risks relating to the Welsh Risk Pool.

The forecast trajectory in order to achieve break-even has been amended in month to reflect the updated financial breakeven plan and is included at Appendix 6. This shows that the recovery in the September position is expected to continue over the second half of the year resulting in a break even position at the end of March. **The stepped improvement in month 6 was due to the release of £0.8m provisions in respect of HSE legal proceedings against the UHB the liability for which has now crystallised**.

Table 4 analyses the operating variance between income, pay and non pay.

Table 4: Summary Financial Position for the period ended 30th September 2019

Income/Pay/Non Pay	In Month			Cumulative Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(117.842)	(117.828)	0.014	(713.846)	(716.337)	0.035	(1,449.165)	(1,449.165)	0.000
Pay	52.455	52.422	(0.034)	319.528	318.337	(1.191)	627.513	627.513	0.000
Non Pay	65.386	65.114	(0.272)	394.318	397.999	3.681	821.651	821.651	0.000
Variance to Plan £m	0.000	(0.291)	(0.291)	0.000	0.000	2.525	0.000	0.000	0.000

Income

The year to date and in month financial position for income is shown in Table 5.

Table 5: Income Variance @ September 2019

Income	In Month			Cumulative Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Research & Development	(0.822)	(0.841)	(0.020)	(5.040)	(5.269)	(0.228)
Revenue Resource Limit	(79.192)	(79.192)	0.000	(479.293)	(481.818)	0.000
Accomodation & Catering	(0.390)	(0.364)	0.026	(2.200)	(2.093)	0.107
Education & Training	(3.227)	(3.225)	0.003	(19.456)	(19.397)	0.058
Injury Cost Recovery Scheme (CRU) Income	(0.316)	(0.339)	(0.022)	(1.219)	(1.219)	(0.000)
NHS Patient Related Income	(27.487)	(27.563)	(0.076)	(157.078)	(157.276)	(0.198)
Non Revenue Resource Limit	(1.609)	(1.609)	0.000	(9.657)	(9.657)	0.000
Other Operating Income	(4.682)	(4.544)	0.138	(39.216)	(38.776)	0.439
Overseas Patient Income	(0.007)	(0.017)	(0.010)	(0.044)	(0.111)	(0.066)
Private Patient Income	(0.107)	(0.133)	(0.025)	(0.644)	(0.721)	(0.077)
Total £m	(117.842)	(117.828)	0.014	(713.846)	(716.337)	0.035

A deficit of £0.035m is reported against income budgets. The main variances to note are:

- £0.076m favourable in month variance on NHS patient related income where there has been an improvement in month on LTA and WHSCC performance which has partially been offset by a drop in English cross border activity.
- £0.138m in month adverse variance on other operating income primarily due to continuing underperformance in PICU and NICU, the closure of the Radio-pharmacy Unit since August and the under – occupancy of retail spaces in UHW and UHL in part due to the abandonment of the pharmacy outpatients CRP scheme.

LTA Provider Performance

The UHB receives circa £288m income from its contracts with WHSSC, LHBs and other commissioners, in addition to non-contractual flows. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information.

There is an improved M6 LTA position with LHBs of £0.117m in the month. The overall position is a favourable variance of £0.176m at month 6. The LTA position with LHBs at Month 6 is underperforming mainly driven by under delivery within Orthopaedics. This is offset by overperformance on the WHSSC and non welsh LTA's. The overall performance against plan at month 6 is summarised in Table 6 below.

Table 6: Month 6 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	(229.480)	(114.671)	(114.936)	(0.264)
Aneurin Bevan	(30.533)	(15.246)	(15.286)	(0.039)
Other LHBs	(39.088)	(19.726)	(19.497)	0.229
Non-Welsh	(3.354)	(2.482)	(2.583)	(0.101)
	(302.454)	**(152.126)**	**(152.302)**	**(0.176)**

Pay

In total pay budgets are showing a cumulative underspend of £1.191m as reported in Table 7.

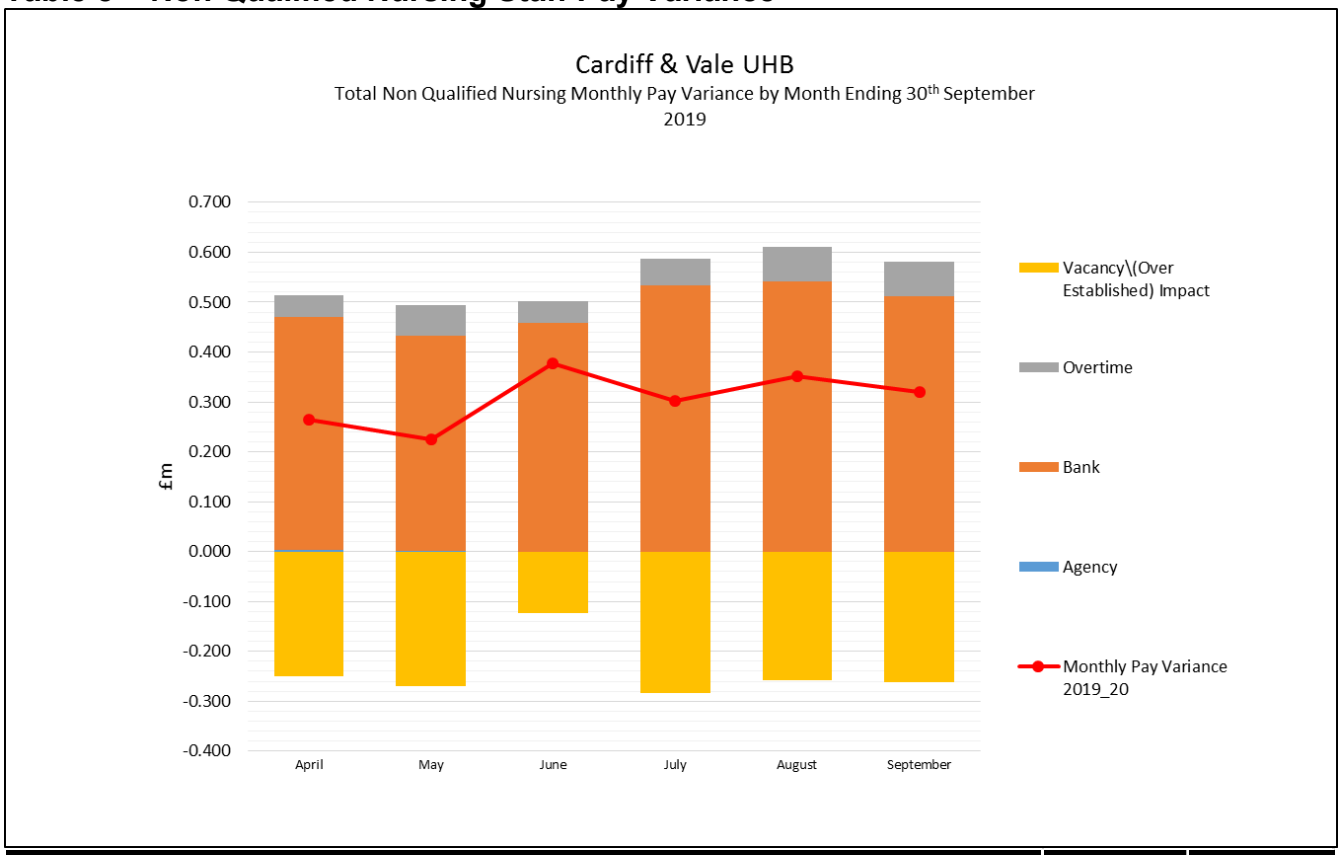
Table 7: Analysis of pay expenditure by staff group @ September 2019

Pay	In Month			Cumulative Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Additional clinical services	2.028	1.986	(0.042)	12.141	12.043	(0.097)
Management, admin & clerical	6.352	6.335	(0.018)	38.259	38.128	(0.131)
Medical and Dental	13.141	13.106	(0.036)	79.330	79.145	(0.185)
Nursing (registered)	15.844	15.902	0.058	96.808	96.708	(0.100)
Nursing (unregistered)	4.117	4.437	0.320	25.441	27.282	1.841
Other staff groups	8.008	7.869	(0.139)	48.937	47.478	(1.458)
Scientific, prof & technical	2.964	2.788	(0.176)	18.613	17.554	(1.060)
Total £m	52.455	52.422	(0.034)	319.528	318.337	(1.191)

Total pay budgets are underspent by £1.191m at the end of September after an in month underspend of £0.034m

The pressure against nursing budgets where the in month overspend has deteriorated from the previous month continues to be of concern. In month improvement have been offset by supernumerary adaptation costs.

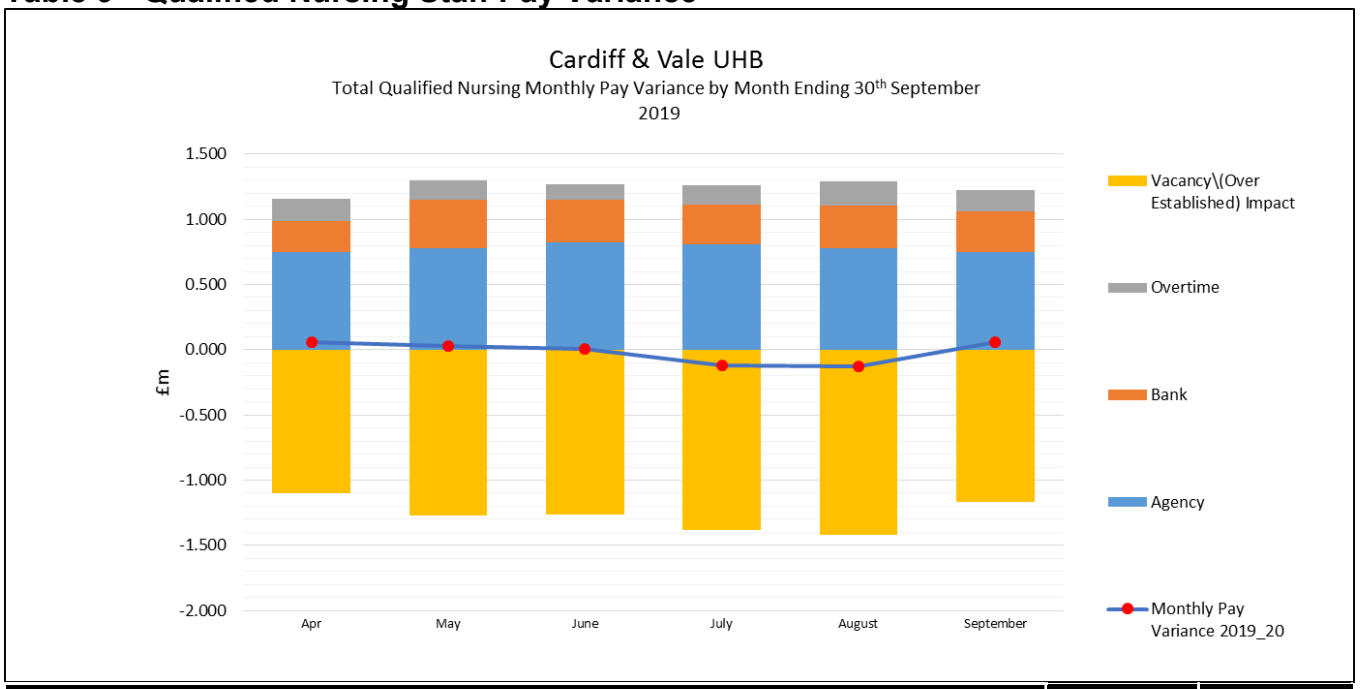
Table 8 – Non Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.000)	0.002
Bank	0.513	2.945
Overtime	0.069	0.340
Adverse Impact	0.582	3.286
Vacancy\(Over Established) Impact	(0.262)	(1.445)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.320	1.841

Table 8 indicates that the £1.841m adverse variance against non-qualified nursing assistants is due to overspends of £2.945m on bank staff and £0.340m on overtime which is partly offset by an underspend against established posts.

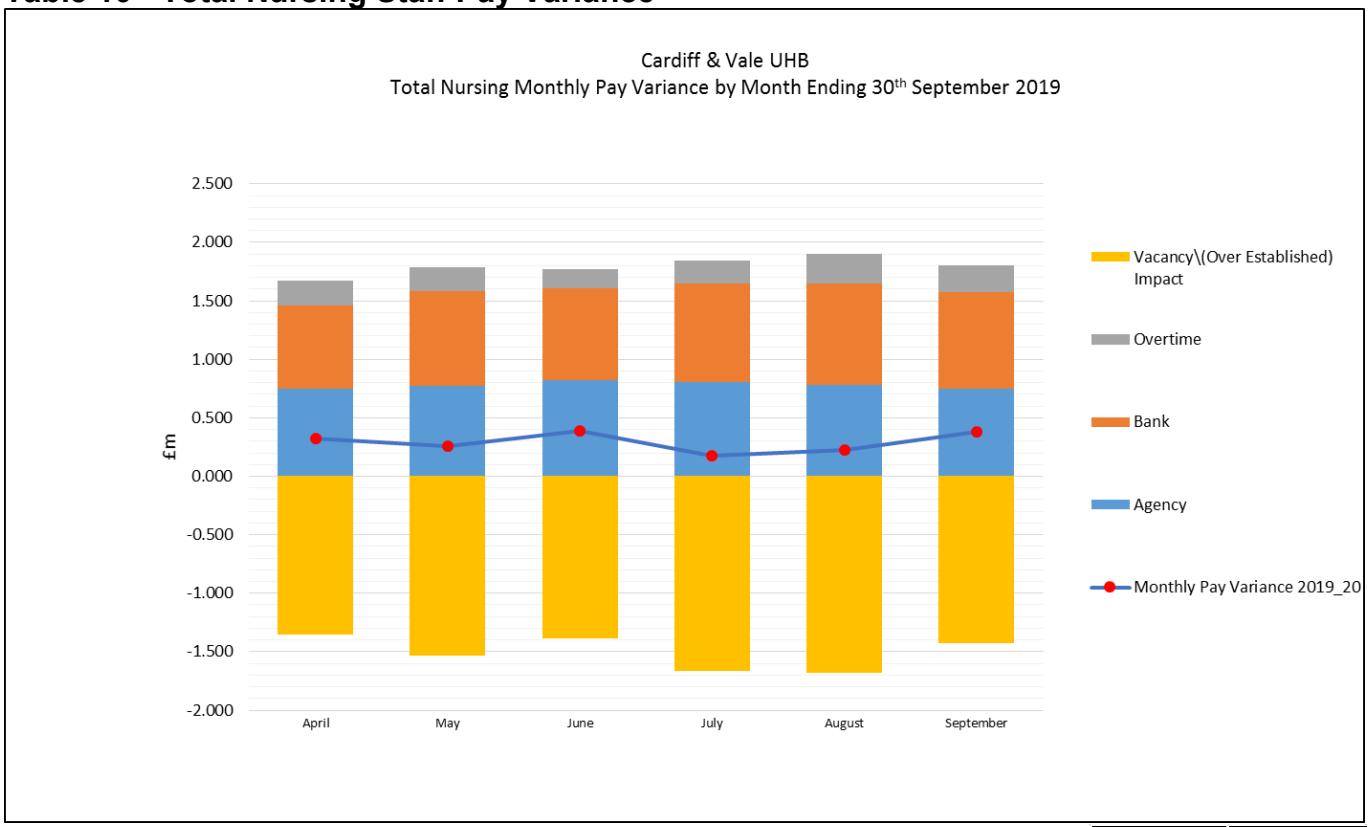
Table 9 - Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.750	4.681
Bank	0.313	1.890
Overtime	0.160	0.929
Adverse Impact	1.223	7.499
Vacancy\(Over Established) Impact	(1.165)	(7.600)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	0.058	(0.100)

Table 9 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing.

Table 10 - Total Nursing Staff Pay Variance

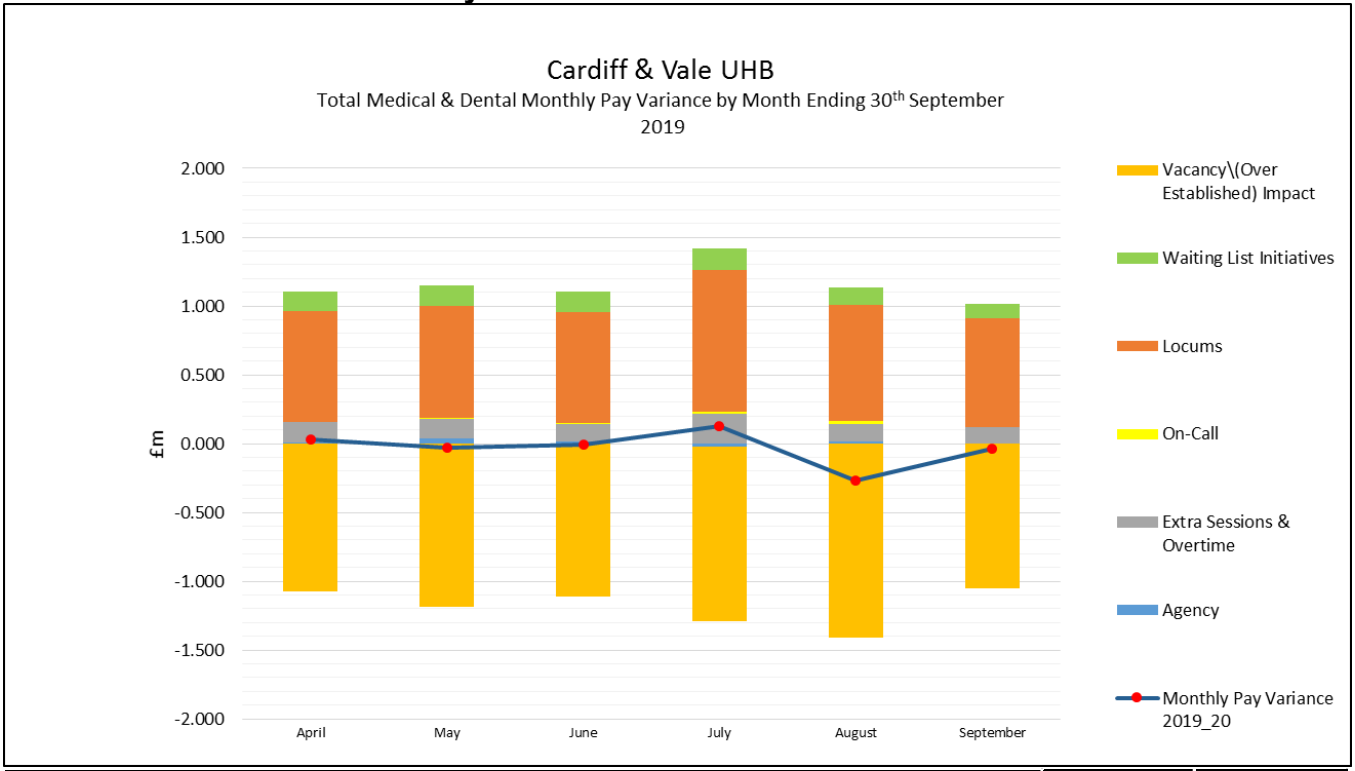


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.750	4.683
Bank	0.825	4.835
Overtime	0.229	1.268
Adverse Impact	1.805	10.786
Vacancy\(Over Established) Impact	(1.427)	(9.045)
Total Pay Variance - (Fav)/Adv £m	0.378	1.741

Table 10 identifies expenditure against substantive nursing posts for the year to date which is £1.741m more than budget. The £9.045m surplus against established posts is offset by a £10.786m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2019/20.

Table 11 shows financial performance against medical and dental pay budgets. This identifies that the majority of the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an underspend of £0.185m at month 6.

Table 11 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.001)	0.044
Extra Sessions & Overtime	0.117	0.887
On-Call	0.003	0.051
Locums	0.790	5.102
Waiting List Initiatives	0.104	0.820
Adverse Impact	1.015	6.904
Vacancy\(Over Established) Impact	(1.050)	(7.089)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.036)	(0.185)

Non Pay

Table 12 highlights an overspend of £3.681m against non pay budgets.

The key operational pressure areas are:

- High levels of CHC growth as a consequence of increasing numbers particularly in respect of palliative care and learning difficulties. The in month position shows an improvement this month due to a one off reassessment of financial liabilities;
- An overspend against drug budgets primarily in medicine and primary care; the majority of the in month overspend relates to GP prescribing where category M prices and cost and volume growth are driving additional costs, medicine due to a small number of high cost treatments and the temporary closure of the Radiopharmacy Unit.
- Premises and fixed plant where key cost drivers are increased spend on estates

contractors to cover vacancies in substantive posts during a workforce modernisation programme, energy costs and the significant cost of security on the vacant sites at Lansdowne and Whitchurch. £0.322m of the overspend on estates contractor costs is offset by staff underspends on vacant posts.

- The in month increase in overspend against clinical services and supplies is a result of an increase in the reported overspend on Theatre consumables following a revision to the Theatre's internal SLA.

The adverse in month movement in commissioned services relates to the recognition of the UHB's contribution to the WHSCC budget alongside additional drug costs at Velindre NHS Trust.

Table 12: Non Pay Variance @ September 2019

Non Pay	In Month			Cumulative Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Clinical services & supplies	8.568	9.110	0.541	51.736	52.548	0.812
Commissioned Services	14.190	14.483	0.293	86.226	86.759	0.533
Continuing healthcare	6.099	5.828	(0.271)	33.397	33.958	0.560
Drugs / Prescribing	11.994	12.117	0.124	74.458	76.484	2.026
Establishment expenses	0.992	1.113	0.121	5.773	6.122	0.349
General supplies & services	0.691	0.700	0.009	4.299	4.469	0.171
Other non pay	5.930	4.563	(1.367)	35.566	33.105	(2.460)
Premises & fixed plant	2.435	2.654	0.219	17.118	18.760	1.643
Primary Care Contractors	14.488	14.548	0.060	85.746	85.794	0.048
Total £m	65.386	65.114	(0.272)	394.318	397.999	3.681

LTA Commissioner Performance

The UHB spends circa £165m on commissioning healthcare services for its population mainly through contracts with WHSSC, LHBs and Velindre. The adverse position is against WHSSC expenditure mainly due to immunology, melanoma drugs, renal and specialist cardiology. This is partially offset by favourable variances for Velindre drugs and NCA expenditure. The year to date commissioner position is shown in Table 13.

Table 13: Month 6 LTA Commissioner Position

Expenditure - C&V Commissioner				(fav) / adv
	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	126.708	63.109	63.700	0.592
Velindre	17.495	8.747	8.597	(0.150)
LHBs	20.204	10.165	10.295	0.130
Other / NCAs	1.329	0.664	0.441	(0.224)
	165.735	**82.686**	**83.033**	**0.348**

Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the six month months to 30th September 2019 by Clinical Board is shown in Table 14.

Table 14: Financial Performance for the period ended 30th September 2019

Clinical Board	M5 Budget Variance £m	M6 Budget Variance £m	In Month Variance £m	Cumulative % Variance
All Wales Genomics Service	(0.023)	(0.036)	(0.014)	(0.62%)
Capital Estates & Facilities	0.792	0.994	0.202	3.08%
Children & Women	0.588	0.796	0.208	1.45%
Clinical Diagnostics & Therapies	0.659	0.936	0.276	1.75%
Executives	(0.155)	(0.158)	(0.004)	(0.79%)
Medicine	2.132	2.590	0.458	4.40%
Mental Health	0.021	0.037	0.016	0.09%
PCIC	1.480	1.348	(0.132)	0.79%
Specialist	(0.754)	(0.914)	(0.160)	(1.07%)
Surgery	0.727	1.168	0.442	1.54%
SubTotal Delegated Position	**5.468**	**6.760**	**1.292**	**0.00%**
Central Budgets	(2.652)	(4.235)	(1.583)	(3.59%)
Total	**2.817**	**2.525**	**(0.292)**	**0.35%**

The largest in month overspend was in the in the Medicine Clinical Board primarily as a consequence of continuing difficulties in managing nursing overspends alongside an ongoing overspend against drugs budgets. The in month overspend in the Surgery Clinical Board was due nursing pay and a revision to the Theatre SLA which has led to the recognition of an overspend against Theatre consumables. The CD & T Clinical Board observed in month overspends arising from the closure of the Radio pharmacy unit and slippage against CRP schemes. The September overspend in the Women and Children's Clinical Board was caused by further under-performance against NICU& PICU targets alongside additional staff costs arising from junior doctor rotations and overperformance against Theatres, Pathology, Labs, Radiology trading frameworks. The overspend in Capital Estates in month was a result of continuing security costs at & overspend against energy. The reported position in PCIC improved in month due to the recognition of a non recurrent opportunity, however pressures in prescribing and CHC continue.

Further detail on the Performance of Executive Directorate Budgets is provided at **Appendix 5.**

The financial performance on delegated budgets remains the key financial risk facing the UHB. Clinical Boards have been tasked with improving their financial performance which requires the delivery of recovery measures and this will be managed through the normal performance management and escalation processes.

Savings Programme

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 6 the UHB has a fully identified savings programme to deliver against the £26.345m savings target as summarised in Table 15.

Table 15: Progress against the 2019/20 Savings Programme at Month 6

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

The latest position is shown in **Appendix 1**.

Further work will continue on the savings programme to convert the key remaining amber schemes to green as soon as possible.

Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The recurrent underlying deficit in 2018/19 b/f into 2019/20 was £36.3m. Successful delivery of the 2019/20 plan will reduce this to £4m by the year end. This is shown in Table 16.

Table 16: Summary of Underlying Financial Position

	2019/20 Plan £m	Forecast Position @ Month 6	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	**36.261**	**0.000**	**36.261**
Income	**(56.610)**		**(56.610)**
Cost pressures less mitigating actions	**51.594**		**51.594**
Less CIPs (includes income generation & NR accountancy gains)	**(26.345)**	**4.000**	**(22.345)**
Release of Remaining Investment Reserve & operational underspend at WEQAS	**(4.900)**		**(4.900)**
Deficit £m	**0.000**	**4.000**	**4.000**

The achievement of this is very much dependent upon delivering the full year impact of 2019/20 savings schemes. The risk involved and further actions required to achieve this are currently being reviewed.

The UHB's Welsh Government approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes measures to recurrently address the UHBs underlying deficit by the end of 2020/21.

Balance Sheet

The balance sheet at month 6 is detailed in **Appendix 2**.

The increase in the carrying value of property, plant & equipment since the start of the year is largely due to the impact of annual indexation.

Overall trade debtors have increased £24.9m (13.5%) since the start of the year primarily due to an increase in amounts due from the Welsh Risk Pool in respect of clinical negligence cases, the annual prepayment of maintenance contracts running from April to March and an increase in NHS invoice accruals. The in month increase of £6.6m was primarily due to an in month increase in amounts due from the Welsh Risk Pool.

The carrying value of Inventory held rose by circa £1m in month primarily due to cardiac stock which was purchased in bulk to obtain a discounted purchase price. This stock will be managed and utilised over the remaining months of the year.

The value of Trade and other payables has fallen by around £10.5m since the start of the year due to a reduction in capital creditors, a reduction in clinical negligence accruals and the settlement of year end liabilities. The carrying value of trade creditors increased by £4.3m in September largely reflecting the timing of the UHB's quarterly payment into the Pooled CHC fund and a £1.5m increase in deferred income related advance payments.

Cash Flow Forecast

The UHB does not expect to request additional cash support in 2019/20 and at the end of August 2019 the UHB had a forecast year end cash surplus of £0.677m. The UHB will continue to monitor this position with a view to revising the requirement if necessary.

The UHB's cash balance at the end of September was £3.884m.

A detailed monthly cash flow is shown in **Appendix 3**.

Public Sector Payment Compliance

The UHB's cumulative performance to the end of August is 96.6% following a 0.2% improvement in month.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of September 2019 is summarised in Table 17 and detailed in **Appendix 4**.

Table 17: Progress against Capital Resource Limit @ September 2019

	£m
Planned Capital Expenditure at month 6	16.412
Actual net expenditure against CRL at month 6	15.784
Variance against planned Capital Expenditure at month	(0.628)

Capital progress for the year to date improved in month with net expenditure to the end of September being 38% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £41.791m at the end of September 2019 comprising of £13.989m discretionary funding and £27.802m towards specific projects (including Neo Natal Upgrading Phase 2, Rookwood Replacement & MRI Scanners)

Key Risks and Recovery Actions

At month 6, the key risk is the management of budgets to deliver a balanced financial position by year end. This risk is assessed as being up to £4m. Clinical Boards have identified recovery measures to deliver an improved financial position. The UHB is also carefully managing its corporate risks and opportunities. A recent risk has emerged relating to the Welsh Risk Pool where costs across NHS Wales are now predicted to exceed the budget available. This has been reassessed by NWSSP as being up to £1.4m.

Delivery against this recovery plan will monitored monthly by the Finance Committee.

ASSURANCE is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB's plans to recover the year to date deficit and deliver a break even position by the year end as planned.

RECOMMENDATION

The Local Partnership Forum is asked to:

- **NOTE** that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20.
- **NOTE** the £2.525m deficit at month 6
- **NOTE** the key risks and the plan to deliver a break even position by year end.

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	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		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Appendix 1

2019-20 In-Year Effect

Clinical Board	19-20 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Surgery	2,300	2,561	0	2,561	661	-261
Specialist Services	2,019	2,071	136	2,207	0	-188
PCIC	3,300	1,572	1,738	3,310	517	-10
Mental Health	1,470	920	550	1,470	100	0
CD&T	1,633	980	654	1,634	574	-1
Corporate Execs	681	594	17	611	20	70
Children & Women	1,775	1,237	257	1,494	225	281
Medicine	1,877	1,113	438	1,551	354	326
Capital Estates and Facilities	1,290	919	20	939	267	351
Total	**16,345**	**11,967**	**3,810**	**15,777**	**2,718**	**568**
Corporate	12,800	11,618	1,750	13,368	0	-568
Total	**29,145**	**23,585**	**5,560**	**29,145**	**2,718**	**0**

2019-20 Full Year Effect

Clinical Board	Recurrent	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Surgery	2,300	2,168	0	2,168	1,130	132
Specialist Services	2,019	1,903	136	2,039	0	-20
PCIC	3,300	1,564	1,424	2,988	0	312
Mental Health	1,470	702	550	1,252	100	218
CD&T	1,633	799	211	1,010	574	623
Children & Women	1,775	472	941	1,413	245	362
Corporate Execs	681	646	0	646	0	35
Medicine	1,877	1,233	1,180	2,413	558	-536
Capital Estates and Facilities	1,290	800	43	843	0	447
Total	**16,345**	**10,287**	**4,485**	**14,771**	**2,607**	**1,574**
Corporate	14,900	3,332	0	3,332	0	9,468
Total	**31,245**	**13,619**	**4,485**	**18,103**	**2,607**	**11,042**

BALANCE SHEET AS AT 30th SEPTEMBER 2019

	Opening Balance 1st April 2019	Closing Balance 30th Sept. 2019
Non-Current Assets	**£'000**	**£'000**
Property, plant and equipment	675,904	699,610
Intangible assets	2,902	2,404
Trade and other receivables	21,432	32,694
Other financial assets		
Non-Current Assets sub total	**700,238**	**734,708**
Current Assets		
Inventories	16,926	17,776
Trade and other receivables	176,987	190,633
Other financial assets		
Cash and cash equivalents	1,219	3,884
Non-current assets classified as held for sale	1,906	994
Current Assets sub total	**197,038**	**213,287**
TOTAL ASSETS	**897,276**	**947,995**
Current Liabilities		
Trade and other payables	174,685	164,506
Other financial liabilities		
Provisions	129,087	134,222
Current Liabilities sub total	**303,772**	**298,728**
NET ASSETS LESS CURRENT LIABILITIES	**593,504**	**649,267**
Non-Current Liabilities		
Trade and other payables	9,095	8,788
Other financial liabilities		
Provisions	24,862	29,254
Non-Current Liabilities sub total	**33,957**	**38,042**
TOTAL ASSETS EMPLOYED	**559,547**	**611,225**
FINANCED BY: **Taxpayers' Equity**		
General Fund	443,904	473,280
Revaluation Reserve	115,643	137,945
Total Taxpayers' Equity	**559,547**	**611,225**

Appendix 3

CASH FLOW FORECAST AS AT 30th SEPTEMBER 2019

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	91,830	92,150	73,290	73,685	82,585	76,520	69,670	83,440	74,794	74,194	77,994	62,616	932,768
WG Revenue Funding - Non Cash Limited (NCL)	1,590	1,590	1,005	1,555	1,685	1,210	1,560	1,470	1,470	1,470	1,470	3,303	19,378
WG Revenue Funding - Other (e.g. invoices)	1,255	1,255	1,255	2,108	2,396	1,307	2,722	1,555	2,683	1,555	2,699	4,444	25,234
WG Capital Funding - Cash Limit	8,500	1,000	0	3,850	3,900	4,900	4,440	3,400	4,550	3,100	2,891	1,260	41,791
Sale of Assets	0	1,200	0	166	0	0	2,360	0	0	0	0	0	3,726
Income from other Welsh NHS Organisations	39,794	47,109	39,129	53,252	50,677	34,006	40,174	50,346	45,704	42,618	39,456	36,876	519,141
Other - (Specify in narrative)	14,126	6,259	5,137	12,752	6,892	4,176	16,065	5,419	5,911	14,034	5,225	6,941	102,937
TOTAL RECEIPTS	**157,095**	**150,563**	**119,816**	**147,368**	**148,135**	**122,119**	**136,991**	**145,630**	**135,112**	**136,971**	**129,735**	**115,440**	**1,644,975**
PAYMENTS													
Primary Care Services : General Medical Services	5,495	4,343	8,338	4,816	4,261	6,402	4,462	4,460	7,407	4,460	4,460	7,407	66,311
Primary Care Services : Pharmacy Services	165	136	176	124	132	145	150	145	290	580	290	290	2,623
Primary Care Services : Prescribed Drugs & Appliances	6,818	15,385	3	7,987	15,385	3	7,469	15,160	7,580	7,580	7,580	0	90,950
Primary Care Services : General Dental Services	1,835	1,877	1,926	2,054	1,786	1,900	1,941	1,905	1,905	1,905	1,905	1,905	22,844
Non Cash Limited Payments	1,957	1,861	2,088	2,215	2,005	2,182	1,984	2,050	2,050	2,050	2,050	2,050	24,542
Salaries and Wages	51,454	51,583	50,105	51,135	51,185	50,037	50,597	50,762	50,754	50,856	51,198	51,393	611,059
Non Pay Expenditure	68,366	54,158	46,656	61,896	45,187	52,173	51,500	43,462	43,235	51,998	44,914	46,533	610,078
Capital Payment	6,335	2,613	3,087	3,268	4,047	3,649	4,419	4,211	4,604	3,095	2,895	1,291	43,514
Other items (Specify in narrative)	10,691	19,637	7,881	14,604	22,839	6,045	14,273	23,505	17,243	14,380	14,380	8,118	173,596
TOTAL PAYMENTS	**153,116**	**151,593**	**120,260**	**148,099**	**146,827**	**122,536**	**136,795**	**145,660**	**135,068**	**136,904**	**129,672**	**118,987**	**1,645,517**
Net cash inflow/outflow	3,979	(1,030)	(444)	(731)	1,308	(417)	196	(30)	44	67	63	(3,547)	
Balance b/f	1,219	5,198	4,168	3,724	2,993	4,301	3,884	4,080	4,050	4,094	4,161	4,224	
Balance c/f	5,198	4,168	3,724	2,993	4,301	3,884	4,080	4,050	4,094	4,161	4,224	677	

PROGRESS AGAINST CRL AS AT 30th SEPTEMBER 2019

Approved CRL issued September 9th 2019 £'000s	41,791

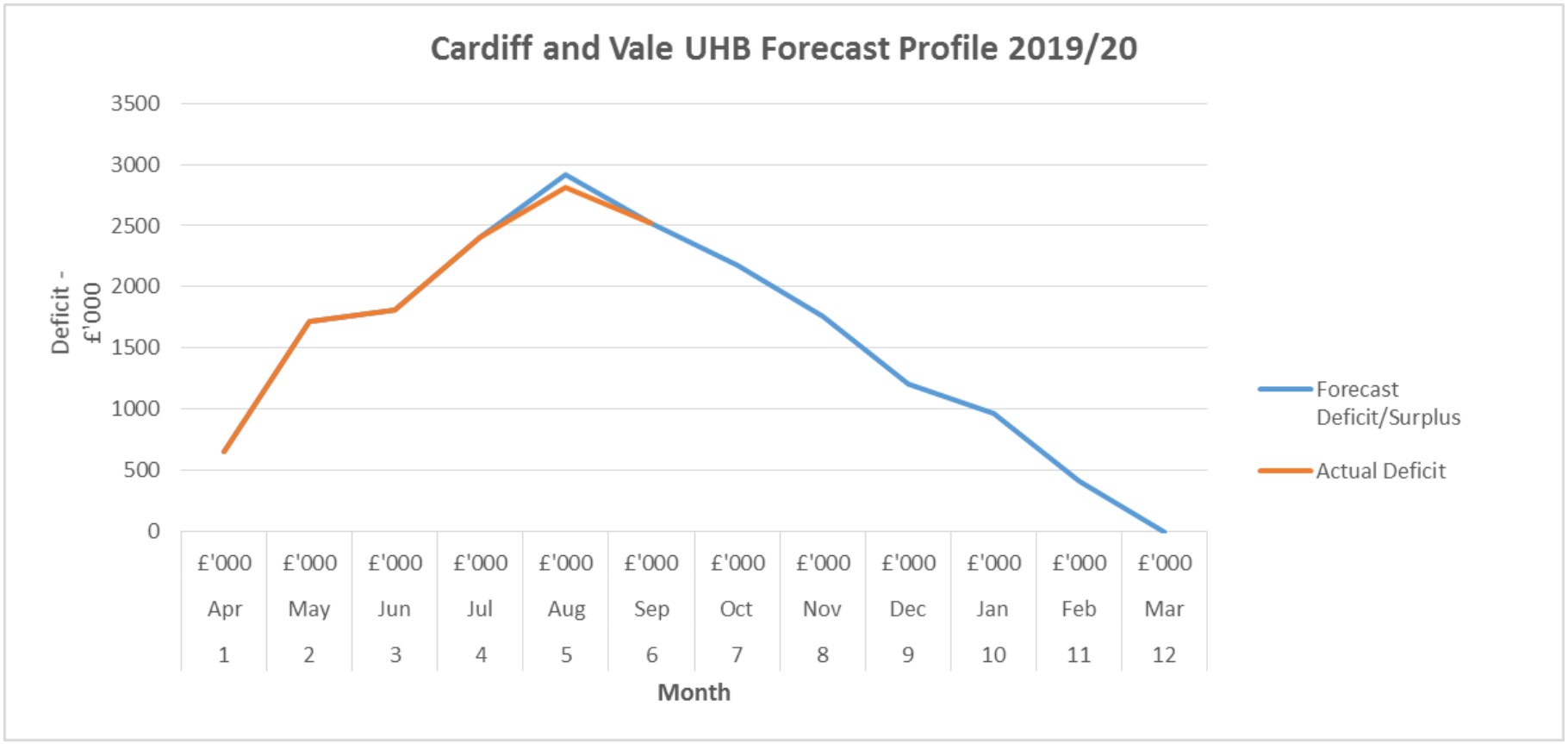
Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Neo Natal BJC2	3,568	3,532	(36)	5,734	5,607	(127)
Rookwood Replacement	8,120	8,375	255	18,768	19,543	775
MRI Scanners	0	0	0	3,300	3,300	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	**11,688**	**11,907**	**219**	**27,802**	**28,450**	**648**
Discretionary:						
I.T.	208	217	9	939	939	0
Equipment	173	467	294	2,129	2,256	127
Statutory Compliance	984	824	(160)	2,800	2,800	0
Estates	5,130	4,140	(990)	11,037	10,262	(775)
Sub Total	**6,495**	**5,648**	**(847)**	**16,905**	**16,257**	**(648)**
Donations:						
Chartible Funds Equipment	693	693	0	1,193	1,193	0
Sub Total	**693**	**693**	**0**	**1,193**	**1,193**	**0**
Asset Disposals:						0
Iorweth Jones	912	912	0	912	912	0
Amy Evans	0	0	0	206	206	0
Lansdowne Hospital	0	0	0	439	439	0
Carbon Emmissions Credits	166	166	0	166	166	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	**1,078**	**1,078**	**0**	**1,723**	**1,723**	**0**
CHARGE AGAINST CRL	**16,412**	**15,784**	**(628)**	**41,791**	**41,791**	**0**
PERFORMANCE AGAINST CRL (Under)/Over £'000s		**(26,007)**			**0**	

Appendix 5

FINANCIAL PERFORMANCE OF EXECUTIVE DIRECTORATES

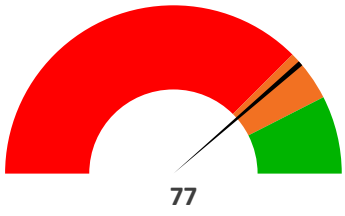
Corporate Executive Directorate	M6 Budget Variance £m
Chief Executive Officer	0.004
Chief Operating Officer	0.038
Director of Finance	(0.132)
Director of Governance	0.149
Director of Nursing	(0.072)
Director of Planning	(0.004)
Director of Public Health	(0.001)
Director of Therapies	(0.031)
Director of Transformation	0.134
Director of Workforce	(0.067)
Medical Director	(0.176)
Total £m	**(0.158)**

Appendix 6

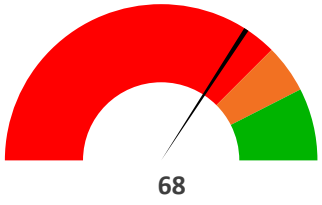

Cardiff and Vale UHB Forecast Profile 2019/20
Deficit - £'000
3500
3000
2500
2000
1500
1000
500
0
£'000 Apr 1
£'000 May 2
£'000 Jun 3
£'000 Jul 4
£'000 Aug 5
£'000 Sep 6
£'000 Oct 7
£'000 Nov 8
£'000 Dec 9
£'000 Jan 10
£'000 Feb 11
£'000 Mar 12
Month
Forecast Deficit/Surplus
Actual Deficit

Workforce Key Performance Indicators September 2019

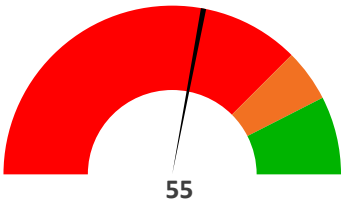
Stat & Mand e-Learning % Compliance



Fire e-Learning % Compliance



PADR & Medical Appraisal % Compliance



Voluntary Resignation Turnover

⇧ **6.50%**

Pay Bill Under/Overspend

⇧ **-0.37%**

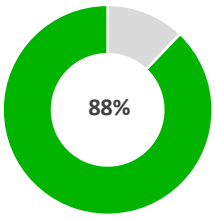
Variable Pay Rate

⇩ **8.81%**

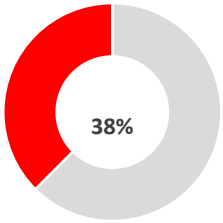
WTE Staff in Post

⇧ **12975.64**

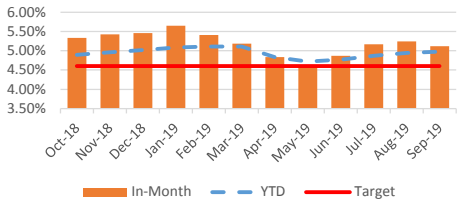
Consultant & SAS Job Plan % Recorded



Consultant & SAS Job Plan % 12-Month Review



In-Month and Year to Date Sickness Rates



Short-Term/Long-Term Sickness

28% **Short-Term**

72% **Long-Term**

Flu Immunisation Data

61%

Will only change between October and March

Engagement Score Index

⇧ **3.83**

Will only change after Staff Survey

Number of Disciplinary Investigations

⇧ **35**

Number of Grievances

⇧ **15**

Number of Dignity at Work Cases

⇨ **0**

Number of Appeals

⇧ **8**

Number of Staff Undertaking Learning in Apprenticeship Education Frameworks

⇩ **261**

REPORT TITLE:	**PATIENT SAFETY QUALITY AND EXPERIENCE REPORT**						
MEETING:	Local Partnership Forum				**MEETING DATE:**	4 Dec 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 September to October 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 as well as national audit and the output from mortality and morbidity processes. 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

Still birth and neonatal deaths - The 2018 MBRACE-UK Perinatal Mortality Surveillance Report provides information on still births or neonatal deaths (up to 28 days old) from January to December 2017. For the past two years Cardiff and Vale UHB have reported perinatal mortality (the time, usually a few weeks immediately before and after birth) at over 5% higher than the national rate, this figure has been stabilised to take into account the size of the unit and adjusted

to account for key factors that increase the risk of perinatal death including socio- economic deprivation. The 2017 performance was anticipated as a result of robust monitoring and reporting and work has been undertaken to improve the UHB performance. Since 2017, the implementation of Gap and Grow and the Safer Pregnancy messages has been introduced with the result that the Health Board has observed a significant drop in perinatal mortality with sustained improvements in 2018 which we expect to be reflected in the 2020 MBRACE report.

Ophthalmology - At present, demand for ophthalmology surgical services is exceeding capacity and the UHB is currently pursuing both out-sourcing and in-sourcing arrangements to ensure that patients are seen within appropriate prescribed timeframes. We are ensuring that the lessons from a previous serious incident involving an in-sourced company are being used to strengthen the governance around future arrangements. A high volume of current concerns relate to the waiting times and cancellation of follow up Ophthalmology Appointments and this trend is on an increasing trajectory which we hope to see will improve with the measures being put in place.

The National Hip Fracture Database (NHFD) 2018 National report was published in November 2018. A detailed report of the results and actions were reported through the Quality Safety and Experience Committee in February 2019. The report detailed an adjusted mortality rate of 8.5%. As a result of the higher mortality rates a detailed review of all elements of care provision in the Hip Fracture pathway is being undertaken. A reduction in crude mortality has been noted over the past 12 months since and the crude annual mortality rate in August 2019 was 6.6%.

Assessment Unit at University Hospital of Wales - the Board has previously been and advised of an unannounced visit by HIW in March 2019, in which a number of immediate assurance issues were identified. Despite a number of measures being put in place to address the issues identified, this is an area that remains under pressure and will require continued monitoring from a quality and safety perspective. **RECOMMENDATION:**

The Local Partnership Forum is asked to:

- **NOTE** 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		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	

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.										

[Appendix 1]

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT
September - October 2019

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

Serious Incidents		
Clinical Board	**Number**	**Description**
Children & Women	1 1 1	Stillbirth. Neonatal death following breech delivery A baby was transferred to the Children's Hospital for Wales. Concern has been raised regarding whether the response to an abnormal coagulation result following transfer was timely and appropriate.
Clinical Diagnostics and Therapeutics	1 2	Information governance breach. Retrospective SIs reported to WG following the settlement of 2 historical high value claims
Executive & Corporate Services	1 2	Multi-agency working following the death of a teenage boy who lived in the Vale of Glamorgan. Procedural Response to Unexpected Death in Childhood (PRUDICs)
Medicine	1 5 2	Delay in the referral to and the reporting of a histology results in the Dermatology setting. Healthcare acquired pressure damage. . Falls where the patient sustained significant injury.
Mental Health	4	Adolescents aged 16 and 17 years admitted to Hafan Y Coed overnight whilst awaiting input from Child and Adolescent Mental

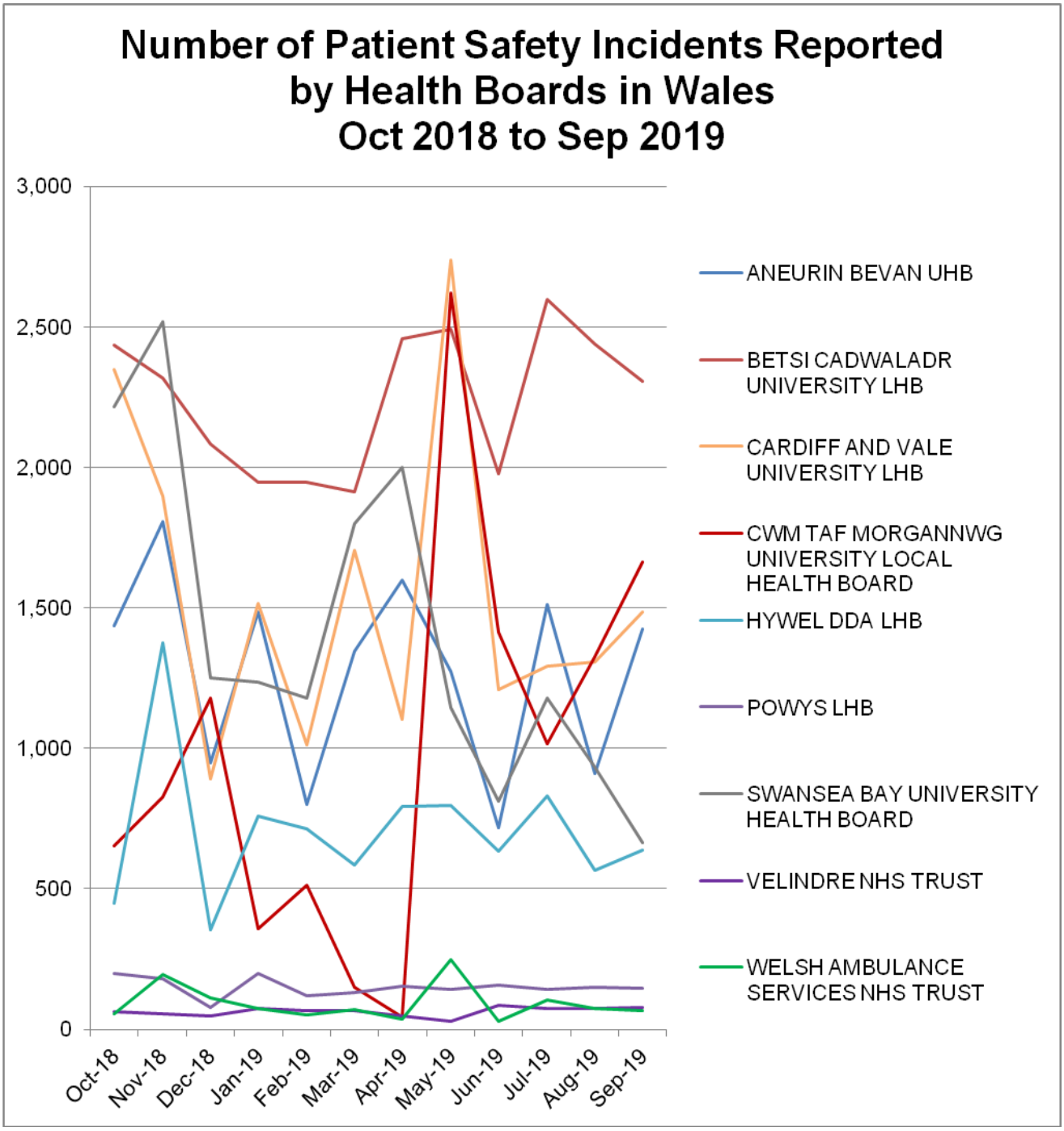
		Health services.
	6	There have been 6 unexpected deaths of patients known to Mental Health and Substance Misuse services,
Specialist	1 1 1 1	Pressure damage Patient fall Death of a patient awaiting cardiothoracic surgery. A significant medication error
Surgery	1 2 1 1	Pressure damage Patient falls Delay in operating on an Ophthalmology patient. Potential wrong site surgery. This has been reported and managed as a Never Event until investigation determines the full circumstances.
TOTAL	**37**	

No Surprises		
Clinical Board	**Number**	**Description**
Miscellaneous	1 1	Public Health Wales advised the Health Board that they were investigating an outbreak of Legionnaires disease in the Barry area. The UHB participated in a multi-agency counterterrorism meeting.
Medicine	1	The sad death of a nurse in a road traffic accident following a twilight shift at UHW.
Mental Health	1	Alternative accommodation for the Links Community Mental Health Team had to be sourced following damage caused by recent heavy rainfall.
Primary, Community & Intermediate Care	1	Unexpected death of a prisoner at HMP Cardiff. The gentleman's death will be subject to scrutiny by the Prison and Probation Ombudsman and HM Coroner.

TOTAL	5	

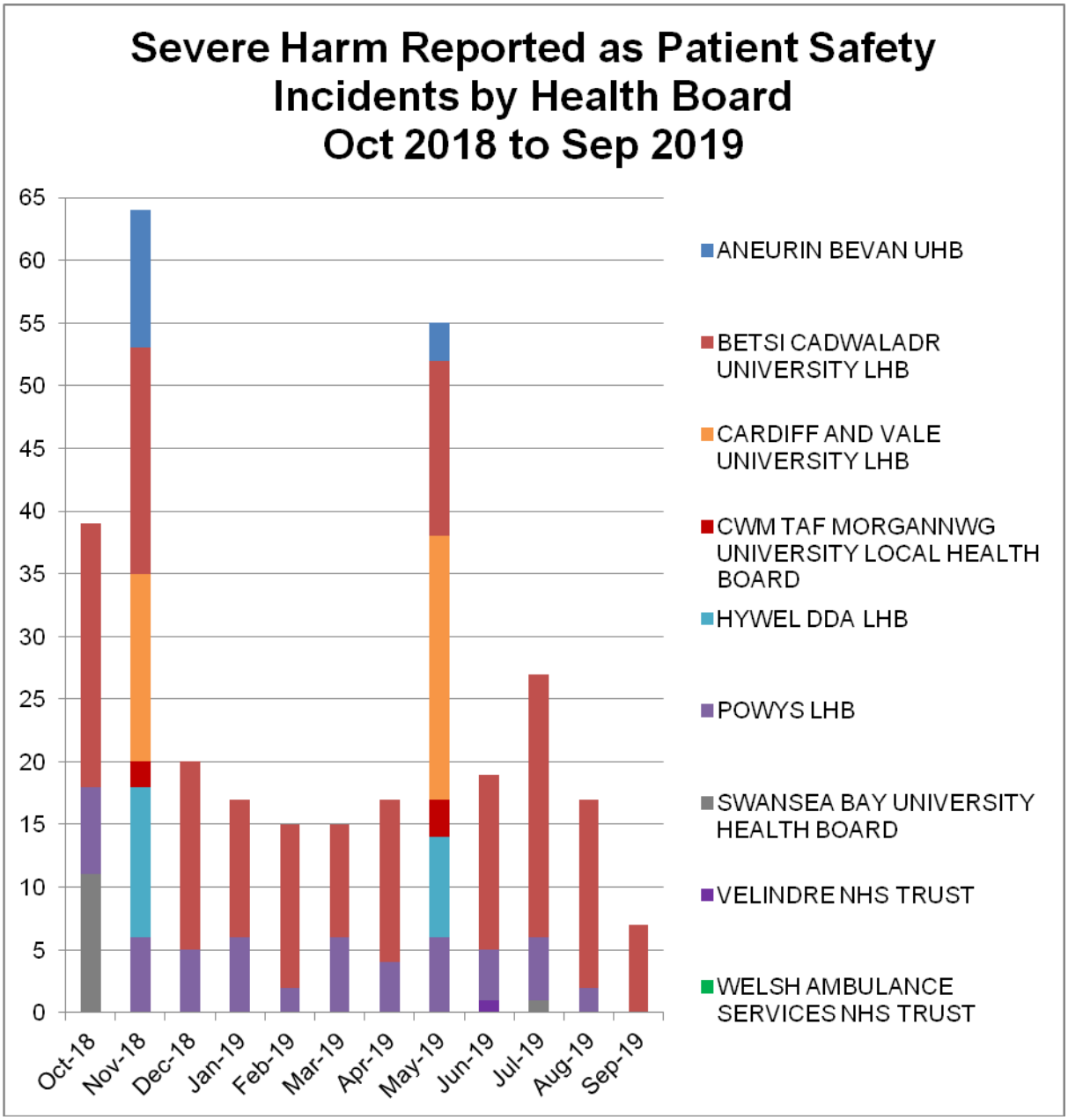
A detailed report on Serious Incident and Never events was presented to the October 2019 Quality, Safety and Experience (QSE) Committee. Trends in incident reporting over the last two years show a decreasing trajectory. This is largely due to changes in the guidance for reporting pressure damage. The UHB will continue to monitor this trend.

The latest available data from The National Reporting and Learning System (NRLS) indicates that there has been a 7% increase in reporting of incidents from October 2017 –March 2018 when compared with the same period from 2018-2019. In addition the NRLS has confirmed that on average 50% of our reports were submitted within 39 days after the reported incident date. This is an area for improvement as the target is to submit data to the NRLS as soon as possible after it is reported or at least every month and performance in the 2017-2018 period was better with 50% of incidents reported after 34 days. The average median time in England is 22 days.



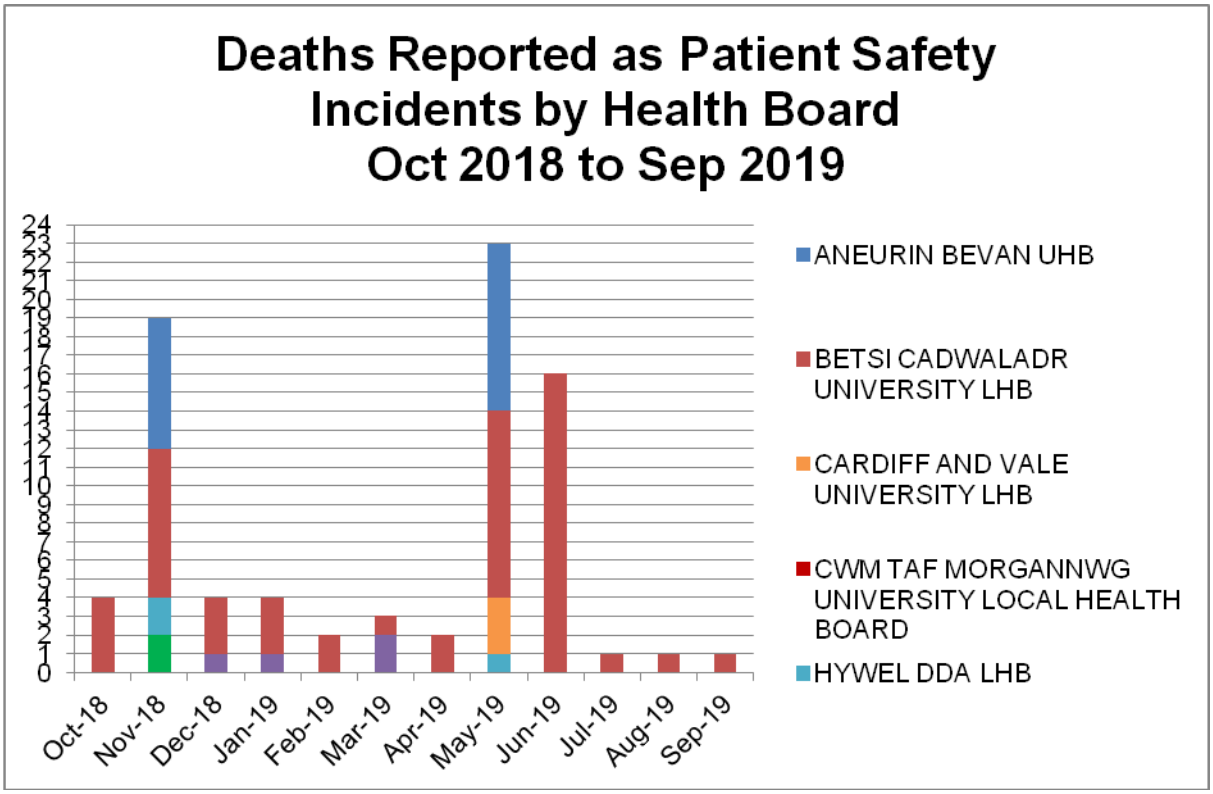
The Board will note that in terms of trends in reporting, the UHB reports more patient safety incidents to the NRLS than smaller organisations in Wales, is in approximately the same reporting range as Aneurin Bevan and Swansea Bay UHBs but reports significantly less than Betsi Cadwalader UHB (BCUHB). Further work will be undertaken to try and understand the profile of incident reporting In BCUHB so that the UHB can determine whether there are areas of under – reporting that may need to be addressed.

The number of patient safety incidents recorded as causing severe harm across Wales are demonstrated in the following diagram:



Again, it would appear that the UHB reports considerably less than BCUHB for this category of incident, but more overall than Aneurin Bevan UHB or Swansea Bay UHB.

The number of deaths reported as patient safety incidents across Wales is represented in the following diagram:



Within the UHB, there is a quality assurance process that takes place before each NRLS upload. This is to determine that any incident that is recorded as having caused the death of a patient is factually accurate. It is clear from the graph that the UHB reports less deaths as a result of a patient safety incident than other organisations of comparable size. The UHB will continue to monitor this and also take action to try and determine the types of incidents reported as causing deaths in other UHBs across Wales.

Emerging themes and trends

Stillbirth and Neonatal deaths

The Board will note two serious incidents following a still birth and a neonatal death, both of which are currently under investigation to determine whether there were issues of concern in the care which may have contributed to the outcome. The QSE Committee is monitoring Maternity Services and has received detailed reports to the June 2019 Committee meeting which provided assurance in relation to Cardiff and Vale UHB assurance framework that was developed following publication of the Review of Maternity Services at Cwm Taf Health Board in April 2019. A progress update was received at the September 2019 Committee. This provided assurance that governance arrangements have been stregthened as recommended. Multi professional meetings have been held and case presentations will be circulated to Obstetric and Midwifery staff(who were not in attendance. The Obstetric department has a robust Clinical Audit plan. Audit leads are exploring opportunities to develop Multi professional Audit days with Neonatal staff and Anaesthetics in attendance.

With regards to **consultant on call for the labour ward,** interviews took place in September and the UHB successfully recruited 4 additional Consultant Obstetricians. Antenatal ward rounds will be mandated in their job plans.

In September 2018 the QSE Committee received assurance in relation to the reduction of perinatal mortality rates for the UHB as published within MBRRACE-UK Perinatal Mortality Surveillance Report for UK Perinatal Deaths for Births from January to December 2016.

The 2018 MBRACE-UK Perinatal Mortality Surveillance Report provides information on still births or neonatal deaths (up to 28 days old) from January to December 2017. For the past two years Cardiff and Vale UHB have reported perinatal mortality at over 5% higher than the national rate, this figure has been stabilised to take into account the size of the unit and adjusted to account for key factors that increase the risk of perinatal death including socio- economic deprivation. The 2017 performance was anticipated as a result of robust monitoring and reporting and work has been undertaken to improve the UHB performance. Since 2017 the implementation of Gap and Grow and the Safer Pregnancy messages has been introduced with the result the Health Board has observed a significant drop in perinatal mortality with sustained improvements in 2018 which we expect to be reflected in the 2020 MBRACE report.

The crude perinatal mortality rate for 2017 (the number of deaths divided by the total births) remained the same as the previous year with MBRACE reflecting adjusted neonatal deaths at over 5% higher than the national average. Adjusting for birth weight of under 500g and excluding neonatal cases babies with congenital abnormalities that are not conducive to survival the neonatal mortality rate is closer to 2.8 / 1000 live births but this remains higher than the national average.

Deaths in patients known to mental health and substance misuse services

With regards to the deaths of patients known to mental health services, the Mental Health Clinical Board provided a detailed update to the Quality, Safety and Experience Committee in October 2019.

The requirement for mental health services is growing year on year with an anticipated 60,000 plus referrals this year and a predicted rise to 100,000 by 2021. 14,000 of these referrals are for people with suspected serious mental illness. There are about 5000 service users on permanent mental health service caseloads, with approximately 100,000 clinical contacts in CMHTs annually. There are in excess of 1000 referrals to primary mental health services on a monthly basis.

Mental Health services are diverse. The primary care liaison teams together with third sector partners have increased the level of support in primary care settings by 700% in 7 years. Adult Liaison services provided mental health support in the Emergency Unit and to general wards including the poisons unit. There is a Liaison Psychaitry service for older People (LOPOP) providing support to wards and in the Medical emergency assessment units. Mental Health services work closely with police and ambulance to triage and support each other with decisions about the care of patients with apparent mental health problems. New funding has been identified for Cardiff University Liaison and for mental Health Prison in-

reach services. The CHLT cover all nursing and residential homes in C&VUHB and the service also covers all parts of the justice system.

There is growing complexity and risk within the mental health service. . Traditional psychosis and severe mood disorder services now face further complexity related to serious Post Traumatic Stress Disorder (PTSD) and non PTSD trauma and substance misuse. There has been an increase in acuity and challenging behaviour related to mental illness in in-patient settings. These factors introduce the challenge of identifying escalating risk behavior amongst large caseloads. Staff have to determine what is a chronic risk and what is an escalating risk and this involve complex clinical decision making.

The National Confidential Inquiry into Suicide and Safety in Mental Health 2018 Identified the suicide rate within Cardiff was 12.6 per 100,000 in 2014/16, this figure is higher than the rest of Wales with the exception of Powys. The primary psychiatric diagnosis in patient suicide is 41% affective disorder, 15% patients diagnosed with Schizophrenia and other delusional disorders and 16% alcohol or drug dependence/ misuse. The figures are comparable to UK figures and primary diagnosis rates in England. Suicide rates in Wales for patients under the care of mental health services are lower than those across the UK, while suicides within 3 months of discharge were slightly higher in Wales than England and UK figures (this data is not available by region)

The UHB has invested in high risk areas and this includes:

- 100% increase in funding for First Episode Psychosis services – still only seeing half of expected population
- The identification of a lead for Emotionally Unstable Personality Disorder transition and trauma – to work across transitional age ranges
- The establishment of a Recovery College and Co-production – this is more likely to improve hope & capability for the future
- High Intensity Psychological Therapies delivery – 6000 pa and rising
- Investment in Dual Diagnosis Substance Misuse/MH services
- Identification of a MH Lead for the regional Suicide and Self Harm delivery group for Talk to Me 2
- Appointment of a Consultant Nurse for Complex Clinical Risk
- Agreement to host the sub regional Suicide and Self Harm worker in the UHB

There are a number of other initiatives underway which were reported in detail to the QSE Committee.

The Clinical Board has a well-established process for the review and investigation of all deaths in patients known to mental health services. There is a weekly sentinels meeting attended by a multi-disciplinary team including the patient safety team which reviews and discusses all new reported cases. A decision on the level of investigation required is agreed and this may involve an MDT review of the care of the patients undertaking a notes review or it may involve a full Root cause Analysis investigation in line with the UHB Serious Incident process. . All concluded investigations are discussed at the bi-monthly lessons learned group and actions are followed through to conclusion. Directorates have responsibility for implementing the necessary improvements and some lessons learned include reminding staff of their responsibilities in relation to good record keeping practice,

staff training in risk assessment, falls prevention and management and the need for multi-agency communication.

The QSE Committee was advised of the need by mental health services to appropriately balance the 'risk v recovery'. This means that it is always necessary to balance positive risk taking that encourages recovery, re-ablement and personal responsibility with the risk of suicide and self-harm.

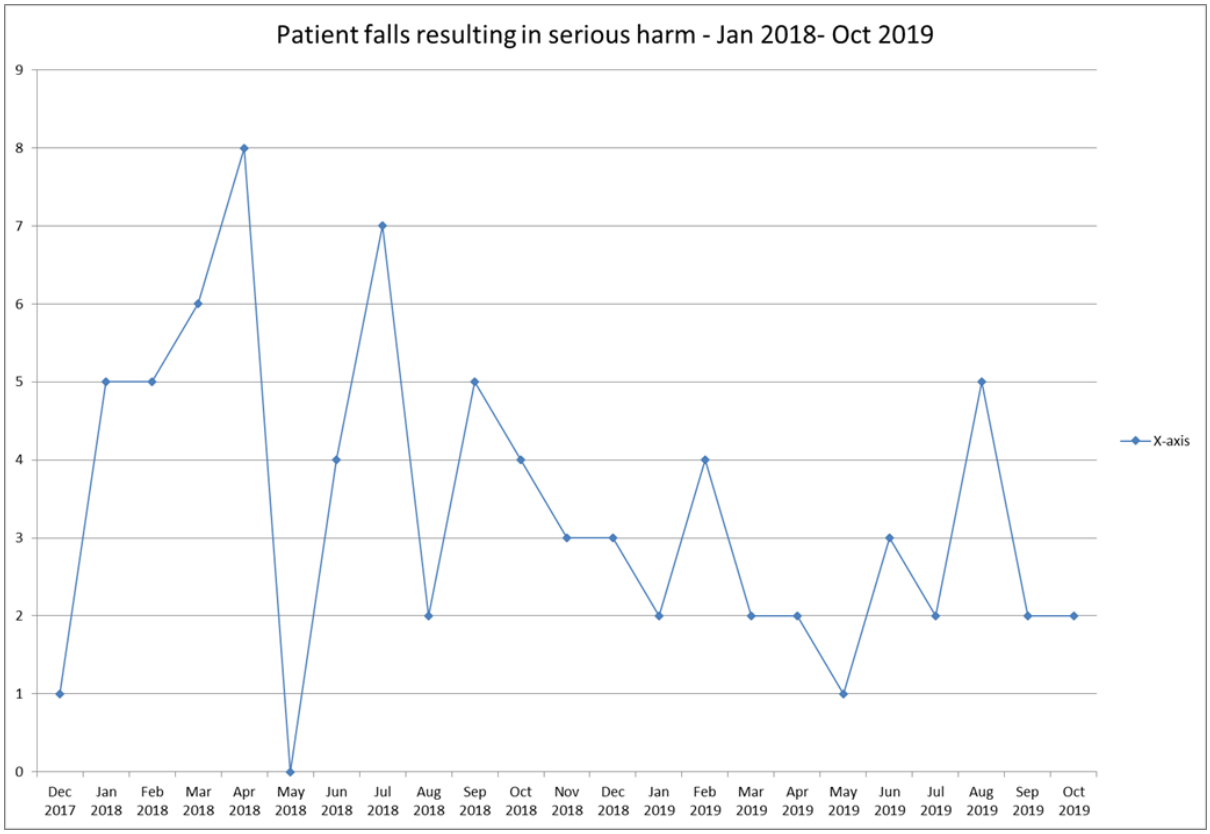
Ophthalmology waiting times

At present, demand for ophthalmology surgical services is exceeding capacity and the UHB is currently pursuing both out-sourcing and in-sourcing arrangements to ensure that patients are seen within appropriate prescribed timeframes. We are ensuring that the lessons from a previous serious incident involving an in-sourced company are being used to strengthen the governance around future arrangements. The outcome of the investigation of this previous incident is close to completion and will be reported in detail to the February 2020 QSE Committee.

Falls and fractured neck of femur

The National Hip Fracture Database (NHFD) 2018 National report was published in November 2018. A detailed report of the results and actions were reported through the Quality Safety and Experience Committee in February 2019. The report detailed an adjusted mortality rate of 8.5%. As a result of the higher mortality rates a detailed review of all elements of care provision in the Hip Fracture pathway is being undertaken. A reduction in crude mortality has been noted over the past 12 months since and the crude annual mortality rate in August 2019 was 6.6%.

The NHFD 2018 report identified that 7.6% of hip fractures were sustained as an inpatient. Since January 2019 the Health Board has participated in the National Audit of Inpatient Falls aligned to the NHFD allowing the Health Board to collect data on the immediate post falls management. The number of hip fractures sustained as an inpatient has dropped significantly since the beginning of the year and the crude annual rate of 4.9% was recorded in August 2019.



There has been an overall reduction in the number of falls which cause serious harm over the last two years. The Board has previously been advised of the actions being taken on the prevention and management of falls across the U|HB healthcare system.

Outcomes of internal and external inspection processes

External inspections

Since the last report to Board, HIW have undertaken unannounced visits to the Stroke Rehabilitation Centre (SRC) at University Hospital, Llandough and also to wards 4 and 5 at Rookwood Hospital. An immediate assurance issue in relation to the checking of resuscitation trollies on SRC has been addressed and an internal safety notice issued across the organisation. Feedback, otherwise in both areas was very positive. An improvement plan to address the recommendations following the visit to SRC has been submitted and accepted by HIW. The UHB is currently awaiting the draft report in relation to Rookwood Hospital.

The UHB continues to work with HIW in relation to the national review of Maternity Services and for the review of Surgical pathways. Unannounced visits are anticipated in the coming weeks as part of these reviews.

Assessment Unit at University Hospital of Wales - the Board has previously been and advised of an unannounced visit by HIW in March 2019, in which a number of immediate assurance issues were identified. Despite a number of measures being put in place to address the issues identified, this is an area that remains under pressure and will require continued monitoring from a quality and safety perspective.

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.

Feedback mechanisms include kiosks, on line surveys, patient, carer and staff stories, paper surveys including the national survey and bespoke ones. We also meet with some of seldom heard people to listen to their experiences.

In September and October we completed 3560 surveys as part of our routine monthly survey work.

We had 789 surveys completions on our kiosks.

We had **24474** responses. using our Happy or Not Machines

We also have ongoing reviews of patient experience and carer experience of patients with Learning disabilities who have used our service.

The patient satisfaction score for the 2 months is **94%** in UHL and UHW.

Our inpatient and outpatient 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.

Recent inpatient surveys told us:

- 60% of our patients surveyed as an inpatient had discussed their discharge plan with staff.
- 62% of our patients always felt involved in decisions about their care.
- 73% of our patients felt that they were always listened to.
- 91% of our patients surveyed felt that they were always well cared for.

As reported in the last Board report, an area that was identified as needing improvement was:

Question 8. If able, have staff encouraged you to get out of bed and move around?

In September and October we saw a slight increase in that 75% of patients answered always or usually to this question. We will continue to monitor this.

When asked what was good about their experience, 77% responded 'Staff'. Of the **positive** comments left, the vast majority related to the staff and the care received:

- All round fantastic hospital best I've ever been to, staff, care, everything. First class. Thank you.

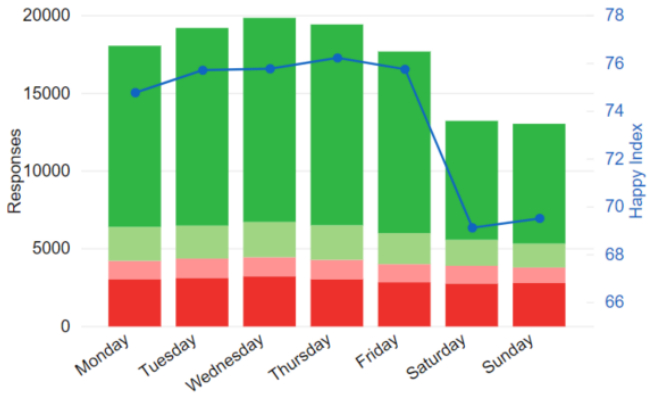
- Good care.
- You were great.
- Great hospital, thanks so much.
- Very caring staff.

We have recently undertaken a review of the Happy or Not data and analysis has provided some interesting data. We have collected over 120,000 responses via our **Happy or Not machines.**

The amount of feedback has increased significantly each year.

What has it told us?

Patient satisfaction consistently decreases on Saturdays and Sundays. Satisfaction drops between 8pm-11pm. We need to further explore why this is consistently the feedback at these times and these days in all sites.



Analysis of the open feedback demonstrates issues for each site

Children's Hospital

- Wait time and parking were key themes being mentioned by unhappy patients

UHL

- Café/coffee shop opening times and parking were key themes at UHL

UHW

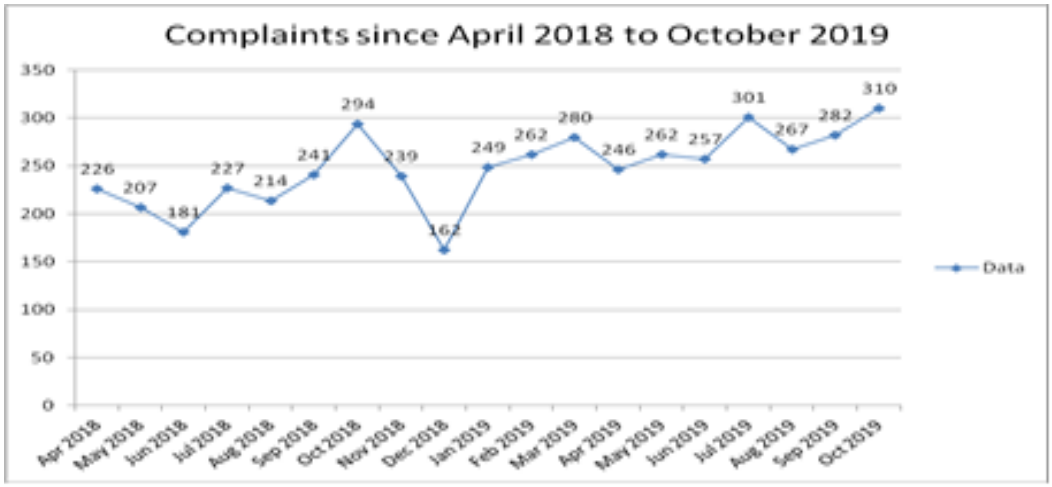
- Toilets and general cleanliness were the key themes here

These comments have been shared with the estates department and we will continue to monitor the feedback.

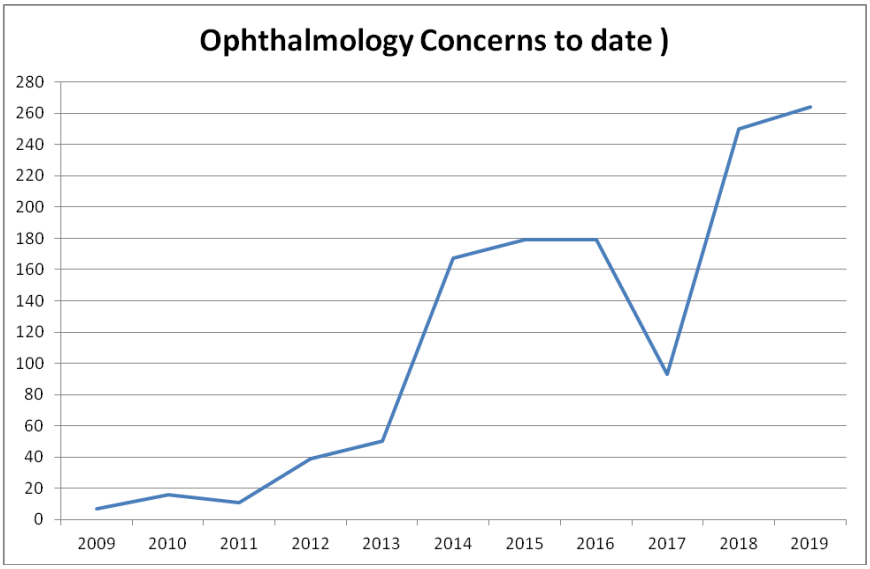
From March 2019, 3 smiley touch single question kiosks were placed in the Emergency Unit at UHW we have collected over 45, 000 responses and a slight increase in patient satisfaction has been noted.

Concerns

Concerns data continues to demonstrate an increasing trend. The graph below demonstrates the sustained increase since April 2018. Whilst this may be attributable in part to our increased awareness raising in relation to how to raise concerns



A high volume of concerns relate to the waiting times and cancellation of follow up Ophthalmology Appointments. The chart below demonstrates the increase. As discussed earlier in the paper, there is currently discussion in the Clinical Board and Executive team regarding a sustainable resolution which will probably involve the in-sourcing and out-sourcing of services.



The themes remain consistently about communication, and cancellations of appointments

It is pleasing to note that during September and October we closed **85%** of our concerns within 30 working days.

Compliments
During the period 1st September 2018 to 31st October 2019, the Health Board received 290 compliments. Medicine Clinical Board continues to receive the highest number of compliments (109), in particular for the Emergency Unit.

What are we doing?

Here are some examples of action taken in relation to concerns:

You Said	We Did
Concerns were raised that letters sent from Eye Clinic should be sent in large print for ease of reading by people with a sight problem.	The Unit is arranging for eye clinic letters to be printed in a font and size which is suitable for visually impaired patients.
Concerns were raised about lack of communication when a patient was undergoing a radiology investigation.	The patients experience has been shared anonymously with staff to explain how vulnerable the person felt.

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00 AM ON 25TH SEPTEMBER 2019 IN WOODLAND HOUSE

Present:

Peter Hewin	BAOT/ Unison Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Pauline Williams	RCN Representative
Ceri Dolan	RCN Representative
Mathew Thomas	Unison Representative
Abigail Dodwell	Trainee HR Advisor
Lucy Smith	Assistant Human Resources Manager
Katrina Griffiths	Assistant Head of Workforce for Mental Health
Lorna Bennett	Consultant in Public Health (Part of the meeting)
Helen Palmer	Workforce Governance Adviser (minutes)

EPSG 19/029 WELCOME AND INTRODUCTIONS

Dr Pressley welcomed the group and introductions were made.

EPSG 19/030 APOLOGIES OF ABSENCE

Apologies were received from Pauline Williams, Bryony Donegan and Terrie Waites.

EPSG 19/031 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 15 May 2019 were an accurate record of the meeting.

The following matters arising were noted:

- EPSG 19/004 (Joint Training)
  Dr Pressley advised that she had spoken to Terrie Waites with regard to this as lead AHOWD for Employee Relations. Ms Waites has advised that Legal and Risk has been asked to provide a training package. The interest had been noted and had been flagged for follow up with Terrie Waites and Sian Jones

EPSG 19/032 ACTION LOG

The Group noted the completed action log.

EPSG 19/033 POLICIES FOR CONSIDERATION AND RECOMMENDATION

Lorna Bennett, Consultant in Public Health attended to provide an overview of the Staff Flu Policy for the Groups consideration and recommendation.

The Policy provides details on expectations from staff and what to expect. Each Clinical Board will have a flu lead and a number of flu champions offering flu vaccinations. They are encouraging Clinical Boards to have as many flu champions as possible.

It was noted that the decision to be vaccinated or not is confidential to the member of staff and Occupational Health. Staff are therefore not required to share their consent form or its contents with their manager, however, managers may request to know whether the form has yet been completed and returned by a member of staff. It was agreed that this was important and that the sentence re: confidentiality should be in bold font.
ACTION: Ms Bennett

It was noted that there are problems with the supply of the vaccine, therefore it would go to high risk groups first and there would be a staggered approach.

Dr Pressley advised that this is not a WOD policy, but that Ms Bennett and the Public Health team were keen to engage with staff.

The Employment Policies Sub group agreed to recommend to Strategy and delivery Committee that the Staff Flue Policy be approved subject to the amendments being made as agreed.

EPSG 19/034 RATIFICATION OF CHAIRS ACTION

Dr Pressley advised the group that as the EPSG meeting scheduled for the 10 July was cancelled due to a number of apologies, chairs action had been taken to approve the following:

1. Occasional Home/Mobile Working Guidelines
2. Supporting Trans Staff Procedure
3. Combining Breastfeeding and Returning to Work Procedure
4. Maternity Leave and Pay Procedure
5. Maternity Risk Assessment Procedure

The EPSG **RATIFIED** the Chairs Action taken.

PROCEDURES FOR APPROVAL/ROLL FORWARD

EPSG 19/035 Domestic Abuse Procedure

Dr Pressley presented the Domestic Abuse Policy. She advised that Lizzie Lewis had been heavily involved in updating this document with Dr Pressley's supervision. Mr Jones (UNISON) and Ms Sarah Richards (Safeguarding) had also been involverd.

There had been no significant changes to the content, however it had been made easier to use, with more information contained in the appendices and a greater use of checklists. It was noted that Sarah Richards role as Independent Domestic Abuse Advisor had widened and that she was able to provide more support to staff, as well as patients.

Mr Thomas referred to the name of the policy and enquired as to whether this should say Violence against women? It was noted that this title is in line with legislation. Mrs Griffiths commented that the front page highlighted this but that this could be strengthened further. Dr Pressley agreed to seek further advice on this.
ACTION: Dr Pressley

It was noted that the Strategy and Delivery Committee had previously agreed that the Policy which accompanied this Procedure would be rescinded when the Procedure was reviewed. This Procedure was now aligned to the new Employee Health and Wellbeing Policy

The EPSG approved the revised Procedure subject to the advice received regarding the name.

EPSG 19/036 Loyalty Award Procedure

Dr Pressley presented this Procedure to the meeting. She advised that she had worked with Stuart Egan (UNISON) on this. Mr Egan had been invited to attend today's meeting, but unfortunately he was unable to attend.

Mr Thomas commented that he knew of 3 people who had worked 50 plus years for the Health Board and he felt that there should be something for them.

Dr Pressley advised that the suggestion of including an award for 40 years service had been raised. However, there were practical difficulties around identifying these members of staff. Following discussions with Martin Driscoll (Executive Director of WOD) it had been agreed to retain the 20 and 30 years service awards for the current time as Mr Driscoll was interested in exploring other options for rewarding service in the future. Mr Hewin requested that if there were any plans to change this in the future, this was done with a long lead-in time to enable communication to staff, and asked for staff reps to be involved from an early stage.

Mr Hewin queried why the review of the value was taken out. Dr Pressley advised that while this had been in the previous Policy, the annual review had not taken place. Ut was agreed that rather than remove it altogether it should be changed so that the value was reviewed at the same time as the Procedure.
ACTION: Dr Pressley

It was noted that the Strategy and Delivery Committee had previously agreed that this document would become a Procedure (aligned to the Adaptable Workforce Policy) once reviewed.

The EPSG **APPROVED** the revised Procedure

EPSG 19/037 Mandatory Training Procedure

Dr Pressley advised the group that the Mandatory Training Procedure had previously been agreed in January, subject to the development of an online toolkit. The toolkit has now been developed and due to the length of time that had lapsed since it was agreed that the procedure should come back to this meeting to be approved.

The EPSG **AGREED** an approval date of September 2019.

EPSG 19/038 Death in Service Procedure

Dr Pressley advised that the content of this procedure had not changed and suggested it be rolled forward.

The EPSG **AGREED** to roll this procedure forward.

EPSG 19/039 Parental Leave Procedure

Dr Pressley advised the group that the changes to this procedure were minimal and suggested that the procedure be rolled forward with the changes.

The EPSG approved these changes.

EPSG 19/040 FOR NOTING

Changes to the All Wales Special Leave Policy

A section has been added to this Policy for death of a child.

Standards of Behaviour Policy discussions

Dr Pressley advised the Local Partnership Forum had asked EPSG to reviewed the Standards of Behaviour Policy with Nicola Foreman, Director of Corporate Governance. Mr Hewin, Mr Thomas and Dr Pressley had met Ms Foreman and gone through the proposed revisions in some detail. The agreed changes had been made to the draft document the the Corporate Governance Team would now put it out for general consultation and then approval. It was noted that this is not a WOD/Employment Policy but EPSG had been involved as part of the engagement process.

EPSG 19/041 EMPLOYMENT POLICY SCHEDULE AND FRAMEWORK

Dr Pressley circulated the policy schedule and Framework for noting. The ideal with this schedule would be for everything to be green. For each group there is a policy and then specific procedures. A couple of policies/procedures were coming up for review as follows:

Payroll Over/Underpayment Policy
New and Changed Jobs Procedure

Dr Pressley noted some gaps under Lead Rep and that Lead Reps were required to review these policies/procedures. For the Relocation Expenses Procedure the BMA would link in with this.

Mr Hewin commented that the Dignity at Work Procedure and Grievance Procedure were All Wales Policies and were being looked at an All Wales level.

Dr Pressley brought to the Groups attention the Process Framework highlighting the process that is followed when review or drawing up a new policy and confirmed that Trade Unions are engaged with throughout the process.

EPSG 19/042 ANY OTHER BUSINESS

- Discussion took place with regard to membership of the group and agreed that it would be opened up to Learning, Education and Development to be a member. The membership from Operational HR would also be reviewed.

  Dr Pressley suggested issuing a standing invitation to Rose Lewis, Equality Officer

  The EPSG **AGREED** this.

- Dates for next year were discussed and it was noted that Wednesday afternoons were not good due to staff side meeting, however Wednesday mornings were an option. Alternate months to LPF.

EPSG 19/043 DATE AND TIME OF NEXT MEETING

The next EPSG meeting would be held on Monday 18 November at 10am in Board Room, Dental Hospital (n.b. the room will be available from 9am for a staff representatives pre-meeting)