

Bundle Local Partnership Forum 19 September 2019

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 - 2.4 Future Meeting Arrangements:
 - 2.4.1 Wednesday 4 December at 9.30am (Nant Fawr Room 1) with a staff representative pre-meeting at 8.30am

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 2 October 2019 at 10am in Nant Fawr Room 1, Woodlands House

PART 1: Items for Action/Consideration		
1	Welcome and Introductions	<i>Chair</i>
2	Apologies for Absence	<i>Chair</i>
3	Declarations of Interest	<i>Chair</i>
4	Minutes of the meeting held on 7 August 2019	<i>Chair</i>
5	Action Log Review	<i>Chair</i>
For Consideration:		
6 10.10	IMTP 2020-23 Engagement	Presentation – <i>Executive Director of Strategy and Planning</i>
7 10.30	Embedding Prevention in the UHB	<i>Consultant in Public Health</i>
For Consultation/Negotiation		
For Communication:		
8 10.50	Chief Executives Update	Verbal – <i>Chief Executive</i>
9 11am	Sustainable Travel	Verbal - <i>Executive Director of Strategic Planning</i>
For Appraisal:		
10 11.10	Finance Report	<i>Executive Director of Finance</i>
11 11.20	Workforce Report	<i>Executive Director of WOD</i>
12 11.30	Patient Safety Quality and Experience report	<i>Executive Director of Nursing</i>
11.40 PART 2: Items for information (for noting only) and Closure		
2.1	Impact of Weekly Pay for Bank staff	
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:	
Close at 11.45	Wednesday 4 December at 9.30am (Nant Fawr Room 1) with a staff representative pre-meeting at 8.30am	

**Minutes from the Local Partnership Forum Meeting held on 7 August 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)
Len Richards	Chief Executive
Pauline Williams	RCN
Mathew Thomas	UNISON
Fiona Kinghorn	Executive Director of Public Health
Dorothy Debrah	BDA
Peter Hewin	BAOT/UNISON
Rhian Wright	RCN
Stuart Egan	UNISON
Joanne Brandon	Director of Communication and Engagement
Robert Chadwick	Executive Director of Finance
Dean Morris	RCN
Steve Gaucci	UNISON
Joe Monks	UNISON
Caroline Bird	Deputy COO
Rachel Gidman	Assistant Director of OD
Nicola Foreman	Director of Corporate Governance
Stuart Walker	Medical Director
Ruth Walker	Executive Director of Nursing
Andrew Crook	Head of Workforce Governance
Abigail Harris	Executive Director of Strategy and Planning

IN ATTENDANCE:

Alun Tomkinson	Clinical Board Director, Surgical Services (part of meeting)
David Allison	General Manager, Integrated Medicine (part of meeting)
Keithley Wilkinson	Equality Manager (part of meeting)

APOLOGIES:

Julie Cassley	Deputy Director of WOD
Peter Welsh	Senior Hospital Manager, UHL
Bill Salter	UNISON
Fiona Salter	RCN
Ffion Matthews	SOC
Dawn Ward	Independent Member – Trade Union
Ceri Dolan	RCN
Janice Aspinall	RCN

SECRETARIAT:

Rachel Pressley	Workforce Governance Manager
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LPF 19/045 WELCOME AND INTRODUCTIONS

Mr Driscoll welcomed everyone to the meeting and introductions were made. Mr Walker was welcomed to his first meeting since starting as Medical Director.

LPF 19/046 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 19/047 DECLARATIONS OF INTEREST

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

LPF 19/048 MINUTES OF THE PREVIOUS MEETING

The minutes from the meeting held on 5 June 2019 were agreed to be an accurate record of the meeting.

LPF 19/049 ACTION LOG

The Local Partnership Forum noted the action log.

LPF 19/050 PROPOSAL TO INCREASE THE RANGE OF SURGICAL TREATMENTS IN UHL

The Forum received a presentation from Mr Tomkinson on a proposal to increase the range of non-complex surgical treatments in UHL.

This proposal is aligned with the UHB strategy *Shaping Our Future Wellbeing* and has been developed in the context of the need to replace UHW in the next 10 or so years. The vision is for the range of non complex surgical treatment for adults in UHL to be increased, and for complex surgery to continue and be expanded in UHW with the Major Trauma Centre and single cancer pathway.

Mr Tomkinson described the clinical rationale i.e. predictive and planned treatment with shorter waiting times, better patient outcomes and home earlier. He did acknowledge that for some people it may mean they need to travel further.

The next stage is an 8 week engagement with patients, the public and other stakeholders.

The Forum discussed the presentation and the following points were noted:

- Mr Jones asked if additional theatres and wards would be required. Mr Tomkinson advised ENT had taken possession of the old endoscopy theatre, and there was a plan to increase the number of orthopaedic theatres as part of the estates plan. With relation to beds, he explained that the proposal wouldn't necessarily mean additional beds were needed as long as the schedule was carefully designed so that patients who did not require admission were brought in earlier in the day.
- Mr Jones suggested that there would be an impact in terms of sustainable travel on the UHL site. Mr Tomkinson said that this would actually mean there was less travel between sites because staff would be based in one site for a day or even a week at a time. He emphasised that theatre staff were being asked which site they would prefer to work on and were not being forced to move.
- Mr Hewin flagged the importance of engaging with Allied Health Professionals early on in the process so that they could be involved in the change rather than having to react to it. Mr Tomkinson agreed, emphasising that this is not a model for doctors but for the entire community.
- It was noted that a EHIA has been completed and that real efforts were being made to be visible and engaging

(Mrs Harris joined the meeting)

- Mr Richards noted that non-complex surgical cases tend to be the ones that get cancelled because of emergencies, winter pressures etc. This would not happen at UHL.
- Mrs Kinghorn referred to the links between this model and prehabilitation and the better outcomes achieved when patients are fitter and healthier. Mrs

Walker supported this, noting that patients tend to deteriorate when they are on a waiting list.

- Mr Hewin asked when / if a formal OCP process would begin. Mr Driscoll advised that this was the start of an engagement process and the timescales around any formal organisational change had not yet been determined.

(Mr Tomkinson left the meeting)

LPF 19/051 PROPOSALS TO IMPROVE CARE FOR FRAIL OLDER PEOPLE IN THE VALE OF GLAMORGAN

The Forum received a presentation from Mr Allison on proposals to improve care for frail older people in the Vale of Glamorgan. It was noted that these proposals were still at an informal stage and that this had been brought to the Forum as part of a 'pre-engagement' exercise to test them and receive feedback on them.

Mr Allison talked about the challenges faced on the care of frail older people and the improvements that needed to be made, especially around length of stay and the implications of delayed discharge. He reminded the forum that there had been significant investment in primary and community services over the past four years, and explained that these proposals are specifically around hospital services.

In the Vale of Glamorgan these services are currently delivered in UHL and Barry, but an audit had demonstrated that by transferring patients to Sam Davies Ward in Barry Hospital their length of stay tended to increase. The proposal was to introduce a pathway of care which supported earlier intervention and rehabilitation, and reduced delays, through 3 main strands delivered at UHL:

- Preventing hospital admission
- Acute frailty assessment
- Discharge to assess (D2A)

It was therefore proposed to close the beds in Sam Davies Ward and re-purpose it.

Mr Allison acknowledged that there would be challenges for patients, relatives and staff and emphasised that work was taking place to address these e.g. transport, flexible visiting, and using existing staff elsewhere to retain their skills and experience.

The next step would be an 8 week engagement exercise once the timescales were agreed with the CHC.

The Forum discussed the presentation and the following points were noted:

- A D2A pilot in St David's Hospital had been very successful – there was 3 months' worth of data which demonstrated an increase in the number of patients discharged back to their homes. The Forum expressed an interest in finding out more about these results.
- Mr Hewin noted that Mr Allison had referred to an 'enhanced physio role' and asked exactly what this meant. Mr Allison advised that it was more about enhancing their presence than the role. He said that it was clear that patients needed to be nursed differently – this was partly about a skills mix, but there was also a need for a change in behaviours e.g. getting patients to move more.
- Mr Egan expressed concern about the proposal to close beds given the context of an aging population. Mr Allison argued that by introducing a D2A model in UHL gerontology wards, and enabling the timely discharge of

medically fit patients, beds would be freed up and it would have a profound positive effect on patient flow

- Mrs Wright asked if the required resources existed in the community. Mr Allison stated that they were working to improve this, but that by stopping over-prescribing care, capacity in the community would actually be freed up.
- Mrs Debrah said that both presentations had demonstrated the importance of therapies but we still have the old model of working. She reiterated the importance of including therapists from the outset not after the changes were agreed.

(Mr Allison left the meeting)

LPF 19/052 STRATEGIC EQUALITY PLAN 2020-2024

Mr Wilkinson reminded the Forum of our legal obligation to produce and deliver a 4 year Strategic Equality Plan. The current plan ends on 31 March 2020.

The report described the intent and process to be followed (including timescales), and highlighted the alignment with Shaping Our Future Wellbeing, the Future Generations Act and other legislation.

(Mr Wilkinson left the meeting)

LPF 19/053 STANDARDS OF BEHAVIOUR FRAMEWORK POLICY

Mrs Foreman presented the draft Policy for comment and input from the Forum. It was agreed that as there were a significant number of comments this would be referred to the Employment Policy Sub Group for follow up.

ACTION: Dr Pressley/Mr Hewin

LPF 19/054 CHIEF EXECUTIVES REPORT

Mr Richards updated the Forum on 3 areas:

1. Amplify 2025

Mr Richards advised that 80 people had been invited to attend Amplify on the basis that they had already made changes in their area. The work signaled that there was a real intent to increase the pace of change across the organisation. The Executive team had each sponsored a table, and would be working with their teams to help drive the changes forward. Mrs Gidman added that the next step was a huge showcase for the rest of the organisation in October 2019. She invited LPF members to view the Amplify outcomes at the end of the meeting.

2. Board members

Mr Richards welcomed Dr Walker who had started as Medical Director 4 weeks previously. He also thanked Miss Battle who had left as UHB Chair and gone to Hywel Dda. He was sorry to see her go, but was glad that she remained in NHS Wales and that we had a good friend in Hywel Dda UHB. She was being replaced by Charles (Jan) Janczewski as Acting Chair until a Ministerial appointment was made. Mr Richards gave assurances that the legacy Miss Battle had started through the Safety Valve would continue.

Dr Hopkins is currently acting as Interim Chief Executive at Cwm Taf UHB. This was initially for a period of 4 weeks and Mr Richards would advise the LPF if that was formally extended. Mr Jones suggested that if this became a medium or long term arrangement he would like to send a letter as joint Chairs thanking her for her contribution and support to LPF over the years.

3. JET Meeting

The annual JET (Joint Executive Team) meeting with Welsh Government had gone well. It was a positive reflection of the UHB's performance over the last year, including the move from Targeted Intervention to Enhanced Monitoring. A copy of the outcome letter from the meeting would be shared with LPF members.

ACTION: Dr Pressley

LPF 19/055 CLINICAL SERVICES PLAN

Mrs Harris advised that a Clinical Services Plan for the next 10 years was being developed to enable us to articulate clearly how services will adapt and change, especially in Primary Care, and to engage further with our Communities. Key areas include:

- Technology
- How we use beds
- Specialist services
- Primary care including hubs and wellbeing centres

Workshops are being held in the locality and a more detailed paper would be brought to the next LPF meeting.

ACTION: Mrs Harris

Mr Hewin raised concern about health and safety issues in some CMHTs, and stated that he did not believe Global Link fitted the model. Mrs Harris acknowledged his concerns. She would be attending a meeting to discuss these issues the following day and would report back to the LPF.

ACTION: Mrs Harris

Mr Egan said that there were issues with lots of community services and buildings and suggested that the poor infrastructure would send the wrong message to patients and would not give them confidence in our services.

LPF 19/056 SUSTAINABLE TRAVEL

Mrs Harris reminded the Forum that a commitment to sustainable travel is a requirement of the Future Generations Act and that the UHB had signed up to this along with Cardiff Council through the Public Services Board.

The Health Charity had supported a new Park and Ride Service from Cardiff (Toys R Us) to UHL, but staff were also encouraged to park away from the main sites and walk part of their journey as part of a healthy commute.

Discussions were taking place with Cardiff Council about the option to develop an interchange at UHW. This would require significant investment and needed to be considered in the context of the re-build and other changes to infrastructure needed, include new theatres.

Mr Jones re-iterated the point made at previous meetings about the need for a Park and Ride service from the Vale to UHL.

Mr Egan suggested that all patients should be made aware of the Park and Ride services in their appointment letters. Mr Richards advised that this had been discussed and was in progress.

LPF 19/057 FINANCE REPORT

The Local Partnership Forum received and noted the Finance Report for the period ending 31 May 2019. Mr Chadwick advised that the figures for month 3 (June) were now available and were concerning as we were £1.8m away from where we wanted to be at this point. If this continued we would be £7m overspend at the end of the year and would lose the approved status of our IMTP.

LPF 19/058 WORKFORCE KPI REPORT

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

PADR levels were concerning, but improvements had been made in sickness with a cumulative rate of 4.69%. This was close to target, but was better than most of Wales and the discussion around unsocial hours payments was dependent on an All-Wales target being reached.

Mrs Gidman stated that there were actually more than 1000 apprentices (including existing staff), not 270 as recorded on the dashboard.

LPF 19/059 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

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

Mrs Walker noted that the arrangements for reporting pressure damage to Welsh Government had been changed and that this had had an impact on the number of serious incidents reported.

There was an increase in the number of concerns, but no trends had been identified.

LPF 19/060 ITEMS FOR BOARD

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

LPF 19/061 ANY OTHER BUSINESS

There was no other business to be raised.

LPF 19/062 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 2 October at 10.00am with a staff representatives pre-meeting at 9 am in Room Nant Fawr 1, Woodland House.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 19/053	7 August 2019	Standards of Behaviour Policy	Standards of Behaviour Policy referred to Employment Policy Sub Group for follow up.	Dr Pressley/Mr Hewin	COMPLETE EPSG members met with Director of Corporate Governance to share comments on 15 August 2019.
LPF 19/054	7 August 2019	CEO Update	Copy of JET outcome letter to be shared with LPF members	Dr Pressley	COMPLETE Sent by email 22 August 2019
LPF 19/055	7 August 2019	Clinical Services Plan	More detailed paper to be brought to the next meeting	Mrs Harris	Postponed to LPF meeting on 4 December 2019
LPF 19/055	7 August 2019	Clinical Services Plan	Discussions re health and safety issues in some CMHTs to be reported back to the LPF.	Mrs Harris	Verbal update to be provided at the LPF meeting on 2 October 2019

Report Title:	EMBEDDING PREVENTION IN THE UNIVERSITY HEALTH BOARD (UHB)									
Meeting:	Local Partnership Forum							Meeting Date:	2/10/19	
Status:	For Discussion	X	For Assurance		For Approval		For Information			
Lead Executive:	Director of Public Health									
Report Author (Title):	Consultant in Public health									

SITUATION

The Wellbeing of Future Generations (Wales) Act, *A Healthier Wales* and our strategy, *Shaping Our Future Wellbeing*, identify prevention as a core element and essential foundation in the delivery of effective and sustainable healthcare. The UHB has a strong track record of projects which take a preventative approach, but these are not always coordinated for best impact, nor do they have systematic reach across the organisation. The proposal that prevention should become a systematic element of the work of the UHB, ensuring that we deliver our mission of 'keeping people well', has been approved by Strategy and Delivery Committee and work is underway to translate the proposal into tangible action that all employees can contribute to. This paper seeks to present the proposed model to members of the LPF and consult on plans for delivery. It demonstrates the approach using the examples of smoking and healthy travel as topics for collective action.

REPORT

BACKGROUND

Prevention, defined as the prevention of ill health, is a fundamental principle in the legislative and policy environment in Wales, featuring in both [A Healthier Wales](#) and [the Wellbeing of Future Generations \(Wales\) Act 2015](#). The UHB has a strong track record of supporting population health. Prevention is a recurrent theme within [Shaping Our Future Wellbeing](#) and also features at all levels of our transformational approach and seamless care model in ['Me, My Home, My Community'](#) within our partnership approach to integrated health and social care.

The UHB has a diverse and innovative range of projects and actions which exemplify this preventative role, many of which lead the way in the NHS in Wales. Examples include a smoke free UHB, hospital restaurant and retail standards, and the UHB's approach to supporting staff health and wellbeing, which contributed to the award of the Platinum Corporate Health Standard.

Despite this strong track record and often leading this agenda in Wales, the embedding and reach of prevention as a key function within the UHB could be further improved. We are recognised for our role in 'Caring for People', but the approach to 'Keeping People Well' is less well defined and not yet systematically adopted. The Strategy and Delivery Committee has supported the proposal to increase the profile of all aspects of the UHB's preventative role under the banner of 'Keeping People Well', linking up and enhancing the separate projects already underway, and taking a systematic approach to ensure it is delivered in all parts of the organisation. This strengthening of our internal approach to prevention and 'Keeping People Well' will in turn contribute to improving population health outcomes.

The role of healthcare in prevention is a topic gaining interest in the other home nations. The Chief Medical Officer in Scotland has been leading a '[Health Promoting Health Service](#)' Programme since 2015 and in England, both the Faculty of Public Health (FPH) and the Health Foundation (HF) are actively investigating the role. A recent [literature review](#) commissioned by FPH reported a relative paucity of published evidence on the topic, but emerging findings identify five prevention roles: leader, partner, employer, advocate and researcher. This complements [work by HF](#) which highlights four ways in which 'the NHS can make a positive difference on health and wellbeing':

1. As a direct provider of health care, building prevention and action on social determinants into services and pathways
2. By acting as a role model employer providing good quality, stable employment and prioritising the health and wellbeing of its workforce, creating healthy and environmentally sustainable environments for both patients and staff.
3. By intentionally acting as an anchor in its community, leveraging its resources and activities through procurement, creating good employment and the use of its land and assets to maximise social value and contribute to wider economic and social wealth in a place
4. As a system leader and partner working to improve population health through their local health and care system'

Complementing our partnership work through Cardiff and Vale Public Service Boards and the Regional Partnership Board, this paper proposes an enhanced focus on the first two of these roles within the UHB. It proposes a social movement approach that would enable employees to identify, articulate and act on their contribution to keeping people well. The proposed approach aligns directly to our partnership transformative approach of 'Me, My Home, My Community', and links with work around social determinants delivered through our Public Service Board Wellbeing Plans. Within the organisation it aligns to our transformation approach, where through Organising for Excellence (Amplify 2025), clinical leaders could further support and champion the prevention agenda. It would contribute positively to demonstrating our values and behaviours, particularly those related to personal responsibility, and form part of the action to support staff wellbeing. The approach would also be an integral part of the organisational response to Wellbeing of Future Generations Act.

The Keeping People Well Model

We propose adopting a 'Keeping People Well (KPW) model (figure) to help identify the additional points where we can have influence and strengthen our vision of keeping people well; for our patients, our colleagues and in our environment. In addition, we propose that this is underpinned by supporting leadership in relation to the prevention agenda at all levels of the organisation. The UHB already delivers significant work in relation to all of the areas, a selection of which is shown in the figure, but this can be further enhanced.

Five actions are proposed to deliver this:

1. Adopt a systematic approach to recording of smoking status and referral to smoking cessation services, taking a programme management approach, with revised individual clinical board targets
2. Deliver the UHB commitments in the Healthy Travel Charter
3. Create a social movement approach to prevention, which encourages all staff to identify what they are going to do to 'Keep People Well', encouraging them to commit to what

they will do 'For Me, For My Patients and For My Team/Directorate'. We will support this by highlighting a range of opportunities and support that staff can engage with.

4. Support a **KPW Clinical Network** involving multidisciplinary clinical prevention champions, linked with Amplify 2025
5. For the UHB to consistently highlight its preventative role under the banner of 'Keeping People Well #KeepingPeopleWell' within its communications, with visible senior level support for the importance of the UHB's preventative role and action to deliver it.

Figure The Keeping People Well Model



In addition it is proposed that, using the KPW Model as a framework to identify actions, the approach should be supported by systematically setting **KPW Objectives** across the organisation i.e. a prevention objective articulated in annual work plans for Directorates, teams and individuals.

ASSESSMENT

The engagement and contribution of staff is key to delivering 'Keeping People Well'. It is recognised that our staff work hard and the intention is not to add apparently unrelated tasks to already busy roles. Instead, we hope to empower staff to identify those actions that are most relevant to them, either personally or in their work, that contribute to prevention. To this end, we are developing a framework aimed at identifying all of those areas where preventative action can be taken (appendix, document 1). The intention is to share this widely within the organisation so that staff have an opportunity to influence and contribute to its contents.

Within this broad and inclusive approach, two topics are described in more detail below. Smoking and healthy travel are presented as examples, both to articulate their population impact, and detail the actions which can be taken by individuals to make a difference. This is not intended to be restrictive as there are many areas where staff can get involved, for example through opportunities to increase physical activity and in 'Move More, Eat Well' that will be promoted early in 2020.

Smoking

Despite a downward trend in smoking prevalence in recent years, a history of past smoking continues to be the risk factor that contributes most to the current [burden of disease in Wales](#). National and local policy has contributed to this downward trend, but the rate of decline is not predicted to be sufficient for Wales to reach its target of 16% prevalence by 2020. The prevalence of smoking in Cardiff and the Vale of Glamorgan is one of the lowest in Wales (17%), but recent [data](#) suggests that the downward trend may have stalled; we cannot therefore become complacent.

Welsh Government has set tier 1 targets for Health Boards that require 5% of adult smokers to become treated smokers each year and for 40% of adult treated smokers to have successfully quit at 4 weeks. Currently the UHB is achieving the latter (56%), but is failing to meet the former (1.8%). The adoption of the Public Health Wales Act in early 2020 will ban smoking on hospital sites, and plans are in place to update the UHBs No Smoking and Smoke Free Environment Policy to accommodate this.

Knowing that most smokers want to quit, and are four times more likely to do so if they are supported by NHS smoking cessation services such as Help Me Quit, much more can be done to ensure referral is offered. The following action is suggested:

- All patient services to systematically enquire about smoking status and record it on the electronic record
- If a patient is a smoker, carry out a brief intervention to offer onward referral or support self-referral
- The staff smoking cessation service should be widely publicised and encouragement given to staff members who wish to refer themselves

Healthy Travel

The 2017 Director of Public Health Report, [Moving Forwards: Healthy Travel for all in Cardiff and the Vale of Glamorgan](#) set out the case for changing the way we travel. Reducing our society's reliance on the car has a wide variety of positive impacts including on sedentary behaviour, cardiovascular disease, cancer, employee wellbeing, social isolation, air quality and carbon emissions (noting also the recent declarations of a climate emergency by Welsh Government, Cardiff Council, and Vale of Glamorgan Council).

Cardiff and Vale UHB signed up to the [Cardiff Healthy Travel Charter](#) in April 2019, alongside other leading public sector organisations in Cardiff, committing to 14 actions over the next 3 years to support staff and visitors to walk, cycle and use public transport when accessing our sites and travelling for work (appendix, document 2). These actions include improving cycle facilities (e.g. showers, lockers), offering discounts on public transport season tickets, setting up a network of healthy travel ambassadors/champions in the organisation, and reviewing the provision of electric vehicle charging points on our site.

Cardiff Council and Transport for Wales have ambitious plans to improve Cardiff's active travel infrastructure and public transport network over the next 3-5 years. For example, the Nextbike cycle hire scheme has been incredibly popular, with over 50,000 people registered to use Nextbike in Cardiff currently, just 18 months after starting in the city, with journeys often exceeding 10,000 per week. There are currently over 500 Nextbikes in Cardiff, expanding to 1000 by the end of 2019, alongside over 50 Nextbike docks throughout the city. The scheme will also be starting in the Vale this financial year (initially in Penarth), with plans to introduce e-bikes in Cardiff this year also. Cardiff Metro will see more frequent trains in the capital, alongside new

stations. And the first of five segregated cycle superhighways criss-crossing the City is already being built.

As transport facilities improve in the City, we would like to support staff to think about how they may be able to make changes to their travel, such as:

- Taking the bus or train to work one day a week. This is a quick way to reduce your transport carbon footprint by around 20% (for full-time employees)
- Using the free park and ride facilities at UHW or UHL
- Cycling or walking some or all of your journey. For trips of less than 2 miles in Cardiff it is often faster to cycle than to drive. If you haven't cycled for a while or don't feel confident on a bike, Cardiff Council offer [free adult cycle training](#). If you don't have access to a bike, there are Nextbike stations throughout the city which can be used on a pay-as-you-go basis. If you need a new bike you can save 25%-39% on the cost, by buying one through the [Cycle to work scheme](#)
- If you have access to a computer, try using Skype for Business for your next meeting rather than travelling
- Consider purchasing an electric vehicle next time you change car. There are already a number of models on the market, offering ranges of over 200 miles, with many more models being launched this year. Cardiff Council are installing residential and public car park chargers throughout Cardiff

ASSURANCE is provided by:

- Alignment of the 'Keeping People Well' approach to the UHB's strategic priorities and plans
- A commitment to engage and consult UHB staff in its further development and implementation

RECOMMENDATION

Local Partnership Forum members are asked to:

- Support the 'Keeping People Well' approach described in the paper, including the prioritisation of smoking and healthy travel
- Comment on the plans for further development
- Commit to promoting prevention within their role, including individually role modelling healthy living
- Identify individuals who might be interested in contributing to a KPW Clinical Network

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:		<div> <div></div> / No / <div></div> <p>If "yes" please provide copy of the assessment. This will be linked to the report when published.</p> </div>							



Keeping People Well Framework (Draft v2)

Clinical risks

Hypertension
High BMI/obesity
Hypercholesterolaemia
High fasting glucose

Behavioural risks

Smoking
Poor diet
Physical inactivity
Alcohol

What can I do to Keep People Well?

Me	My Patients	My Team/Directorate
<ul style="list-style-type: none"> • Use public transport to travel to work and within work • Cycle to work or in work • Take a lunch time walk • Choose a Physical Activity you enjoy • Use the stairs • Make a snack swap • Seek support to stop smoking • Join one of the Health Charity physical activity challenges • Join in CAV a Coffee or Menopause Cafe • Practice the Five Ways to Wellbeing • Support Time to Change and consider becoming a Time to Change Champion • Have your annual flu jab and update your immunisations (including MMR and pertussis) • Explore the range of things the UHB offers to support your Health and Wellbeing • Complete Making Every Contact Count training • Join the Advocates Network and Clinical Champions • Practice self-care and compassion • Volunteer 	<ul style="list-style-type: none"> • Take a person centred ‘what matters to you’ approach • Ask and record smoking status on the electronic record – offer referral • Explore behavioural risks and offer support using Making Every Contact Count approach and motivational interviewing skills • Record and manage clinical risks – using HealthPathways if available • Promote flu vaccination to eligible groups • <i>Consider social prescribing</i> • Engage with UHB campaigns such as End PJ Paralysis 	<ul style="list-style-type: none"> • Identify a prevention priority for the team • All team members to identify one PADR objective linked to the prevention priority • Systematically ask about patient smoking status, record in the electronic record and offer referral • Promote annual flu campaign • Actively use MECC opportunities and resources • Adapt the clinical environment to support your prevention priority e.g. displaying posters, screens, making information available, include in care pathways • Get involved with the work of Arts for Health and Wellbeing • Encourage staff to take actions listed in the Healthy Travel Charter • Join one of the Health Board Challenges as a team • Join the Advocates Network

Let us know what you are doing #keepingpeoplewell or email...

Key population health topics

Mental wellbeing
Inequalities
Sustainability
Air quality

Population programmes

Immunisation
Screening

Staff healthy travel charter

Cardiff public sector commitments 2019-22



Working together, for our sites in Cardiff, we commit to...

Public transport

Offer discounts on public transport to staff in our organisations, including Cardiff Bus and Transport for Wales Rail Services, and explore discounts with other operators

Walking, cycling and public transport

Contribute to an interactive map showing all walking and cycling infrastructure and public transport links for our main public sector sites in Cardiff

Cycling

Offer the cycle to work scheme to all staff

Provide secure cycle storage and showers at all main sites

Improve access to bicycles at work, e.g. pool bikes and Nextbikes

Facilitate and promote free cycle training and maintenance sessions

Review together our travel expenses policies, to encourage uptake of cycling

Communications and leadership

Establish a network of sustainable travel champions across our organisations

Agree and use consistent communications messages with the public, visitors and staff on healthy travel

Promote and consider healthy travel options and benefits when advertising roles in our organisations

Senior staff and managers routinely promoting and modelling active and sustainable travel behaviour

Agile working

Increase availability and uptake of tele- and video-conferencing for meetings where appropriate

Ultra low emission vehicles

Review the current and future need for electric vehicle (EV) charging infrastructure on our sites

Review our fleet and procurement arrangements (where applicable) for introduction of ultra low emission vehicles

Between us, we will...

Reduce the proportion of journeys commuting to and from work made by car from 62% to 52%

Increase the proportion of staff cycling weekly to and from work, or at work from 14% to 23%

Increase the proportion of vehicles used during the day which are plug-in hybrid or pure electric from 1% to 3%

Who we are...



Cyfoeth
Naturiol
Cymru
Natural
Resources
Wales



HM Revenue
& Customs

South Wales
Fire and Rescue Service



Gwasanaeth Tân ac Achub
De Cymru



HM Prison &
Probation Service



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Llywodraeth Cymru
Welsh Government



GIG
CYMRU
NHS
WALES

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



Comisiynydd
Cenedlaethau'r
Dyfodol
Cymru

Future
Generations
Commissioner
for Wales



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

...together we employ over 33,000 public sector staff in Cardiff

Siarter teithio'n iach i staff

Ymrwymiadau'r sector cyhoeddus yng Nghaerdydd 2019-22



Drwy gydweithio ar gyfer ein sefydliadau yng Nghaerdydd, rydym yn ymrwymedig i

Trafnidiaeth gyhoeddus

Cynnig gostyngiadau ar dtrafnidiaeth gyhoeddus i staff yn ein sefydliadau, gan gynnwys Bws Caerdydd, Gwasanaethau Rheilffyrdd Trafnidiaeth Cymru, ac ymchwilio i ostyngiadau gan weithredwyr eraill

Cerdded, beicio a thrafnidiaeth gyhoeddus

Cyfrannu at y map rhyngweithiol sy'n dangos yr holl seilwaith cerdded, beicio a chysylltiadau trafniadaeth gyhoeddus ar gyfer ein prif safleoedd yng Nghaerdydd

Beicio

Cynnig y cynllun beicio i'r gwaith i bob aelod o staff

Darparu man diogel i gadw beic a darparu cawodydd ym mhob prif safle

Gwella mynediad i feiciau yn y gwaith, e.e. beiciau'r gweithle a 'Nextbike'

Hwyluso a hyrwyddo hyfforddiant beicio a sesiynau cynnal a chadw beiciau am ddim

Ar y cyd, adolygu ein polisi treuliau teithio, er mwyn annog pobl i ddewis beicio

Cyfathrebu ac arweinyddiaeth

Sefydlu rhwydwaith o hyrwyddwyr teithio cynaliadwy ar draws ein sefydliadau

Cytuno ar negeseuon i gyfathrebu teithio'n iach â'r cyhoedd, ymwelwyr a staff a'u defnyddio'n gyson

Hyrwyddo ac ystyried opsiynau a manteision teithio'n iach wrth hysbysebu swyddi yn ein sefydliadau

Dylai uwch aelodau o staff a rheolwyr hyrwyddo a defnyddio dulliau teithio llesol a chynaliadwy yn rheolaidd

Gweithio'n hyblyg

Cynyddu'r posibilrwydd o gynnal cyfarfodydd drwy gyfrwng cynhadledd dros y ffôn neu fideo pan fo'n briodol

Cerbydau ag allyriadau isel iawn

Adolygu'r angen i gael seilwaith sy'n gwefru cerbydau trydan (EV) yn ein safleoedd nawr ac yn y dyfodol

Adolygu ein trefniadau fflyd a chaffael (pan fo'n berthnasol) er mwyn cyflwyno cerbydau ag allyriadau isel iawn

Gyda'n gilydd, byddwn yn...

Lleihau cyfran y teithiau cymudo yn ôl ac ymlaen i'r gwaith mewn car o 62% i 52%

Cynyddu cyfran y staff sy'n beicio yn ôl ac ymlaen i'r gwaith, neu yn y gwaith, yn wythnosol o 14% i 23%

Cynyddu cyfran y cerbydau a ddefnyddir yn ystod y dydd sy'n gar trydan hybrid neu'n gar trydan o 1% i 3%

Pwy ydym ni...



...gyda'n gilydd rydym yn cyflogi dros 33,000 o staff yn y sector cyhoeddus yng Nghaerdydd

Report Title:	Finance Report for the Period Ended 31 st July 2019							
Meeting:	Local Partnership Forum					Meeting Date:	02.10.19	
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 4, the UHB is reporting an overspend of £2.410m 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 @ July 2019

		STATUS REPORT				
Measure	n	July 2019	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£2.410m deficit at month 4.	R	↓	2019/20 Break-Even	M4 2019-20
Remain within capital resource limits.	37	Expenditure at the end of the July was £9.157m against a plan of £9.366m.	G	9	Approved planned expenditure £40.030m	M4 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 4.	R	9	If 2019/20 plan achieved reduce underlying deficit to £4.0m	M4 2019-20
Delivery of recurrent £16.345m 2% devolved target	36b	£16.345m identified at Month 4.	R	9	£16.345m	M4 2019-20
Delivery of £10.0m recurrent/non recurrent corporate target	36c	£10.000m identified at month 4.	R	9	£10.000m	M4 2019-20
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.5 % in July	G	↑	95% of invoices paid within 30 days	M4 2019-20
Remain within Cash Limit	37b	Forecast cash surplus of £ 0.677 m	G	9	To remain within Cash Limit	M4 2019-20
Maintain Positive Cash Balance	37c	Cash balance = £2.993m	G	9	To Maintain Positive Cash Balance	End of July 2019

Month 4 Cumulative Financial Position

The UHB reported a year to date deficit of £2.410m.

The UHB plans to recover this year to date deficit and deliver a break even position by the year end. This will take concerted effort and will require the delivery of remedial actions that are still being worked through.

The cumulative position is expected to deteriorate before showing sustained improvements resulting in a break even position.

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

Table 4: Summary Financial Position for the period ended 31st July 2019

Income/Pay/Non Pay	In Month			Cumulative Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(120.928)	(120.925)	0.002	(476.156)	(476.147)	0.009	(1,433.421)	(1,433.421)	0.000
Pay	53.298	53.085	(0.213)	213.950	213.223	(0.727)	623.523	623.523	0.000
Non Pay	67.630	68.442	0.812	262.206	265.334	3.128	809.898	809.898	0.000
Variance to Plan £m	0.000	0.602	0.602	0.000	2.410	2.410	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 @ July 2019

Income	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Research & Development	(0.838)	(0.979)	(0.141)	(3.434)	(3.707)	(0.273)
Revenue Resource Limit	(80.694)	(80.694)	0.000	(319.817)	(319.817)	0.000
Accommodation & Catering	(0.355)	(0.385)	(0.030)	(1.428)	(1.384)	0.044
Education & Training	(3.257)	(3.254)	0.003	(12.950)	(12.929)	0.021
Injury Cost Recovery Scheme (CRU) Income	(0.360)	(0.309)	0.052	(0.722)	(0.683)	0.039
NHS Patient Related Income	(26.710)	(26.455)	0.255	(103.264)	(103.216)	0.047
Non Revenue Resource Limit	(1.609)	(1.609)	0.000	(6.438)	(6.438)	(0.000)
Other Operating Income	(6.989)	(7.117)	(0.129)	(27.650)	(27.432)	0.218
Overseas Patient Income	(0.007)	(0.029)	(0.021)	(0.030)	(0.067)	(0.037)
Private Patient Income	(0.108)	(0.094)	0.014	(0.424)	(0.474)	(0.049)
Total £m	(120.928)	(120.925)	0.002	(476.156)	(476.147)	0.009

A deficit of £0.009m is reported against income budgets. The main variances to note are:

- £0.255m in month adverse variance on NHS patient related income. The principal reason for the downturn is a fall in English cross border activity and an adverse swing in performance against the Cwm Taf & Powys LTAs. In particular the value of spinal work undertaken on out of area patients is relatively low compared to the same period last year.
- The favourable reported against R & D is due to the timing of invoicing arrangements with commercial companies.
- £0.218m adverse variance on other operating income is primarily due to underperformance in NICU and PICU and a reduction in pharmacy sales as a result of production issues in the St Mary's Pharmaceutical Unit during April to June which have now been resolved.

LTA Provider Performance

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

The LTA position with LHBs at Month 4 is underperforming and there is also a deterioration of £0.065m for English income from month 3. The adverse swing on income in month is £0.147m for Cwm Taf Morgannwg and £0.078k for Powys. There is an adverse £0.177m movement on spines compared to this period last year.

The performance against plan at month 4 is an adverse variance of £0.133m and is summarised in Table 6 below.

Table 6: Month 4 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	(223.499)	(76.169)	(76.353)	(0.184)
Aneurin Bevan	(30.076)	(10.025)	(9.888)	0.137
Other LHBs	(40.058)	(13.578)	(13.370)	0.208
Non-Welsh	(3.239)	(1.943)	(1.971)	(0.028)
	(296.871)	(101.715)	(101.582)	0.133

Pay

In total pay budgets are showing a cumulative underspend of £0.727m as reported in Table 7.

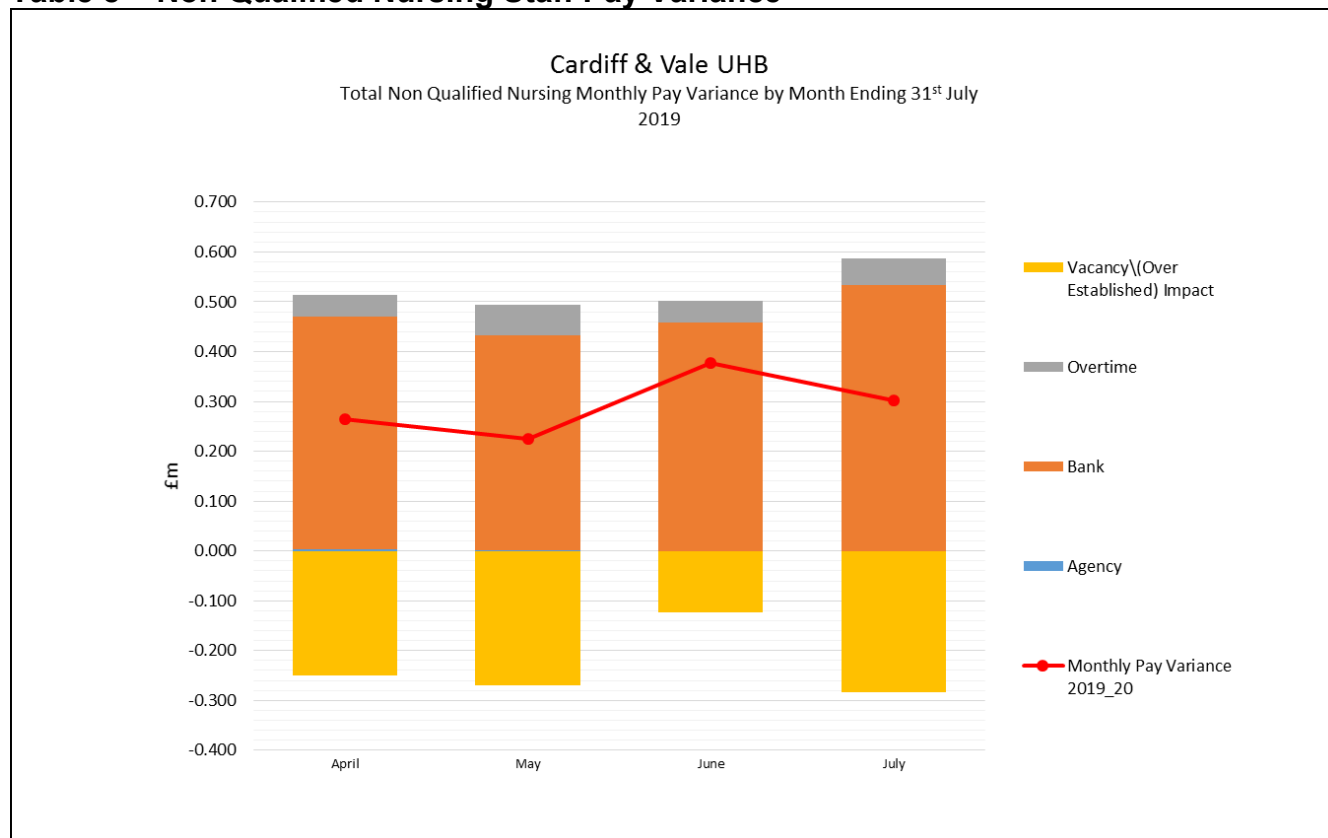
Table 7: Analysis of pay expenditure by staff group @ July 2019

Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Additional clinical services	1.978	1.985	0.007	8.045	8.043	(0.002)
Management, admin & clerical	6.403	6.335	(0.068)	25.544	25.386	(0.158)
Medical and Dental	13.276	13.403	0.127	52.810	52.931	0.121
Nursing (registered)	16.126	16.002	(0.123)	64.931	64.902	(0.030)
Nursing (unregistered)	4.219	4.521	0.302	17.168	18.336	1.169
Other staff groups	8.200	7.926	(0.275)	32.893	31.759	(1.134)
Scientific, prof & technical	3.097	2.913	(0.184)	12.559	11.866	(0.693)
Total £m	53.298	53.085	(0.213)	213.950	213.223	(0.727)

The main concern continues to be the pressure against nursing budgets particularly within the Surgery and Medicine Clinical Boards. The rate of overspend against nursing budgets fell in both Clinical Boards in month 4 compared to the first 3 months. The pressures are driven by high levels of vacancies and sickness which have led to increased agency expenditure to maintain established levels of nursing cover. In addition, specialing has been high in some areas and additional nursing has been deployed to support extra beds and relieve pressure in the Emergency Unit, SAU & SSU. Nursing Recovery Plans are ongoing and progress will be closely monitored as the year progresses.

The in month overspend reported against medical staff is in part a consequence of a £0.085m one off retrospective payment to meet annual leave entitlements of long term locum staff.

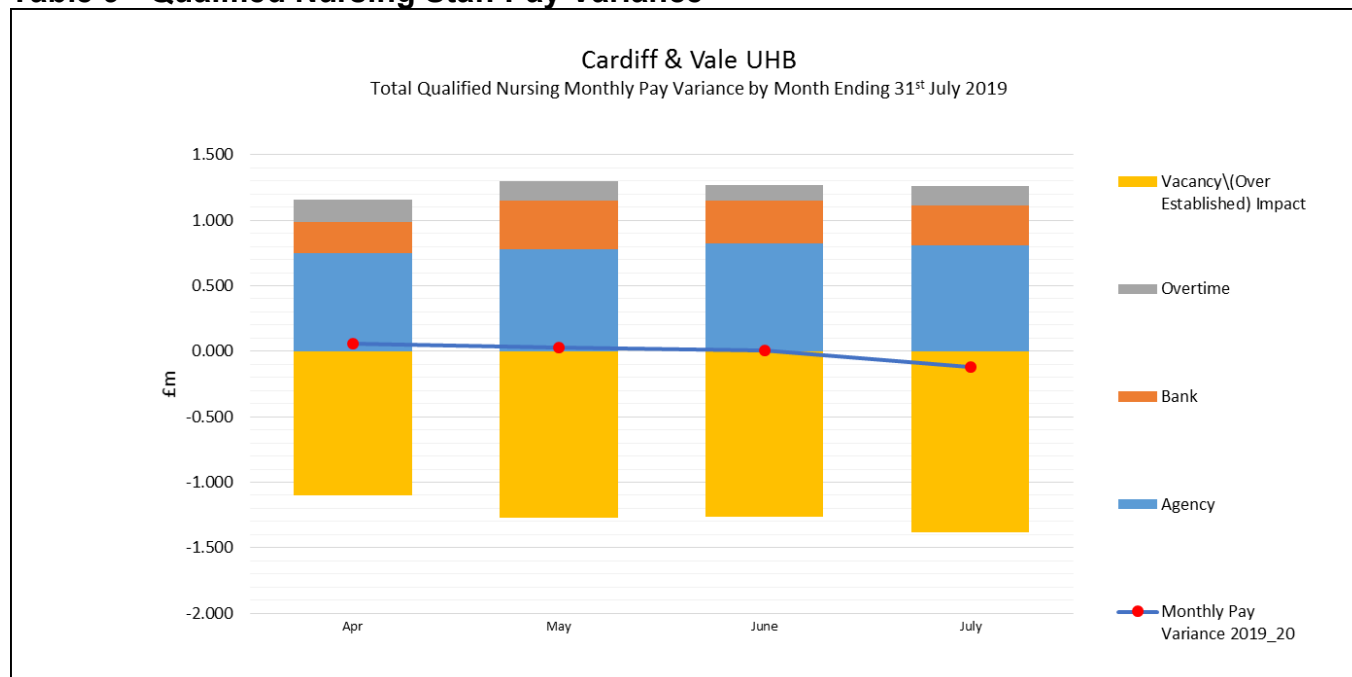
Table 8 – Non Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.000)	0.002
Bank	0.534	1.891
Overtime	0.053	0.201
Adverse Impact	0.586	2.094
Vacancy\ (Over Established) Impact	(0.283)	(0.925)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.302	1.169

Table 8 indicates that the £1.169m adverse variance against non-qualified nursing assistants is due to overspends of £1.891m on bank staff and £0.201m on overtime which is partly offset by an underspend against established posts.

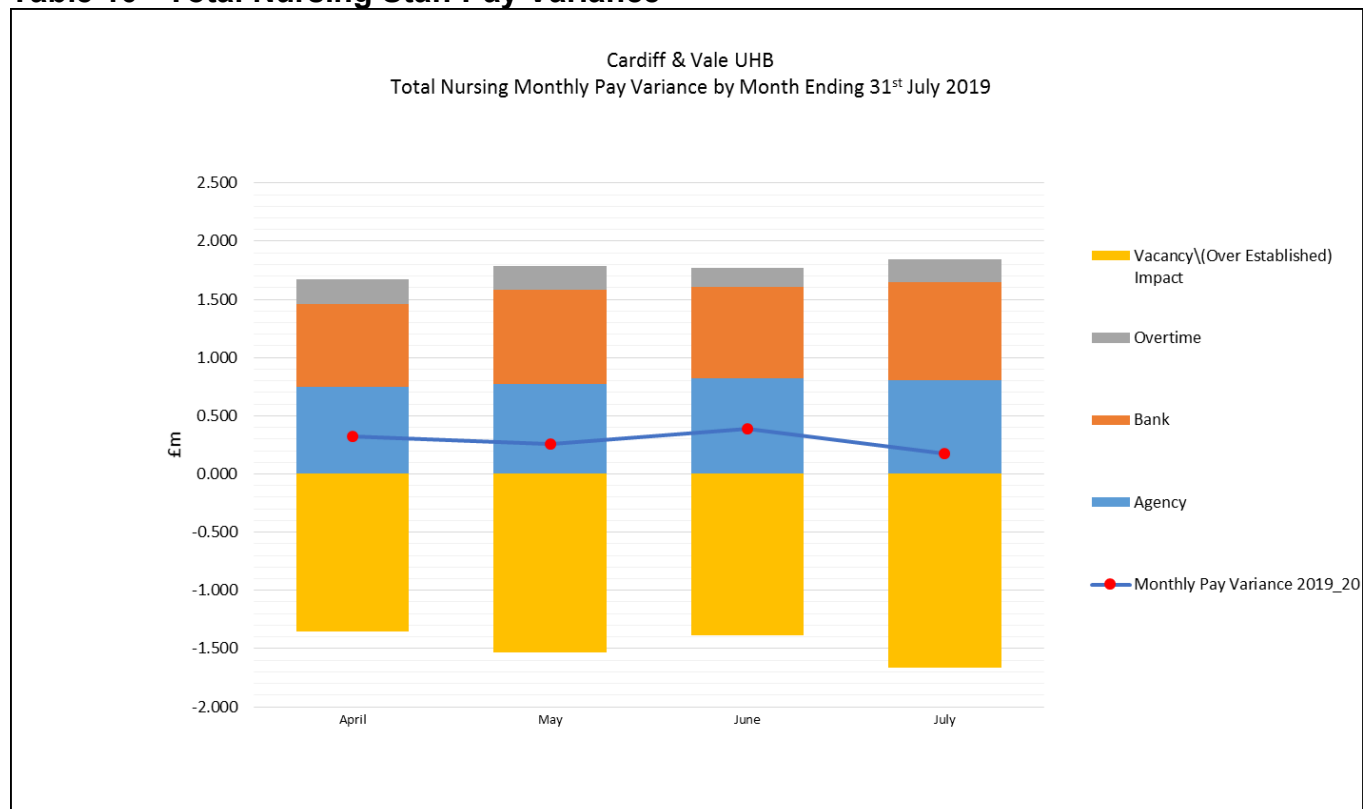
Table 9 - Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.808	3.154
Bank	0.305	1.249
Overtime	0.145	0.581
Adverse Impact	1.258	4.984
Vacancy\\(Over Established) Impact	(1.382)	(5.013)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.123)	(0.030)

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



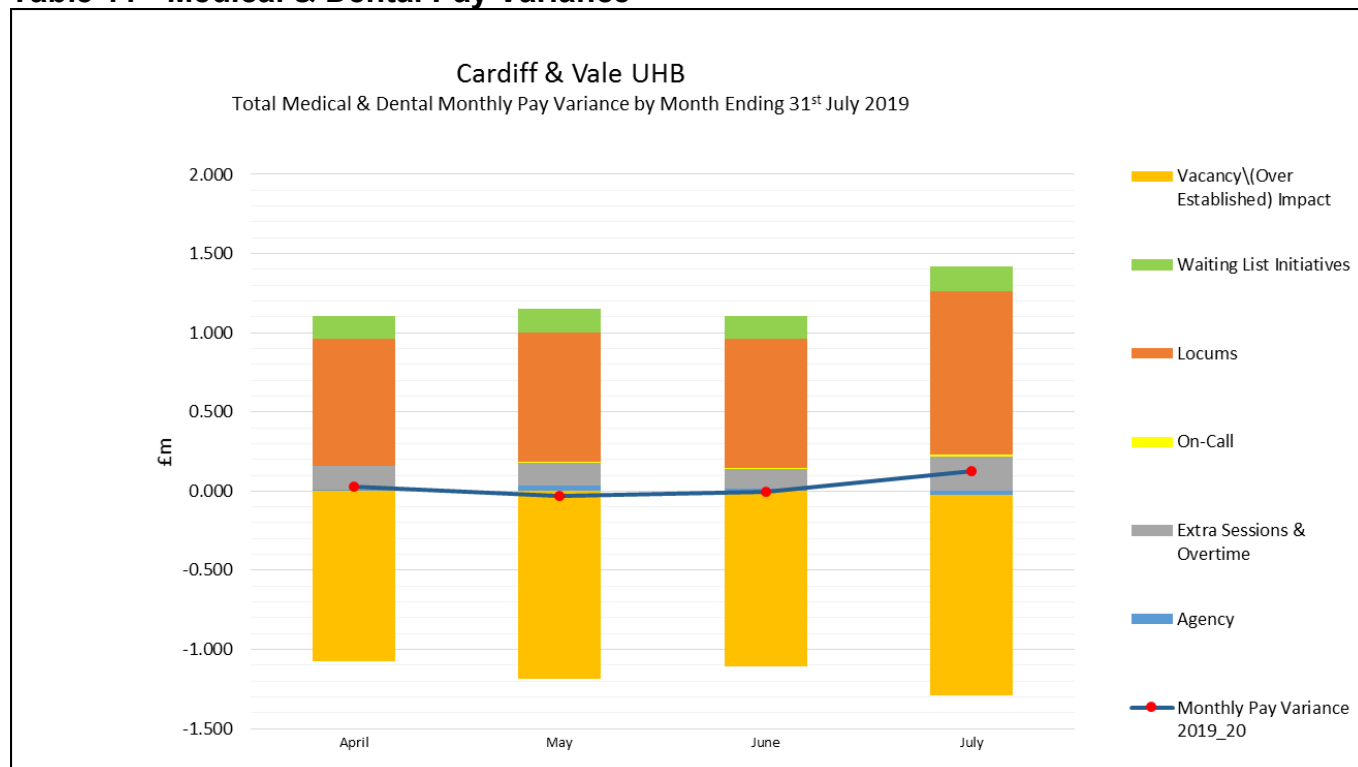
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.808	3.155
Bank	0.839	3.140
Overtime	0.197	0.782
Adverse Impact	1.844	7.077
Vacancy\ (Over Established) Impact	(1.665)	(5.938)
Total Pay Variance - (Fav)/Adv £m	0.179	1.139

Table 10 identifies expenditure against substantive nursing posts for the year to date which is £1.139m more than budget. The £5.938m surplus against established posts is offset by a £7.077m 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 favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an overspend of £0.127m at month 4.

The main areas of concern are within the CD&T Clinical Board where pockets of overspend continue where there are demand driven additional sessions in Radiology and Cellular Pathology and also in the Medicine Clinical Board where pressures continue in the Emergency Unit.

Table 11 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.024)	0.034
Extra Sessions & Overtime	0.218	0.635
On-Call	0.013	0.032
Locums	1.032	3.465
Waiting List Initiatives	0.154	0.588
Adverse Impact	1.393	4.754
Vacancy\ (Over Established) Impact	(1.266)	(4.632)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	0.127	0.121

Non Pay

Table 12 highlights an overspend of £3.128m 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;
- An overspend against drug budgets primarily in medicine and primary care;
- Premises and fixed plant where a key cost drivers are, increased spend on estates contractors to cover vacancies in substantive posts, energy costs; the significant cost of security on the vacant sites at Lansdowne and Whitchurch.

The favourable movement in the month in other non pay relates to the recognition of slippage against the UHB's losses budget.

Table 12: Non Pay Variance @ July 2019

Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	9.661	9.680	0.019	34.815	34.975	0.160
Commissioned Services	14.579	14.541	(0.038)	57.524	57.522	(0.002)
Continuing healthcare	5.481	5.650	0.168	21.609	22.197	0.588
Drugs / Prescribing	12.271	12.648	0.377	49.406	50.790	1.385
Establishment expenses	1.175	1.192	0.016	4.064	4.175	0.111
General supplies & services	0.783	0.822	0.039	2.934	3.093	0.158
Other non pay	6.136	5.743	(0.394)	23.448	22.836	(0.613)
Premises & fixed plant	3.139	3.664	0.525	11.692	12.804	1.112
Primary Care Contractors	14.404	14.503	0.100	56.714	56.943	0.229
Total £m	67.630	68.442	0.812	262.206	265.334	3.128

LTA Commissioner Performance

The UHB spends circa £165m on commissioning healthcare services for its population mainly through contracts with WHSSC, LHBs and Velindre. The favourable position is against non-contract activity, however, the forecast is still break even in line with plan due to the approval of several RFA panel patients. The year to date commissioner position is shown in Table 13.

Table 13: Month 4 LTA Commissioner Position

Expenditure - C&V Commissioner				(fav) / adv
Annual Budget	YTD Profile	YTD Actual	YTD Variance	
£m	£m	£m	£m	
WHSSC	126.964	42.200	42.227	0.026
Velindre	17.495	5.832	5.941	0.109
LHBs	20.340	6.777	6.768	(0.009)
Other / NCAs	1.329	0.343	0.131	(0.212)
	166.128	55.152	55.067	(0.085)

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 four month months to 31st July 2019 by Clinical Board is shown in Table 14.

Table 14: Financial Performance for the period ended 31st July 2019

Clinical Board	M3 Budget Variance £m	M4 Budget Variance £m	In Month Variance £m	Cumulative % Variance
All Wales Genomics Service	0.005	0.002	(0.004)	0.04%
Capital Estates & Facilities	0.383	0.694	0.311	3.19%
Children & Women	0.413	0.534	0.121	1.46%
Clinical Diagnostics & Therapies	0.451	0.616	0.165	1.73%
Executives	(0.110)	(0.173)	(0.063)	(1.31%)
Medicine	1.094	1.749	0.654	4.42%
Mental Health	(0.013)	(0.027)	(0.014)	(0.10%)
PCIC	0.842	1.079	0.236	0.96%
Specialist	(0.500)	(0.720)	(0.219)	(1.25%)
Surgery	0.597	0.695	0.099	1.38%
SubTotal Delegated Position	3.163	4.448	1.286	0.00%
Central Budgets	(1.354)	(2.038)	(0.684)	(2.58%)
Total	1.808	2.410	0.602	0.51%

In month overspends were reported by 6 Clinical Boards in July. The largest in month overspend was in the Medicine Clinical Board as a consequence of continuing difficulties in managing nursing, medical staff and drug overspends. The increasing rate of overspend in Capital Estates in month was a consequence of security costs at Woodland House, Lansdowne and Whitchurch and slippage against energy saving schemes. The in month overspend in PCIC was driven by prescribing, growth in continuing care numbers and locum payments to GPs. Radiology outsourcing and savings scheme slippage was a continuing concern in the CD & T Clinical Board and NICU & PICU underperformance alongside an overspend on drugs were the main in month concerns in the Women and Children Clinical Board. The rate of overspend in Surgery was broadly in line with the previous month, with nursing pressures and savings scheme slippage remaining a concern.

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

The financial performance on delegated budgets is now the key financial risk facing the UHB. Each clinical board has been asked to produce recovery actions to deliver a break even position at year end and this will be managed through the normal performance management and escalation processes.

Savings Programme

The UHBs £31.245m savings target was reduced by £2.1m to £29.145m in month 3 to reflect the release of the UHBs remaining investment reserve. Upon request from Welsh Government, it has been further reduced by £2.8m in month 4 to reflect an operational underspend on WEQAS. The target is now £26.345m

At month 4 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 4

	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 4	
		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 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 4 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 by £10.9m (5.9%) 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 a £3m increase in the UHB's debtors control account.

The value of trade and other payables has fallen by around £19.7m (10.7%) since the start of the year due to a reduction in capital creditors, a reduction in clinical negligence accruals, the settlement of year end liabilities and a fall in trade creditors which largely reflects the timing of the UHB's contribution to the Pooled CHC fund.

Cash Flow Forecast

The UHB does not expect to request additional cash support in 2019/20 and at the end of July 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 July was £2.993m.

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

Public Sector Payment Compliance

The UHB's cumulative performance to the end of July is 96.5% following a 0.3% improvement in month.

Capital Resource Limit (CRL)

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

Table 17: Progress against Capital Resource Limit @ July 2019

	£m
Planned Capital Expenditure at month 4	9.366
Actual net expenditure against CRL at month 4	9.157
Variance against planned Capital Expenditure at month	0.209

Capital progress for the year to date improved in month with net expenditure to the end of July being 23% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £40.030m at the end of July 2019 comprising of £12.228m discretionary funding and £27.802m towards specific projects (including Neo Natal Upgrading Phase 2, Rookwood Replacement & MR Scanners)

Key Risks and Recovery Actions

At month 4, the key risks are set out below:

1. Risk – Managing within current budgets.

Action - All Clinical Boards have been asked to produce break even recovery plans and financial performance will be managed through established performance management and escalation processes.

2. Risk - Delivery of the £26.345m efficiency plan target;

Action - At month 4 the UHB has a fully identified savings programme to deliver against the £26.345m savings target. Further work is continuing on the savings programme to convert the key remaining amber schemes to green as soon as possible.

3. Risk - Delivering planned levels of performance within the current resources available.

Action - The additional £6.1m performance funding has now been confirmed and the UHB is working to deliver targets levels of performance within the resource available.

ASSURANCE is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB's intentions 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 £2.410m deficit at month 4
- **NOTE** the key risks and actions being taken to manage them.

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							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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
Medicine	1,877	1,083	879	1,962	38	(85)
Specialist Services	2,019	1,807	244	2,051	0	(32)
CD&T	1,633	1,153	479	1,632	375	1
Mental Health	1,470	920	550	1,470	100	0
Children & Women	1,775	973	802	1,775	278	(0)
PCIC	3,300	1,572	1,738	3,310	540	(10)
Surgery	2,300	1,831	426	2,257	631	43
Corporate Execs	681	583	17	599	20	82
Capital Estates and Facilities	1,290	973	20	993	267	297
Total	16,345	10,895	5,155	16,050	2,249	295
Corporate	10,000	8,600	1,750	10,350	0	(350)
Total	26,345	19,495	6,905	26,400	2,249	(55)

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
Medicine	1,877	1,143	1,443	2,586	140	(709)
Specialist Services	2,019	1,637	246	1,883	0	136
CD&T	1,633	973	239	1,212	375	421
Mental Health	1,470	702	550	1,252	100	218
Children & Women	1,775	340	778	1,118	325	657
PCIC	3,300	1,564	1,424	2,988	0	312
Surgery	2,300	1,102	0	1,102	991	1,198
Corporate Execs	681	646	0	646	0	35
Capital Estates and Facilities	1,290	781	62	843	0	447
Total	16,345	8,887	4,742	13,630	1,931	2,715
Corporate	10,000	1,711	6,989	8,700	0	1,300
Total	26,345	10,598	11,731	22,330	1,931	4,015

BALANCE SHEET AS AT 31st JULY 2019

	Opening Balance 1 st April 2019	Closing Balance 31st July 2019
	£'000	£'000
Non-Current Assets		
Property, plant and equipment	675,904	697,806
Intangible assets	2,902	2,520
Trade and other receivables	21,432	16,452
Other financial assets		
Non-Current Assets sub total	700,238	716,778
Current Assets		
Inventories	16,926	17,071
Trade and other receivables	176,987	192,880
Other financial assets		
Cash and cash equivalents	1,219	2,993
Non-current assets classified as held for sale	1,906	994
Current Assets sub total	197,038	213,938
TOTAL ASSETS	897,276	930,716
Current Liabilities		
Trade and other payables	174,685	155,194
Other financial liabilities		
Provisions	129,087	149,662
Current Liabilities sub total	303,772	304,856
NET ASSETS LESS CURRENT LIABILITIES	593,504	625,860
Non-Current Liabilities		
Trade and other payables	9,095	8,889
Other financial liabilities		
Provisions	24,862	13,736
Non-Current Liabilities sub total	33,957	22,625
TOTAL ASSETS EMPLOYED	559,547	603,235
FINANCED BY:		
Taxpayers' Equity		
General Fund	443,904	465,290
Revaluation Reserve	115,643	137,945
Total Taxpayers' Equity	559,547	603,235

CASH FLOW FORECAST AS AT 31st JULY 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	78,385	67,920	68,094	84,084	80,394	74,194	77,794	63,836	925,656
WG Revenue Funding - Non Cash Limited (NCL)	1,590	1,590	1,005	1,555	1,685	1,315	1,470	1,470	1,470	1,470	1,470	3,288	19,378
WG Revenue Funding - Other (e.g. invoices)	1,255	1,255	1,255	2,108	3,824	1,255	1,496	1,255	1,255	1,496	4,144	4,384	24,982
WG Capital Funding - Cash Limit	8,500	1,000	0	3,850	3,900	4,900	6,800	3,400	3,700	2,800	1,180	0	40,030
Sale of Assets	0	1,200	0	166	260	2,200	0	0	0	0	0	0	3,826
Income from other Welsh NHS Organisations	39,794	47,109	39,129	53,252	50,620	33,731	43,054	49,403	42,791	42,611	39,448	37,133	518,075
Other - (Specify in narrative)	14,126	6,259	5,137	12,752	7,194	7,432	15,433	5,822	5,710	14,456	5,609	7,364	107,294
TOTAL RECEIPTS	157,095	150,563	119,816	147,368	145,868	118,753	136,347	145,434	135,320	137,027	129,645	116,005	1,639,241
PAYMENTS													
Primary Care Services : General Medical Services	5,495	4,343	8,338	4,816	4,565	7,597	4,574	4,574	7,597	4,574	4,574	7,597	68,644
Primary Care Services : Pharmacy Services	165	136	176	124	132	145	145	145	290	580	290	290	2,618
Primary Care Services : Prescribed Drugs & Appliances	6,818	15,385	3	7,987	14,659	0	7,490	14,980	7,490	7,490	7,490	0	89,792
Primary Care Services : General Dental Services	1,835	1,877	1,926	2,054	1,786	1,895	1,895	1,895	1,895	1,895	1,895	1,895	22,743
Non Cash Limited Payments	1,957	1,861	2,088	2,215	1,999	2,035	2,035	2,035	2,035	2,035	2,035	2,035	24,365
Salaries and Wages	51,454	51,583	50,105	51,135	51,438	51,078	51,318	51,213	51,202	51,318	51,648	51,841	615,333
Non Pay Expenditure	68,366	54,158	46,656	61,896	43,373	42,991	47,674	43,789	43,761	52,002	46,209	47,299	598,174
Capital Payment	6,335	2,613	3,087	3,268	3,969	4,547	6,868	3,481	3,681	2,704	1,200	0	41,753
Other items (Specify in narrative)	10,691	19,637	7,881	14,604	22,934	8,388	14,385	23,340	17,343	14,385	14,385	8,388	176,361
TOTAL PAYMENTS	153,116	151,593	120,260	148,099	144,855	118,676	136,384	145,452	135,294	136,983	129,726	119,345	1,639,783
Net cash inflow/outflow	3,979	(1,030)	(444)	(731)	1,013	77	(37)	(18)	26	44	(81)	(3,340)	
Balance b/f	1,219	5,198	4,168	3,724	2,993	4,006	4,083	4,046	4,028	4,054	4,098	4,017	
Balance c/f	5,198	4,168	3,724	2,993	4,006	4,083	4,046	4,028	4,054	4,098	4,017	677	

PROGRESS AGAINST CRL AS AT 31st JULY 2019

Approved CRL issued June 6 th 2019 £'000s	40,030
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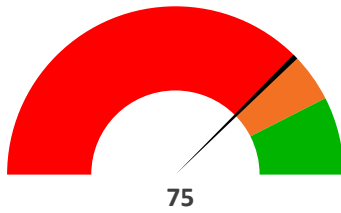
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FINANCIAL PERFORMANCE OF EXECUTIVE DIRECTORATES

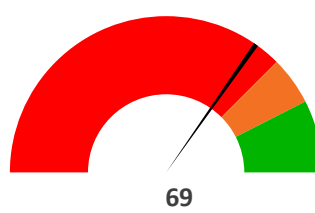
Corporate Executive Directorate	M4 Budget Variance £m
Chief Executive Officer	0.008
Chief Operating Officer	0.013
Director of Finance	(0.077)
Director of Governance	0.079
Director of Nursing	0.014
Director of Planning	0.015
Director of Public Health	(0.001)
Director of Therapies	(0.024)
Director of Transformation	0.007
Director of Workforce	(0.036)
Medical Director	(0.172)
Total £m	(0.173)

Workforce Key Performance Indicators July 2019

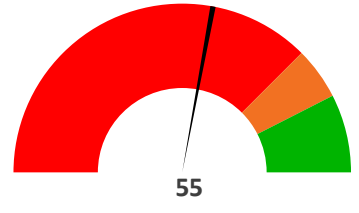
Stat & Mand e-Learning % Compliance



Fire e-Learning % Compliance



PADR & Medical Appraisal % Compliance



Voluntary Resignation Turnover



6.41%

Pay Bill Under/Overspend



-0.34%

Variable Pay Rate



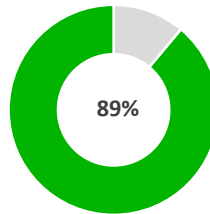
8.87%

WTE Staff in Post

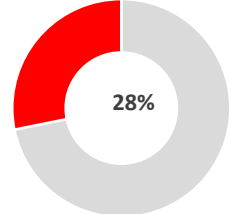


12882.44

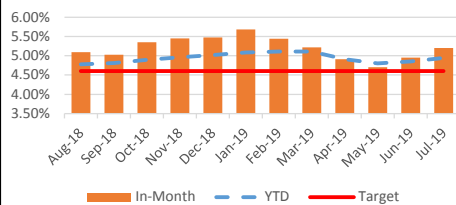
Consultant & SAS Job Plan % Recorded



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



31

Number of Grievances



12

Number of Dignity at Work Cases



0

Number of Appeals



2

Number of Staff Undertaking Learning in Apprenticeship Education Frameworks



265

REPORT TITLE:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT						
MEETING:	Local Partnership Forum				MEETING DATE:	02.10.19	
STATUS:	For Discussion		For Assurance	x	For Approval		For Information x
LEAD EXECUTIVE:	Executive Nurse Director						
REPORT AUTHOR (TITLE):	Assistant Director, Patient Safety and Quality – 029 2184 6117 Assistant Director, Patient Experience – 029 2184 6108						
PURPOSE OF REPORT:							

SITUATION:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from July to August 2019.

REPORT:

BACKGROUND:

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

ASSESSMENT

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

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

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

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

RECOMMENDATION:

The Board is asked to:

- **NOTE** the content of this report.
- **NOTE** the areas of current concern and the current actions being taken.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

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

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

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

**EQUALITY
AND HEALTH
IMPACT
ASSESSMENT
COMPLETED:**

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



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

Serious patient safety incidents (SIs reportable to Welsh Government)

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

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

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

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

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

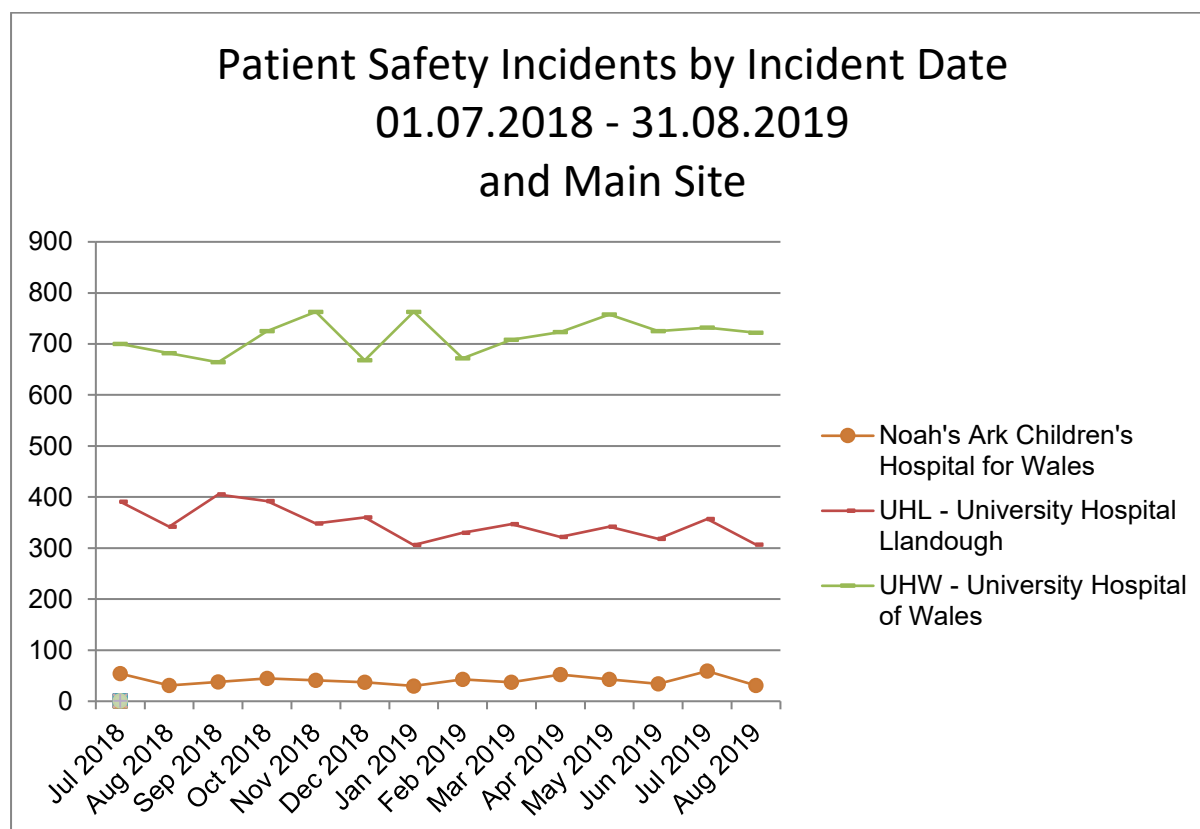
No Surprises		
Clinical Board	Number	Description
Clinical Diagnostic and Therapeutics	<ul style="list-style-type: none"> 1 	<ul style="list-style-type: none"> A decision was taken to temporarily suspend services in the Radiopharmacy production unit due to an infection control risk that has been identified.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

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

How do we compare to our Peers?

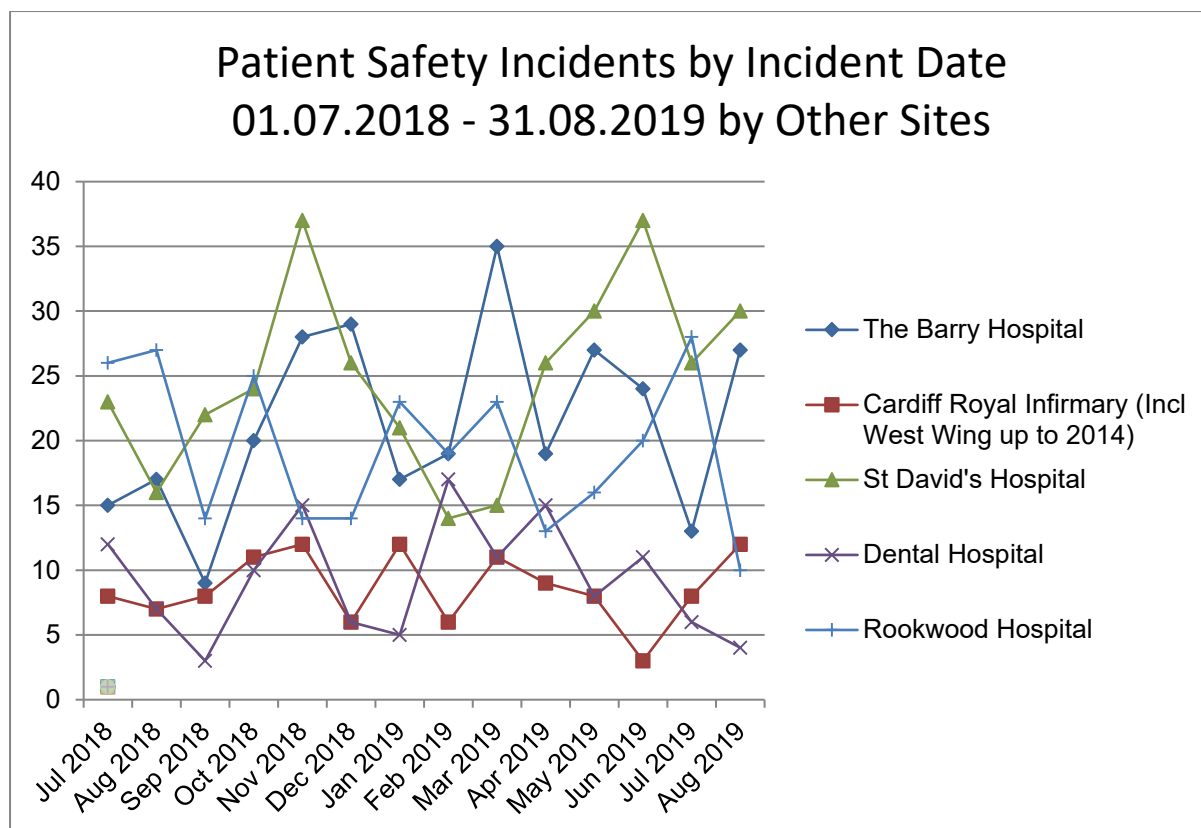
There is currently no further national data available, beyond that which was presented in the July 2019 report to Board.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported via the UHB's Datix risk management system by main sites between July 2018 and August 2019. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites. The majority of reported incidents cause no harm or minor harm to patients and this is within the context of well over a million contacts by patients with healthcare services each year.

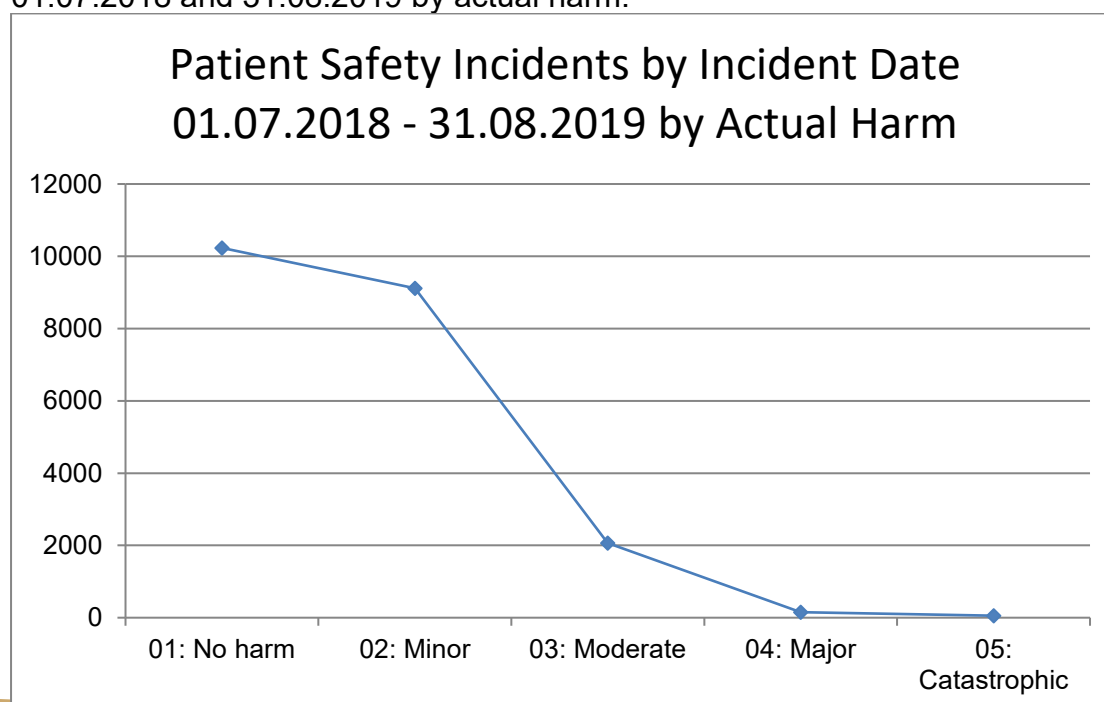


There is nothing of significance in terms of the trends in numbers of incidents reported.

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



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



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

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

Serious Incidents relating to Mental Health Clinical Board

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

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

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

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

Never Events

All Wales position

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

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

What are we doing about it?

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

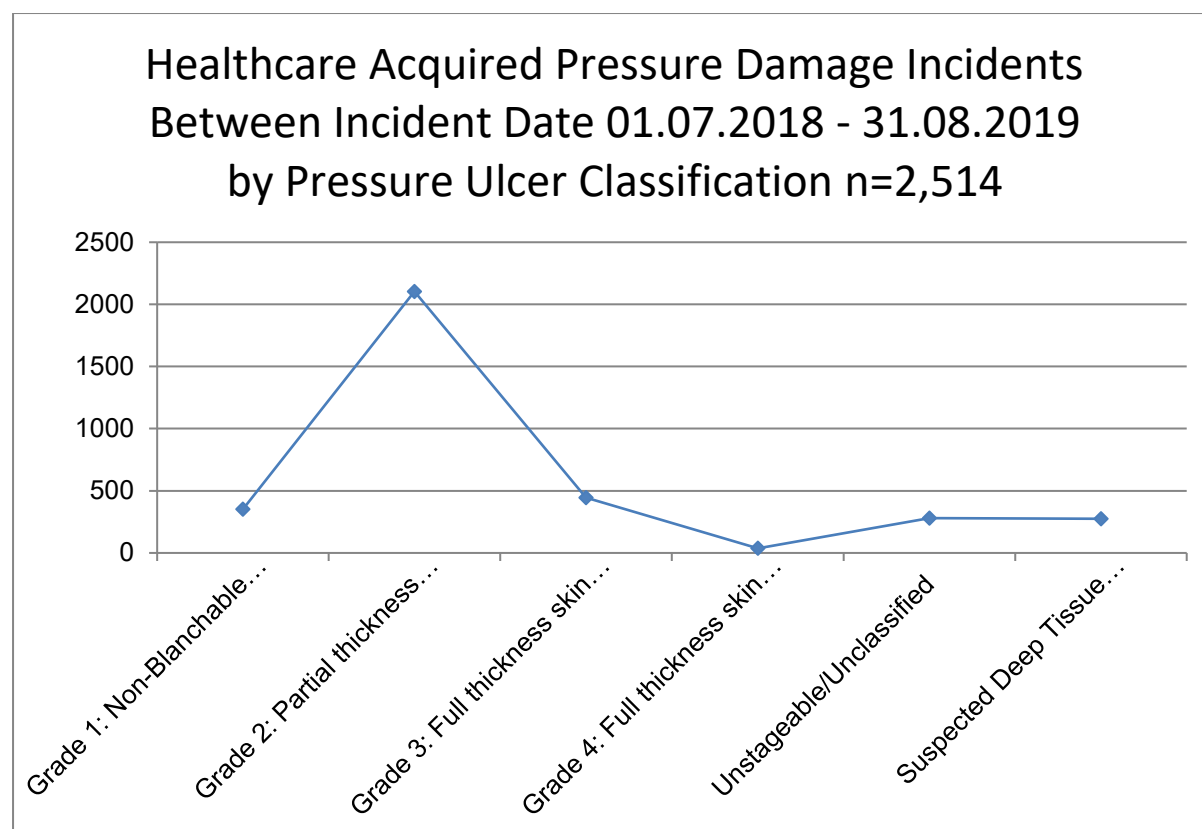
To that end, a visioning workshop was held on 9th July 2019 to address concerns with timely vascular access. There was excellent clinical engagement in the pan-Clinical Board meeting which allowed for sharing of challenges; brainstorming of ideas to resolve the challenges; agreement to share a standard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

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

Pressure Ulcers

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

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



How do we compare with our Peers?

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

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

What are we doing about it?

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

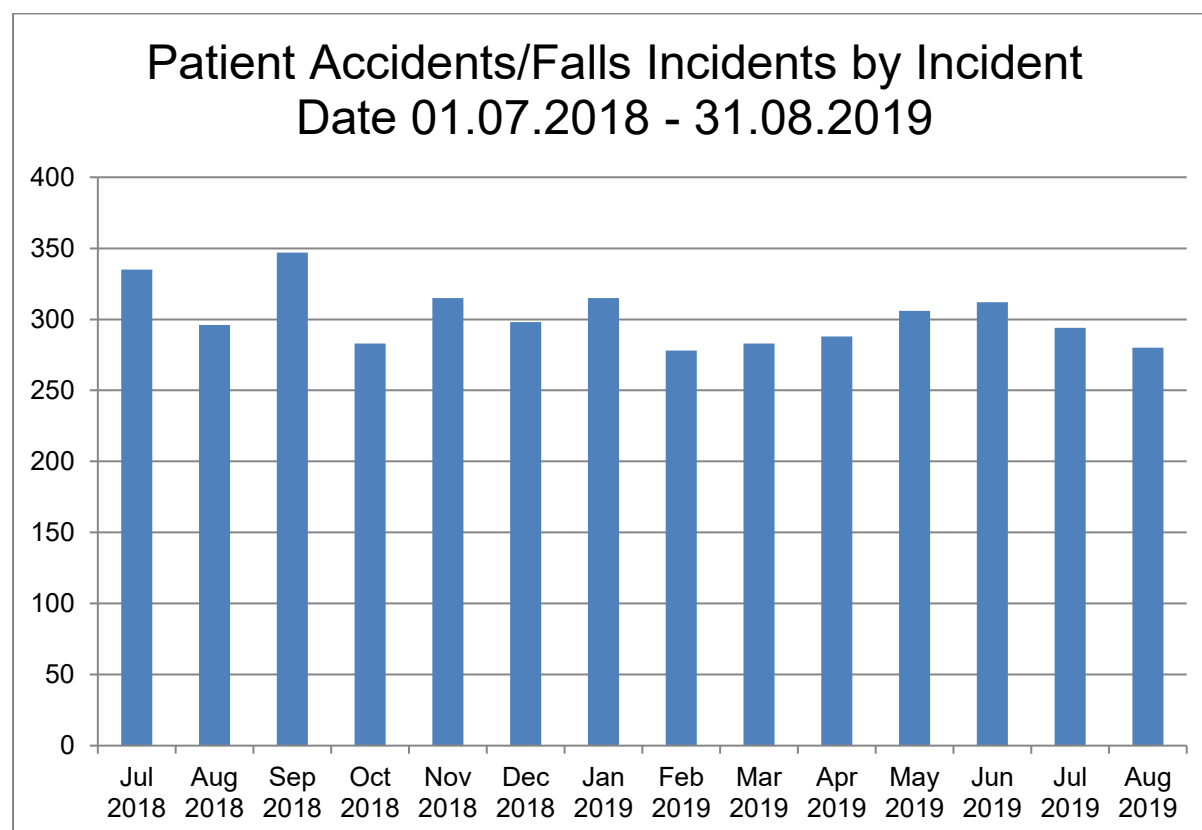
Patient Falls

How are we doing?

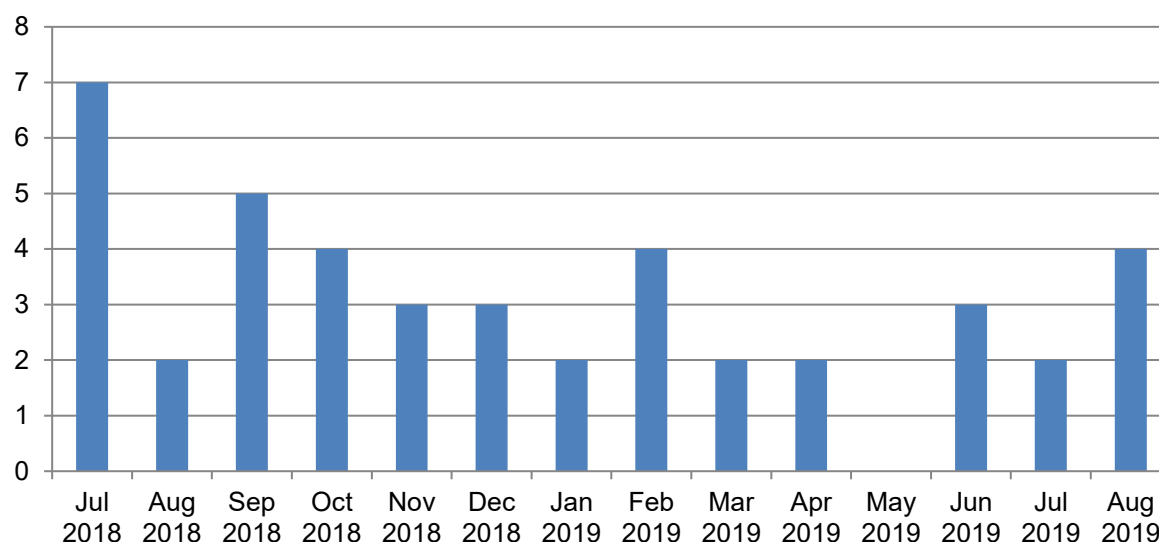
Patient falls continue to be a frequently reported patient safety incident. Reliable benchmarking information is not currently available.

How do we compare with our peers?

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



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



The number of serious falls rose to 4 in July 2019

What are we doing about it?

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

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

Regulation 28 reports

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

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

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

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

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

Outcomes of internal and external inspection processes

Internal observations of care

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

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

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

Example Ward:

Good Practice:

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

Opportunities for improvement/ innovation:

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

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

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

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

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

External Inspections

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

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

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

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

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

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

Patient Experience

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

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

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

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





Retrospective

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

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

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

The recent surveys told us:

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

The new in-patient survey was undertaken in August

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

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

Although encouraging, this is an area where we could improve

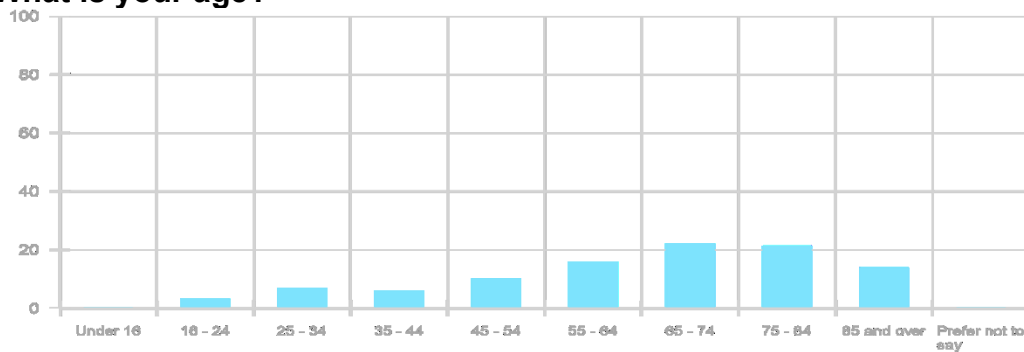
Q9: If able, have staff encouraged you to get dressed?

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

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

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

Q31: What is your age?



The majority of respondents are aged over 75 years

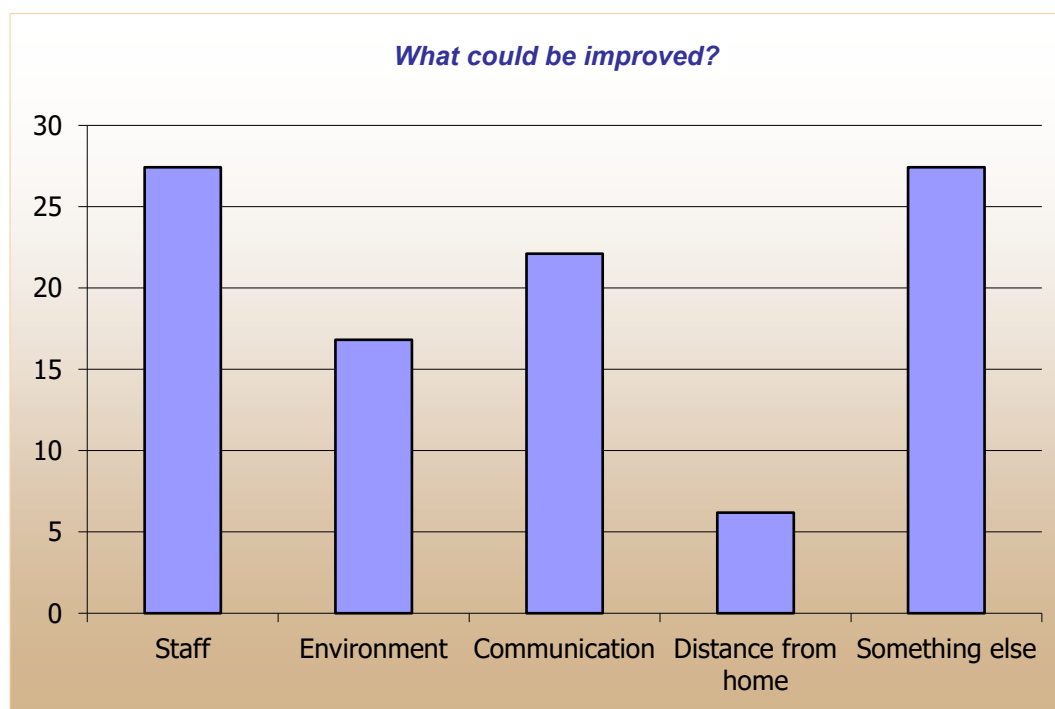
Proactive and Reactive

Feedback Kiosks

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

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

When asked what could be improved:



Some of the free text suggestions for the environment included:

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

Needs water fountain in concourse

Colour stripes on floor to departments

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

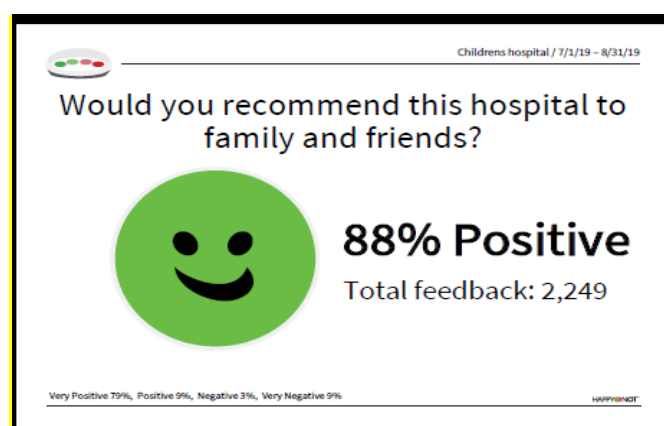


During July and August we have placed 3 Happy or Not Machines in our Emergency Unit at UHW and feedback has been received from nearly 6,000 attendees

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

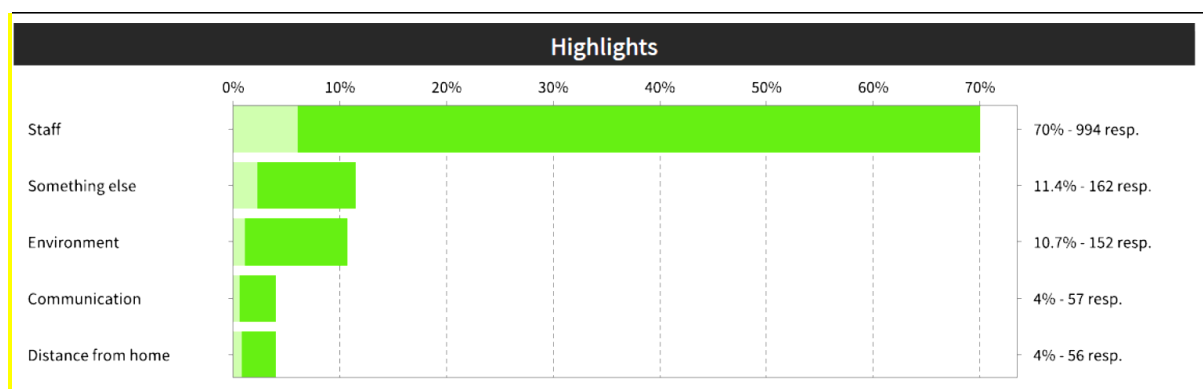
We also have 3 new Kiosks in UHW, UHL and the Children's Hospital

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



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

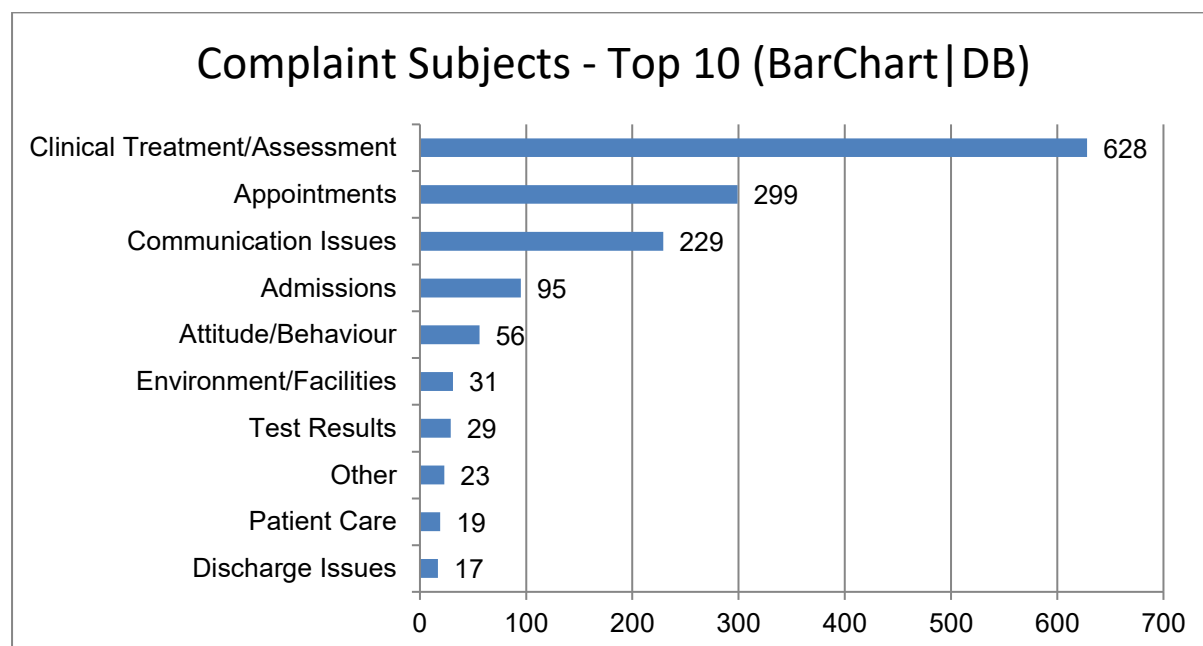
This is demonstrated, for example, by data from the kiosk in UHW:



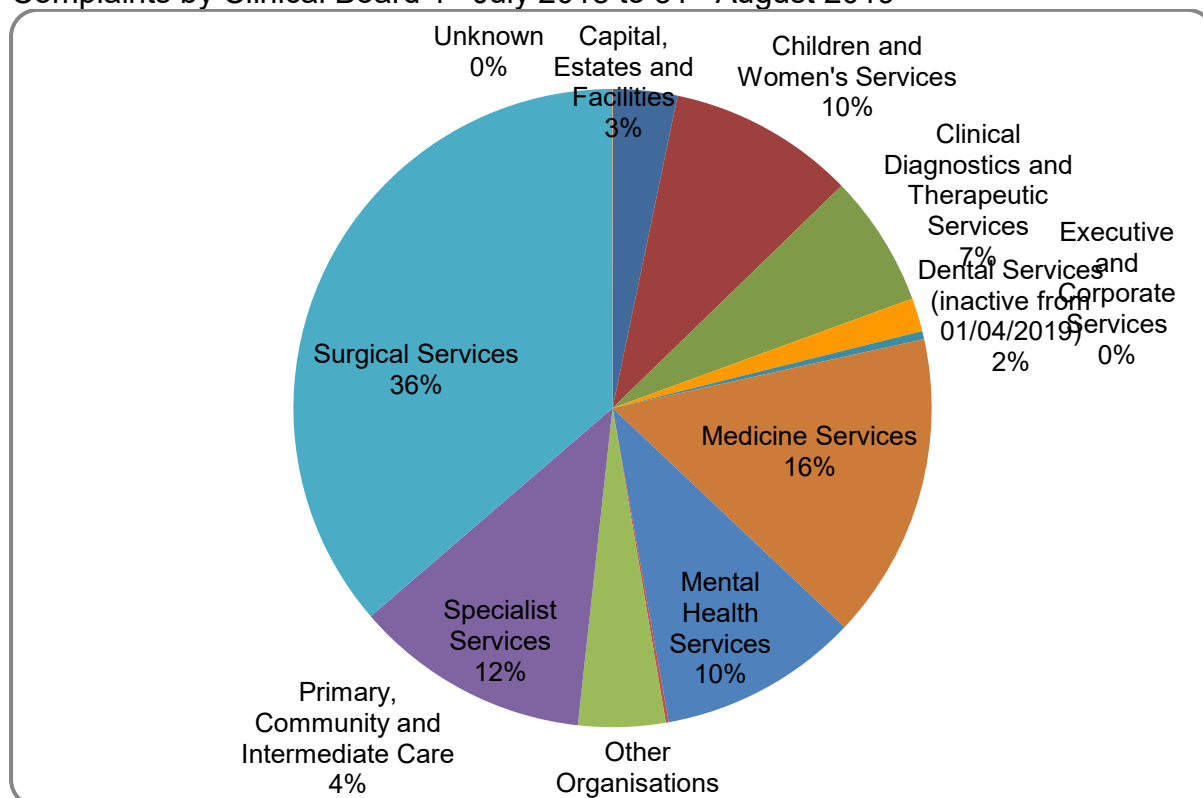
Balancing

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

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



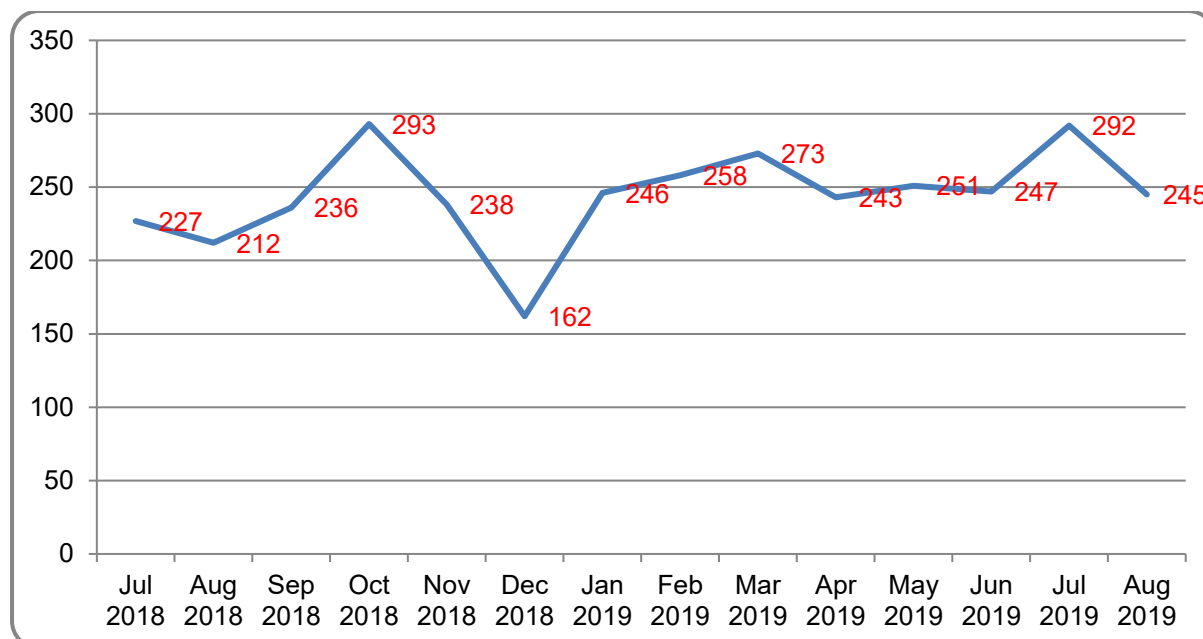
Complaints by Clinical Board 1st July 2018 to 31st August 2019



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

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

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



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

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

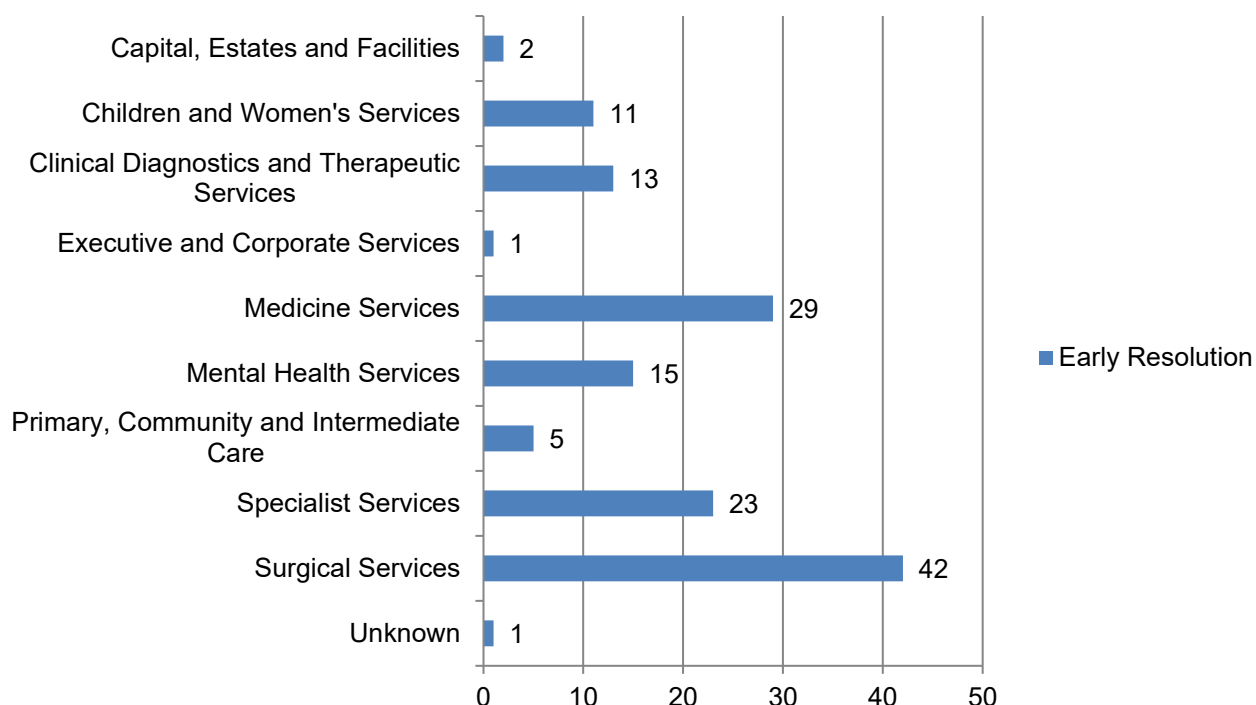
There have also been a number of concerns regarding the signage and the lack of information provided in appointment letters about parking.

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

Performance

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

Early Resolution Complaints by Clinical Board



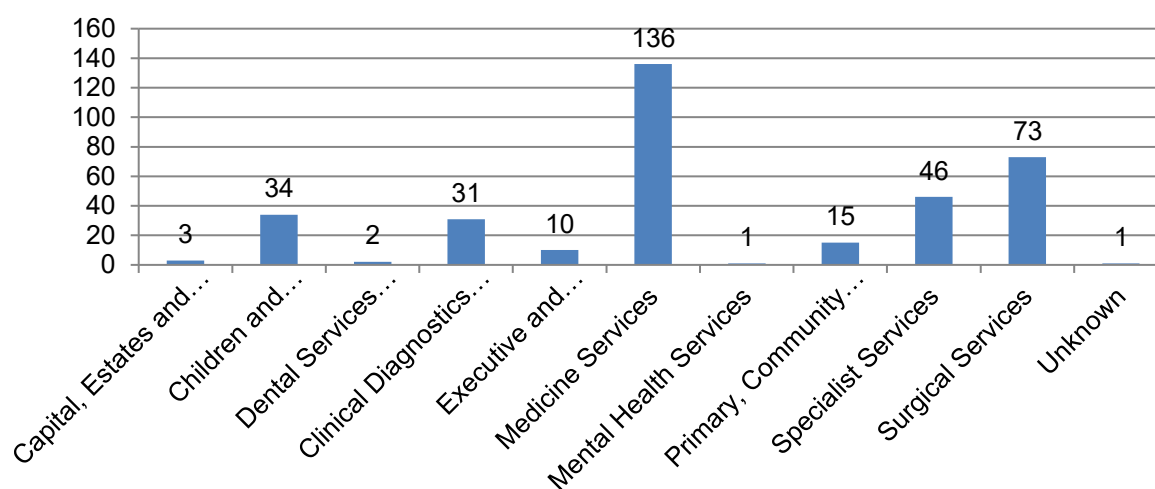
It is pleasing to note that during July and August we closed 88% of our concerns within 30 working days.

Balancing

Compliments

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

Compliments by Clinical Board



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

What are we doing?

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

REPORT TITLE:	Impact of Weekly Pay for Bank staff							
MEETING:	Finance Committee					MEETING DATE:	31/07/2019	
STATUS:	For Discussion		For Assurance		For Approval		For Information	✓
LEAD EXECUTIVE:	Executive Nurse Director							
REPORT AUTHOR (TITLE):	Deputy Executive Nurse Director							
PURPOSE OF REPORT:								

SITUATION:

The decision to allow bank staff to be paid weekly was agreed in December 2018 in an attempt to reduce the dependency and cost of using premium agency. This paper explores the impact on this decision.

REPORT:

BACKGROUND:

All nurses working on the Bank office (both substantive contracts and bank only contracts) had traditionally been paid monthly until a decision was made in December 2018 for them to switch to weekly pay. The Chair and Chief Executive of C&V had received feedback from staff side that the inability to pay nurses weekly was a barrier to nurses working increased bank shifts. It was suggested that this was the cause of increased agency utilisation.

A monkey-survey was undertaken and 161 members of staff initially requested an interest to be paid weekly.

The Executive team made the decision to allow nurses to be paid weekly for any bank shifts worked. This was highlighted as an incentive to increase the amount of bank shifts worked to decrease the usage and dependency on premium agency.

ASSESSMENT:

Following a decision to allow weekly pay, an implementation plan was agreed which consisted of:

- Letter sent out to all staff by Monday 17th December 2018.
- Deadline for form to be signed and sent back to Bank Office was 24th December 2018. (The form required an agreement that once individuals had agreed to weekly pay that

there would be no ability to return to monthly pay). The form also included a 'warning' about the tax implications.

- Signed forms to be sent to Rosterpro by 27th December 2018.
- Signed forms to be sent to Payroll on 28th December 2018.
- Both Rosterpro and Payroll to undertake their manual input of data change by 2nd January 2019.
- Weekly pay to commence 3rd January 2019.
- There was also the expectation that Ward Sisters had to 'sign off' their weekly rotas by a Sunday so Payroll could run promptly on a Monday morning.

The ability for staff to be paid weekly has now been in force for the last 7 months and to date:

Of the 161 staff who expressed an interest -

- 51 employees have now changed to weekly pay.
- We have received a relatively small number of queries from individuals who have queried their tax deductions.
- We have received a relatively small number of verbal requests from individuals who want to revert back to monthly pay.
- There are rare occasions when staff have not been paid weekly due to a delay in the rotas being signed off on a Sunday.
- Initial review suggest that we have not seen increase in bank shift utilisation which has resulted in a decrease in agency utilisation.

RECOMMENDATION:

To note the above findings associated with weekly bank pay

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care	

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information			
Sustainable development principle: 5 ways of working	Prevention	Long term	Integration
			Collaboration
			Involvement
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.		

