

**Cardiff and Vale University Health Board –
Local Partnership Forum Meeting**

**Wednesday 22 August 2018 at 10.00 am in Rooms 2&4, 2nd
Floor, Cochrane Building, UHW**

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



**GIG
CYMRU
NHS
WALES**

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

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 22 August 2018 at 10.00 am in Rooms 2&4, 2nd Floor,
Cochrane Building, UHW

	PART 1: ITEMS FOR ACTION	
1. 10.00	Welcome and Introductions	Verbal - <i>Chair</i>
2.	Apologies for Absence	Verbal - <i>Chair</i>
3.	Declarations of Interest	Verbal - <i>Chair</i>
4.	Minutes of the Local Partnership Forum meeting held on 13 June 2018	<i>Chair</i>
5.	Action Log Review	
For Consultation / Negotiation :		
6. 10.10	Provision of Adult Thoracic Surgery in South Wales	Presentation - <i>Medical Director</i>
For Consideration:		
7. 10.40	Integrated Medium Term Plan – Commissioning Intentions	Head of Outcomes Based Commissioning
8. 10.55	Developing and Delivering Our Transformation Programme to Support Achievement of SOFW	<i>Deputy Chief Executive /Exec Dir. of Public Health</i>
For Communication:		
9. 11.10	Chief Executive's Update Report	Verbal - <i>Chief Executive</i>
10. 11.25	Strategic Equality Plan and Annual Report	<i>Equality Manager</i>
11. 11.35	Work Experience	Verbal – <i>Assistant Director of OD</i>
For Appraisal:		
12. 11.40	Finance Report	<i>Executive Director of Finance</i>
13. 11.50	Workforce and OD Key Performance Indicators	<i>Executive Director of Workforce and OD</i>
11.55	PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE FORUM	
1	Patient Safety Quality and Experience Report	
2	Performance Report	
3	Minutes of the Employment Policy Sub Group meeting held on 11 July 2018.	
4	Any Other Business previously agreed with the co-Chairs	
5	Review of Meeting	Verbal - <i>Chair</i>
6 Close 12.00	Arrangements for next meeting: Wednesday 22 August 2018 at 10am, Rooms 2 & 4, 2 nd Floor, Cochrane Building (n.b. the room will be available for a staff representatives pre-meeting one hour before the main meeting)	

**Minutes from the Local Partnership Forum Meeting held on
Wednesday 13 June 2018 at 10am in the Corporate Meeting Room.
Executive Headquarters, University Hospital of Wales**

Present:

Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Len Richards	Chief Executive
Rebecca Christy	BDA
Andrew Crook	Head of Workforce Governance
Rob Mahoney	Finance Manager, Financial Strategy and Planning
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Sharon Hopkins	Executive Director of Public Health/Deputy Chief Executive
Ceri Dolan	RCN
Peter Welsh	Director of Corporate Governance
Julie Cassley	Deputy Director of Workforce and OD
Joanne Brandon	Director of Communications
Dawn Ward	Independent Member – Trade Union
Peter Hewin	BAOT/UNISON
Karen Burke	UNISON
Joe Monks	UNISON
Steve Gaucci	UNISON
Stuart Egan	UNISON/Lead Health and Safety Representative
Ffion Mathews	SOC
Fiona Salter	RCN (part of meeting)
Ruth Walker	Executive Director of Nursing (part of meeting)
In attendance:	
Ian Wile	Director of Operations, Mental Health Clinical Board (part of meeting)
Apologies:	
Holly Vyse	CSP/ Staff Side Secretary
Rachel Gidman	Assistant Director of OD
Dorothy Debrah	BDA
Bob Chadwick	Executive Director of Finance
Graham Shortland	Medical Director
Pauline Williams	RCN
Secretariat:	
Rachel Pressley	Workforce Governance Manager

LPF18/035 WELCOME AND INTRODUCTIONS

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

LPF18/036 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF18/037 DECLARATIONS OF INTEREST

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

LPF18/038 MINUTES OF PREVIOUS MEETING

(NOTE: the date recorded on the published minutes was incorrect and has been amended retrospectively)

The Local Partnership Forum **RECEIVED** and **APPROVED** the minutes from 25 April 2018 as an accurate record of the meeting.

LPF18/039 ACTION LOG REVIEW

The Local Partnership Forum **RECEIVED** and **NOTED** the Action Log.

LPF18/026 (Finance Report – pay enhancements): Mr Crook advised that payroll had now received an instruction from Welsh Government to retrospectively pay sick pay enhancements for the period January – March 2018, and had been told that payments were to continue from April 2018 as per the 3 year agreement. Mr Egan stated that he was pleased that this decision had been made, but reminded the Forum that this was only one part of the 3 year agreement, and that he and Mr Jones had submitted grievances in relation to their travel expenses. Mr Crook indicated that as far as he was aware travel expenses and preceptorship were being included in the pay discussions. Mr Hewin stated that unsocial hours, travel expenses and preceptorship payments should all be treated the same way as they had all been part of the same 3 year deal. Mr Driscoll noted that this was an All-Wales issue, however, and the UHB was not in a position to resolve it. Ms Dolan asked for assurances that HR staff and line managers would advised that unsocial hours were to be paid as her members were being given incorrect information. Mr Driscoll assured her that now that the instruction had been received it would be circulated widely.

ACTION: Mr Crook

In relation to other matters arising, Mr Egan reminded the Forum that the Co-Chairs had agreed to write to the Welsh Partnership Forum regarding the development of an All-Wales Menopause Policy and asked if there was an update on this (LPF 18/008). Mr Hewin advised that it had been discussed at the Welsh Partnership Forum the previous week and had received a very positive response. Dr Pressley agreed to contact NHS Employers for a formal update.

ACTION: Dr Pressley

LPF 18/040 LPF TIME OUT and ACTION PLAN – REVIEW AND EVALUATION

The Local Partnership Forum **RECEIVED** an update on the action plan developed following the Time Out in April 2017.

Ms Ward commented that it had been a good and worthwhile session, but asked what 'in plenty of time' meant with regards to items being referred to the Forum for discussion. She stated that while it was good to be proactive rather than reactive, there was a risk that important issues would not be discussed at the right time if the agenda was too fixed or agreed too far in advance. Mr Driscoll assured her that if an item was important he and Mr Jones would be flexible about changing the meeting agenda to include it.

Mr Jones emphasised the importance of the Workforce Partnership Group, but noted that it was regularly cancelled due to the number of apologies received. He urged all members to ensure that they attended whenever possible.

It was noted that Mr Egan had been elected as Lead Staff Representative for PCIC Clinical Board.

LPF18/041 MENTAL HEALTH CLINICAL BOARD - TRANSFORMING COMMUNITY SERVICES IN PARTNERSHIP

The Local Partnership Forum **RECEIVED** a presentation from the Director of Operations and Lead Staff Representative, Mental Health Clinical Board on transforming Community Services in partnership.

Mr Wile advised that the changes taking place were the biggest and most complicated seen in Mental Health for some time, particularly given the complex partnership arrangements involved. The vision for the next 3-5 years included getting rid of many of the tiers in the system and moving towards a centralized assessment process. It was also proposed to merge the 3 Vale Community Mental Health Teams in Barry Hospital which would allow further opportunities for integration. This could also be replicated in Cardiff North and South.

Mr Hewin referred to a recent publication by UNISON and the University of South Wales. The authors had listed 8 factors which were considered important in the successful integration of health and social care, and partnership working ran through all of these.

Some significant problems had been encountered already and more were anticipated. For example, local authority and UHB staff were on different pay and terms and conditions, and the Council did not have a sophisticated policy like the Organisational Change Policy in place. There was no defined right

or wrong way, but they were trying to ensure that people were treated as fairly as possible. Mr Hewin noted that they were testing a number of assumptions, and were potentially setting precedents for the future, and that they needed dialogue and partnership working to do this.

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

- Dr Jenkins asked if regulation had been considered, pointing out that health support workers are paid more but not regulated, while within social services they are moving toward regulation. Mr Hewin advised that to date most of the emphasis has been on practicalities e.g. the space to be used, but a number of issues like this were being identified and would need to be dealt with as the work progressed. Mr Wile advised that the 'light touch' arrangements currently in place within the CMHTs included a Service Level Agreement with the Local Authority, but it was likely that this would be replaced with a Memorandum of Understanding which dealt with principles as well as practicalities.
- Mr Richards described the work as pioneering and stated that it was setting the way for other services across the Health Board to follow. He encouraged the Clinical Board team to find solutions to the issues raised and to clearly articulate them. He advised that integration was also occurring at senior level, with representatives from Cardiff and the Vale of Glamorgan Social Services being invited to join the Management Executive Team meeting on a monthly basis.

(Fiona Salter joined the meeting)

- Ms Ward agreed that this was pioneering work and asked Mr Wile and Mr Hewin to return with an update at a future meeting. She stated that integration was the best way to achieve transformation, and accepted that some mitigation would be needed along the way because it was not possible to foresee all the problems which would be encountered. As long as there was an agreed outcome and they worked in partnership it was acceptable to take some risks.
- Dr Hopkins suggested that it might be useful to look at and learn from integration models from other parts of the UK
- Mr Hewin advised that contact had been made with the Trade Union representatives within the Local Authority and that they had been invited to join key meetings. He acknowledged that this was a new way of working but confirmed that they were on track.

Mr Jones thanked Mr Wile and Mr Hewin for the presentation and asked for regular updates as the work progressed.

(Mr Wile left the meeting)

LPF 18/042 CHIEF EXECUTIVES REPORT

The Local Partnership Forum **RECEIVED** a verbal report from the Chief Executive.

Mr Richards advised the Forum that he and the Executive Team had recently met with representatives from Welsh Government to reflect on 2017/18. Formal feedback hadn't been received yet but he believed that it had gone well. We had met our promises around the money, RTT targets had been met, A&E performance had been the best in Wales and Cancer targets had improved, however, the underlying financial deficit remained a significant challenge.

The Welsh Government's response to the Parliamentary Review: A Healthier Wales had been launched earlier that week. Mr Richards was pleased to see that the new Welsh Government strategy and our own strategy, Shaping Our Future Wellbeing, were closely aligned and thanked everyone who had been involved in developing it. He indicated that there were some unanswered questions including the exact role and shape of the NHS Executive and the Transformation Board, and what role the Public Services Board would play, but he viewed the changes positively.

The new car parking arrangements had been introduced from 6 June and so far they seemed to be working well. He asked the Trade Unions to flag any specific concerns raised by staff members so that they could be dealt with. Ms Burke raised a specific example relating to a member of staff who worked on another site but had attended UHW as a patient, and Mr Monks expressed concern that Parking Eye staff had been told to refer all queries to the UHB team which was causing confusion for patients. Ms Brandon stated that the UHB car parking team were working well to deal with queries as they arose and advised that she would flag these issues with them and Parking Eye.

(Mrs Walker joined the meeting, Ms Brandon left the meeting)

LPF18/043 FINANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** a report detailing the financial position of the UHB for the period ended 30 April 2018.

Mr Mahoney advised that a one year plan had been agreed with Welsh Government for a £19.9m deficit at the end of the year. This meant that a further £19m savings needed to be found. It was not possible to identify a trend in month one, but he advised that there had been a budget overspend of £150k.

Mr Hewin stated that while he knew of some innovative work taking place which was not around staff pay, staff remained the biggest cost. He was concerned that vacancies would be held in order to make savings, and that this would have a negative impact on staff in terms of sickness and stress. He asked at what point it was appropriate to stop doing things rather than keep carrying on with less staff? Mr Richards agreed that as most of the costs related to the workforce, savings would have an impact on staff but

advised that this would be achieved through turnover, not redundancies. He emphasised that it was not possible to achieve the necessary savings just by working harder, rather, the way we worked needed to be more efficient. Integration, changes in Primary Care and moves to reduce the burden on expensive parts of the service (which are typically acute and hospital based) are examples of how service redesign can extract savings from the system.

Mr Egan expressed concern that there could be silo working and that changes in one Clinical Board could impact on other areas. He stressed the importance of open and frank discussions with staff to share the problems.

Dr Hopkins reminded the Forum that small changes can make a big difference and indicated that a Health Pathways tool to facilitate pathway discussion and identify opportunities to do things differently would be launched on 4 July. She also advised that she would bring a report on transformation to the next LPF meeting.

Mr Monks suggested that a presentation from senior leaders like Mr Richards or Mr Driscoll could help staff understand the need for change and support it. He suggested that this should be delivered in partnership with Mr Jones.

(Ms Ward and Mr Hewin left the meeting)

LPF18/044 NURSE STAFFING LEVELS – CONSIDERATIONS FOR WELSH HEALTH BOARDS

The Local Partnership Forum **RECEIVED** a presentation from the Executive Director of Nursing on the impact of the Nurse Staffing Levels Act.

Key points from the presentation included:

- 30% of the UHB workforce are registered Nursing and Midwifery staff, a further 13% are unregistered Nursing and Midwifery staff.
- We are not training as many as we need, and we have challenging turnover and vacancy rates
- Under the Act, Health Boards have a duty to have regard to providing sufficient nurses for the delivery of 'sensitive' care
- The requirements of the Act apply to the whole Health Board, not just medical and surgical wards
- A triangulation methodology is used to determine nurse staffing numbers – this takes into consideration patient acuity, professional judgement and quality indicators. The quality indicators currently assessed are falls, pressure ulcers and medication administration errors. A 29% uplift is then applied to determine staffing levels for the planned rota.
- Strategic and operational steps had been agreed. There was not going to be an increase in the number of registered nurses so retention and multi-disciplinary working were important.

- There were reporting requirements set out in the Act – this included reporting nationally, but also keeping patients informed. Honesty and transparency about any harm caused to patients is important and we need to be able to demonstrate what difference implementing the Act makes.

Miss Salter asked if the psychological impact of falls in terms of confidence was taken into consideration. Mrs Walker agreed that this was an important point and indicated that the quality indicators would continue to be refined, but advised that at the current time only the physical impact of the falls was taken into account.

Ms Burke asked for some further clarification and context around the figures reported in the Patient Safety, Quality and Experience report. Mrs Walker agreed to bring some more information to the next meeting.

ACTION: Mrs Walker

Mrs Walker advised the Forum that she was happy to take any further questions outside of the meeting.

LPF18/045 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Executive Director of Workforce and OD.

Mr Driscoll pointed out the following highlights:

- Sickness levels had improved in April, but not on a cumulative basis. The new sickness target for 2018/19 was 4.6%.
- Job planning compliance was disappointingly low. The Medical Director had written to the Clinical Boards requesting improvement plans
- Only fire training compliance levels would be reported going forward as this was the only statutorily required training.
- The staff survey had been launched that week. All staff were asked to complete it to ensure we obtained rich data to inform the actions to be taken. These plans would be brought back to the LPF at a later date.
- A decision had been made to not renew the contract with the Employee Assistance Programme. The services offered would continue to be run internally through the Employee Wellbeing Service.

Mr Egan commented on an article he had read recently which showed there was a correlation between Trusts in England which were overspent and those with high sickness levels. He emphasised that we particularly needed to combat stress which is consistently one of the highest causes of sickness, especially as we only know about those individuals who report that they are experiencing stress. Mr Driscoll agreed, stating that sickness levels are an

output, and that if we got our engagement and transformation plan right sickness absence would not be an issue.

Ms Burke expressed disappointment that the Employee Assistance Programme had come to an end, stating that members had spoken particularly highly of the provider used initially (in 2016/17) and that many people did not like the idea of using an in-house service for counselling.

LPF18/046 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Patient Safety, Quality and Experience Report.

LPF18/047 PERFORMANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Performance Report.

LPF18/048 STRATEGIC PLANNING FLASH REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Strategic Planning Flash Report.

LPF18/049 ANY OTHER BUSINESS

There was no other business to be considered.

LPF18/050 REVIEW OF THE MEETING

The Local Partnership Forum thanked Mr Wile, Mr Hewin and Mrs Walker for the two interesting and informative presentations.

LPF18/051 DATE OF NEXT MEETING

The next meeting would take place on Wednesday 22 August 2018 at 10am in Seminar Rooms 2 & 4, 2nd Floor, Cochrane Building. The room would be available for a staff representative pre-meeting from 9am.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF18/039	13 June 2018	Action Log Review: Finance Report - sick pay enhancements	Instruction regarding the payment of sick pay enhancements to be circulated widely	Mr Crook	Complete – email sent 15 June 2018
LPF18/039	13 June 2018	Action log review – other matters arising	NHS Employers to be asked for a formal update following the letter sent to the Welsh Partnership Forum co-chairs regarding the development of a NHS-Wales Menopause Policy	Dr Pressley	WPF have agreed that an NHS-Wales Menopause Policy should be developed. Dr Pressley and Mrs Nicola Bevan (Head of Employee Health and Wellbeing) have been invited to be part of the working group
LPF18/044	13 June 2018	Nurse Staffing Levels	More detailed information about the context of the figures reported in the Patient Safety, Quality and Experience report to be provided.	Mrs Walker	Added to work plan for October 2018

Commissioning Intentions 2019-22	
Name of Meeting : Local Partnership Forum	Date of Meeting : 22 nd July 2018
Executive Lead : Executive Director of Public Health	
Author : Head of Outcomes-Based Commissioning	
Caring for People, Keeping People Well: Delivering against Shaping our Future Wellbeing	
Financial impact: None as a result of this report. Feeds into IMTP process.	
Quality, Safety, Patient Experience impact: Nothing specific as a result of this report	
Health and Care Standard Number: N/A	
CRAF Reference Number: N/A	
Equality and Health Impact Assessment Completed: N/A	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Commissioning intentions inform the development of the IMTP to deliver the strategic vision set out in Shaping Our Future Wellbeing

Local Partnership Forum is asked to:

- **NOTE** the contents of this report
- Provide **FEEDBACK** on the contents of the commissioning intentions

SITUATION

The Cardiff and Vale UHB Commissioning Intentions are reviewed issued on an annual basis to inform the development of the 3 year IMTP.

BACKGROUND

Commissioning intentions are designed to provide the context for the development of the IMTP. They are intended to support clinical boards and corporate departments to consider delivery of the 10 strategic plan (Shaping our Future Wellbeing) and to take into account the current context in terms of organisational frameworks, relevant legislation, and partnership work.

The commissioning intentions have been informed by:

- The Partnership Needs Assessments of the two Local Authority Areas
- The Wellbeing Plans for both Local Authority Areas
- Primary Care Cluster Plans
- NHS Outcomes Framework
- National Service Delivery Plans
- Local Strategy

- National guidance and legislation

ASSESSMENT AND ASSURANCE

This year's Commissioning Intentions are still in draft form and there remain some points of clarification to be updated (highlighted in yellow). The Local Partnership Forum are asked to note the content of the Draft 2019-22 Commissioning Intentions and provide any feedback by Wednesday 5th September to melanie.wilkey@wales.nhs.uk



Cardiff and Vale University Health Board

Commissioning Intentions 2019-2022

Draft v0.2 – issued for consultation

CONTENTS

1. INTRODUCTION	3
2. NATIONAL CONTEXT	3
3. LEGISLATIVE CONTEXT	ERROR! BOOKMARK NOT DEFINED.
A. SOCIAL SERVICES AND WELLBEING ACT	ERROR! BOOKMARK NOT DEFINED.
B. WELLBEING OF FUTURE GENERATIONS ACT	ERROR! BOOKMARK NOT DEFINED.
C. WELSH LANGUAGE STANDARDS	ERROR! BOOKMARK NOT DEFINED.
4. LOCAL CONTEXT	4
5. RECENT ACHIEVEMENTS	5
6. QUALITY AND PATIENT EXPERIENCE	ERROR! BOOKMARK NOT DEFINED.
7. EQUALITY AND DIVERSITY	ERROR! BOOKMARK NOT DEFINED.
8. FINANCIAL PLANNING ASSUMPTIONS	6
9. TARGET PLANNING	6
10. PRUDENT HEALTHCARE PRINCIPLES	ERROR! BOOKMARK NOT DEFINED.
11. THE INTEGRATED CARE FUND	ERROR! BOOKMARK NOT DEFINED.
12. WELSH GOVERNMENT PRIMARY CARE INVESTMENT	ERROR! BOOKMARK NOT DEFINED.
13. WORKING WITH OTHER COMMISSIONERS AND SPECIALISED COMMISSIONING	6
14. REFERENCE SOURCES	ERROR! BOOKMARK NOT DEFINED.
APPENDIX 1 – DETAILED COMMISSIONING INTENTIONS FOR 2017-20	7
IMMEDIATE PRIORITY	8
APPENDIX 2 – DETAILED COMMISSIONING INTENTIONS FOR 2017-20	16
MEDIUM-TERM PRIORITY	16
APPENDIX 3 – DETAILED COMMISSIONING INTENTIONS FOR 2017-20	24
LONGER-TERM PRIORITIES	24
APPENDIX 4 – WHSSC DRAFT COMMISSIONING INTENTIONS 2018-21	29

1. Introduction

This document sets out the high level commissioning intentions of Cardiff and Vale University Health Board for 2019-22. This is a generic document which gives a broad overview of our commissioning intentions, for internal provision and external providers.

The Cardiff and Vale population numbers 496,000 and its health and wellbeing status is described in our partnership population health needs assessment and the Wellbeing assessments. Our strategy, Shaping Our Future Wellbeing, sets out our strategic plans for caring for people and keeping people well; paying attention to our local population but also the population of Wales as a whole. We have about 14, 500 staff caring for the people we serve. To provide all the services our communities require we have a current financial allocation and income totalling £1,220.5m. We have to manage within the allocation we are given and at present we are spending about £40m more than we have so that over the next 3 years, in order to achieve financial balance, Cardiff and Vale UHB needs to realise in a cost reduction of this amount.

The services we aim to provide for and with our communities are informed by the Primary Care cluster plans and the Wellbeing Locality Plans in partnership with Cardiff and Vale of Glamorgan Local Authorities which aim to deliver outcomes that matter to our population. These commissioning intentions build on the priorities identified in our ten year future view described in 'Shaping our Future Wellbeing'

2. Commissioning Context

The UHB anticipates that its formal commissioning roles and responsibilities from other providers will continue to include:

1. Specialised Commissioning as a member of WHSSC
2. Specialist CAMHS from Cwm Taf, Tier 2 services will be repatriated by 31st March 2019, some Tier 3 services to continue to be commissioned from Cwm Taf
3. Specialist Adult Learning Disabilities Services from ABMU
4. Long Term Agreements: Provision of care for Cardiff and Vale patients in neighbouring health boards (Abertawe Bro Morgannwg, Cwm Taf, Aneurin Bevan) and specialist cancer services from Velindre.
5. Reciprocal arrangements for service provision with Cwm Taf and other neighbouring health boards.
6. Collaborative commissioning of WAST via EASC
7. Collaborative commissioning of low secure and residential placements for adults with mental health and learning disabilities needs
8. 3rd and independent sector contracts to support prevention and service delivery

9. Integrated commissioning with the local authorities under pooled budgeting arrangements.
10. Primary care services from independent contractors, including Directed and Local Enhanced Services (DES/LES)

As an integrated health board Cardiff and Vale UHB expects to provide the majority of care and wellbeing services for its residents.

3. Local Context

Locally our priority is to provide sustainable, high quality and responsive care and wellbeing services that meet the needs of the population to deliver our strategy, using the 3 year Integrated Medium Term Plan to explain and deliver our change plans.

The strategic objectives from Shaping Our Future Wellbeing will continue to form the basis of our work programme for 2019-20 – 2021/22.

- a) For our population – we will:
 - i. Reduce health inequalities
 - ii. Deliver outcomes that matter to people
 - iii. All take responsibility for improving our health and wellbeing
- b) Our service priorities – we will:
 - iv. Offer services that deliver the population health our citizens are entitled to expect
 - v. Deliver care closer to home where reasonable and practical
- c) Sustainability – we will:
 - vi. Have an unplanned (emergency) care system that provides the right care, in the right place, first time
 - vii. Have a planned care system where demand and capacity are in balance
 - viii. Reduce harm, waste and variation sustainably making best use of the resources available to us
- d) Culture – we will
 - ix. Be a great place to work and learn
 - x. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology
 - xi. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives

These will be underpinned by our organisational values: **care; trust; respect; personal responsibility; integrity; kindness.**

4. The Cardiff and Vale Way (transformation)

During 18/19 we have been developing definitive cross-organisation approaches and systems 'the Cardiff and Vale way' to accelerate our pace of change to achieve Shaping Our Future Wellbeing goals and we will expect to see these approaches evident in all service areas.

Transformation will be supported by seven key enablers as follows:-

- i. Secure a pathway approach and methodology (using the HealthPathways system);
- ii. Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement;
- iii. Review the programme to secure a digitally enabled organisation and workforce (including a focus on digital dictation and electronic communication between staff);
- iv. Develop a Cardiff and Vale Alliance approach which integrates with partner organisations (commencing with falls prevention in the community);
- v. Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity;
- vi. Secure the model for primary care to drive a population outcomes approach for the system, enabling sustainability for general practice (this will incorporate our bid for Transformation Funding); and
- vii. Embed our vision (SoFW), values and behaviours

5. Financial Planning Assumptions

- National guidance will be followed.
- Demographic growth impacts will be modelled using ONS population projection
 - Demand for services other than universal services may not directly correlate to increased population
 - Mapping should include the impact of future population growth and apply these to the impacts of service planning

Savings plans and investments will be agreed and applied on an individual Clinical Board basis, in line with the overall strategic framework of Shaping Our Future Wellbeing and taking into account impacts across the UHB. Priority will be given to any nationally mandated or legislated investments, after which business cases will need to be made for proposals which demonstrably improve quality, outcomes or value for money and are aligned with our strategic objectives.

The current financial planning assumption is that there will be a **2% uplift** and all clinical boards will be required to recover brought forward deficits and make additional **4% savings (3% recurrent, 1% non-recurrent)**, there may be some variation to this when final assignments are determined.

The UHB is working to enable fair share population-based resource allocation and full cost recovery of our provider functions.

6. Target Planning

Include summary from annual plan

7. Working with other Commissioners and Specialised Commissioning

The UHB is working with other Health Boards collectively and collaboratively to coordinate commissioning and deliver outcomes that matter to people in line with the Shaping Our Future Wellbeing 10 year strategy.

- *Specialist* – WHSSC
- *Collective Commissioning* – CAMHS/LD/Velindre/Regional Services
- *Collaborative Commissioning* – Ambulance/specialist mental health and learning disabilities nursing home beds
- *Long Term Agreements* – Contractual agreements with neighbouring health boards for provision of services to Cardiff and Vale patients.
- *Reciprocal Arrangements* - Development of cost neutral reciprocal arrangements for service provision with Cwm Taf and other neighbouring health boards.

8. Key deliverables for all Clinical Boards for 2019-20

The detailed commissioning intentions prioritised and included in the appendices, form the basis for the Cardiff and Vale IMTP and the individual Clinical Board plans. There are some key areas that all Clinical Boards will need to clearly demonstrate within this year's plan. These are:

Locality-based working

- How are pathways being re-designed to deliver appropriate element within hubs?
- What is the current performance against the aim to remove 30% of outpatient activity from acute sites?
- What is the Clinical Boards programme of change across 2 specialties?

HealthPathways

- Highlight which significant specialties are being reviewed using HealthPathways (at least 2)
- Demonstrate consideration of evidence-based reviews of services and health technology reviews.

Reduction in bed days/length of stay

- How is the clinical board improving flow through services by reducing length of stay or case holding
- What is the Clinical Board's programme of change across 2 specialties?
- What alternative delivery models are being considered across these specialties (e.g. AHP or 3rd sector)?

Regional Planning

- Which services are suitable to be delivered on a regional or supra-regional basis?
- Can any of these be delivered by other health boards or away from acute sites?

Finance

- Financial assumptions TBC, but for e.g. this year 3% recurrent savings, 1% non-recurrent
- Consideration of enhancing monthly reporting and analysis of actual activity delivered against previous delivery / agreed baseline volumes on a like-for-like currency to inform supportive discussion on the drivers behind decreasing activity trends in some services, including changes in case mix / point of delivery. This can then inform performance management and planning arrangements, in both an internal commissioning and provider delivery context.
- Engagement with finance leads to support increased executive oversight of the UHB's performance against external LTAs for context on both internal performance, commissioner value for money and financial risk

Appendix 1 – Detailed Commissioning Intentions for 2019-22

Immediate Priority

Deliver Outcomes that Matter to People: <ul style="list-style-type: none"> • Reduce health inequalities • Deliver outcomes that matter to people • All take responsibility for improving our health and wellbeing 	
Description	Health Board Area Impacted
1. Health Improvement - The UHB will continue to: <ol style="list-style-type: none"> Offer staff support to have and maintain a healthy weight Support and improve the mental health of staff Improve the physical activity environment of the organisation, including supporting and encouraging staff and patients/visitors to travel to and from our sites by healthy and sustainable means. 	Public Health All Clinical Boards and providers
2. Reduce Health Inequalities <ol style="list-style-type: none"> Deliver against the Strategic Equality Plan Embed and deliver against Primary Care Cluster plans Improve access to NHS dentists 	Public Health All Clinical Boards and providers
Prevention <ol style="list-style-type: none"> Immunisation <ol style="list-style-type: none"> Increase uptake of seasonal flu vaccine in staff and 'at risk' groups. All Clinical Boards to improve uptake of flu vaccine among frontline staff and exceed the 60% Welsh Government target. Tobacco <ol style="list-style-type: none"> Increase the number of patients recorded as smokers at booking/admission and offered referral to smoking cessation services. Alcohol <ol style="list-style-type: none"> Work with secondary care, voluntary and third sector organisations, and community health services to reduce alcohol related admissions including managing alcohol use in chronic illness. Obesity <ol style="list-style-type: none"> Implement a childhood level 2 & 3 obesity service Optimise the adult Level 2 & 3 obesity services to reduce waiting time 	PCIC Children & Women Medicine Public Health Local Authorities All other clinical boards and providers

<ul style="list-style-type: none"> c. Expand Foodwise in Pregnancy to the Vale of Glamorgan d. Increase the number of patients with a recorded BMI and offer support and appropriate signposting/referral for those who are obese e. Meet the requirements of the national obesity strategy 	
7. Learning disabilities <ul style="list-style-type: none"> a. Develop and implement revised transition arrangements for young people moving into adulthood. b. Support ABMU to initiate transformation programme to modernise specialist LD services 	Women's and Children's PCIC ABMU Cardiff Council Vale of Glamorgan Council Commissioning
8. Ensure compliance with the Welsh Language Act <ul style="list-style-type: none"> a. Embed a systematic approach to Welsh language services as an integral element of service planning and delivery b. Increase the capability of the workforce to provide Welsh language services in priority areas 	All clinical boards, divisions, providers and Local Authorities
9. Improve identification and support for Carers, in line with the Social Services and Wellbeing Act. <ul style="list-style-type: none"> a. Provide accurate, appropriate and up to date information to carers b. Consult carers in a timely way and respect their knowledge of the cared for person 	All clinical boards, divisions, providers and Local Authorities

Service Priorities	
<ul style="list-style-type: none"> • Offer services that deliver the population health our citizens are entitled to expect 	
Description	Health Board Area Impacted
1. Cancer <ul style="list-style-type: none"> a. Develop shared care and primary care support arrangements for cancer patients. Increasing focus on: <ul style="list-style-type: none"> i. Early diagnosis, including advice and guidance for GPs ii. Cancer survivorship, support after treatment and long term follow up arrangements iii. Acute oncology admissions 	Medicine Surgery Specialist Dental PCIC CD&T Velindre
2. Stroke <ul style="list-style-type: none"> a. Improve outcomes of stroke patients, by reducing the levels of death and disability following a stroke 	PCIC Medicine CD&T

<ul style="list-style-type: none"> b. Reduce length of stay of stroke patients in bed-based services. 	
<p>Long Term Conditions</p> <ul style="list-style-type: none"> 3. Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed: <ul style="list-style-type: none"> a. Inclusion of self-care/management activities as appropriate, specifically diabetes and other long term conditions, frail elderly, MSK b. Promotion of and embedding self-care approaches within encounters between providers and patients/clients c. Inclusion of delivery of public health and self-care activity in staff job descriptions d. Inclusion of public health and self-care activity in staff appraisals 4. Diabetes <ul style="list-style-type: none"> a. Strengthen the community model for diabetes care and prevention and demonstrate impact on clinical and health outcomes b. Contribute to strengthening the system of diabetes education and support/self care c. Contribute to the implementation of the diabetes foot care pathway across primary, community and secondary care. 	<p>All Clinical Boards and providers</p>
<p>Dementia</p> <ul style="list-style-type: none"> 5. Development of integrated pathways <ul style="list-style-type: none"> a. Develop the Welsh Government funded programme for dementia in line with the national dementia strategy b. Implement Year 2 actions of the Cardiff and Vale Dementia Strategy 2018-2028. 	<p>PCIC Medicine Mental Health CD&T</p>
<p>Mental Health (all ages)</p> <ul style="list-style-type: none"> 6. Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system. <ul style="list-style-type: none"> a. Embed mental health liaison investment into Mental Health Services Older Persons liaison service aligned with multi-disciplinary team RAID model to reduce average length of stay and increase admission avoidance and flow in general hospital care for patients with cognitive impairment. 7. Child and Adolescent Mental Health Services 	<p>Mental Health PCIC Women's and Children's Local Authorities Cwm Taf (CAMHS) Commissioning CD&T</p>

<ul style="list-style-type: none"> a. Evaluate the repatriated Specialist CAMHS service and develop alignment with other Community Child Health services. b. Evaluate the single point of access for CYP emotional and mental health and develop improvement plan to align with local authority partners c. Embed neurodevelopment services within Community Child Health and develop integrated pathways with CAMHS 	
8. Early Years and Maternal Health <ul style="list-style-type: none"> a. Provide dietetic-led interventions for 1:1 support in pregnant women with existing obesity b. Increase uptake of childhood immunisations c. Improve smoking cessation rates in maternity 	Women's and Children's PCIC Public Health
9. 'Home First'. <ul style="list-style-type: none"> a. Managing Ambulatory Care Sensitive Conditions to reduce bed days, specifically pathways around: Atrial Fibrillation; Chronic Heart Failure; Chronic Obstructive Pulmonary Disease b. Move early stages of pathways into primary and community care, specifically: Diabetes; Gastroenterology; Dermatology; Urology c. Assess and expand model for 'discharge to assess' in the community 	PCIC; Medicine; Specialist CD&T
10. Delivery <ul style="list-style-type: none"> a. Deliver improvement plans against the national waiting time standards 	All Clinical Boards and providers

Sustainability <ul style="list-style-type: none"> • Have an unplanned (emergency) care system that provides the right care, in the right place, first time • Have a planned care system where demand and capacity are in balance • Reduce harm, waste and variation sustainably making best use of the resources available to us 	
Description	Health Board Area Impacted
Planned Care <ul style="list-style-type: none"> 1. All Clinical Boards and Corporate Departments to identify one or more priority projects for implementation during 2018-19 which demonstrate the ways of working, and contribute to the goals identified, under the Wellbeing of Future Generations legislation 2. Frail Elderly: 	PCIC Medicine Specialist Surgery CD&T

<ul style="list-style-type: none"> a. Increase integration of health and social care and consider whole systems partnerships, implementing and maintaining pooled budgets for residential care for older people b. Sustain the reduction in the number of admissions from nursing homes and further reduce length of stay following admissions from a nursing home c. Every Clinical Board to commit to engagement with the UHB Falls Delivery Group and delivery of actions to reduce falls risks for older people <ul style="list-style-type: none"> 3. Transform outpatient services, moving 30% of appointments away from acute hospital sites 4. Reduce DNA rates 5. Reduce percentage of patients with more than 1 cancelled procedure and increase number of new dates offered within 14 days 	
<p>Unplanned Care</p> <ul style="list-style-type: none"> a. Develop ambulatory emergency care model <p>6. Highly responsive urgent care services outside hospitals</p> <ul style="list-style-type: none"> a. GPs and primary care b. Community services e.g. MH and community nurses <p>7. Admission avoidance (e.g. Support to residential homes)</p> <ul style="list-style-type: none"> a. Decrease emergency readmissions in the 30 days following discharge b. Ensure pathways are in place to enable early intervention to reduce admissions due to falls <p>8. Develop urgent and emergency care networks</p> <ul style="list-style-type: none"> a. Develop broader emergency care networks that connect all urgent and emergency care services together <p>9. Stroke services (See service priorities section)</p>	<p>PCIC Medicine WAST/EASC Dental Mental Health Women's and Children's Cwm Taf (CAMHS) ABMU (LD) CD&T</p>
<p>10. Accessibility of Primary Care</p> <ul style="list-style-type: none"> a. Address GP sustainability issues both in and out of hours b. Increase number of dentists and optometrists with extended hours c. Improve performance of OOH service d. Improve availability of GP referred direct access to diagnostics over increased hours 	<p>PCIC CD&T Medicine</p>
<p>11. Increase Locality Working</p> <ul style="list-style-type: none"> a. Develop pathway and service plans for the operation of integrated community health and wellbeing centres b. Improve integrated community working with primary, community care and partnership working 	<p>All Clinical Boards Cardiff Council Vale of Glamorgan Council Partners</p>

12. End of Life care a. Ensure all end of life patients have advanced care plans in place and do not attempt CPR (DNACPR) orders in place	All Clinical Boards
13. Patient Quality, Safety and Experience a. Support delivery of the Quality, Safety and Improvement Framework b. Support delivery of the Nursing and Midwifery Framework	All Clinical Boards and providers Corporate nursing team
Finance 14. Ensure that Long Term agreements are appropriate a. Ensure that new developments are not subsumed into existing LTAs 15. Allocation expectations a. Plan for a 2% uplift, recovery of brought forward deficits and make 4% savings (3% recurrent, 1% non-recurrent) 16. Continuing healthcare and funded nursing care a. Introduce new nursing homes framework b. Restructure FNC and reflect recommendations from the high court ruling	All Clinical Boards and providers
Estates 11. Deliver against estates plans: a. Support the development and implementation of the estates plans to deliver SoFW b. Improve facilities to support staff and visitors to choose active and sustainable transport modes, including supportive infrastructure and wayfinding on our existing sites and building in ot plans from the outset in new developments	Planning Mental Health Public Health Nursing PCIC Women's and Children's
Regional Planning 12. Deliver Cardiff and Vale elements of South Wales Programme i.e. Deliver the changes to service configuration to implement the enhanced neonatal network capacity and support the changes to obstetrics and paediatric flows arising from changes to inpatient service provision at Royal Glamorgan Hospital 13. Develop and implement the recommendations of the regional projects to improve the collaborative provision of: a. Orthopaedics b. Ophthalmology c. Diagnostics d. Other collaborative service improvements that are agreed through the Regional Planning Forum	All Clinical Boards

Culture <ul style="list-style-type: none"> • Be a great place to work and learn • Work better together with partners to deliver care and support across care sectors, making best use of our people and technology • Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives 	
Description	Health Board Area Impacted
1. Great place to work and learn <ul style="list-style-type: none"> a. Embed workforce development and implementation plans to support the W&OD 5 strategic objectives: Engaged, Sustainable, Efficient, Transforming, Capable b. Develop and implement a workforce plan integrated with service and finance; achieving the whole time equivalent reduction required c. Increase sustainability of the workforce – ensure right people in right roles, in right place at the right time d. Reduce sickness levels to 4.6% (proportionate to each CB), improve staff wellbeing, and embed absence management e. Achieve target workforce KPIs f. Encourage staff to complete the NHS Staff Survey (minimum 45% take up) g. Ensure all staff have an up to date Performance Appraisal and Development Review to improve performance and accountability h. Within PADR, ensure all staff have completed the Statutory and Mandatory Training Core Modules i. Develop and maintain systems for clinical revalidation 	All Clinical Boards and Divisions Partners
2. Working better with partners <ul style="list-style-type: none"> a. Improve interoperability between Clinical Boards, Local Authorities, 3rd/independent sector providers <ul style="list-style-type: none"> i. Develop interoperability between different areas of the health board and local authorities and 3rd/independent sector providers that enables service transformation through the sharing of patient information. ii. Support tactical patient information-sharing initiatives that are aligned with the broader strategic objective of seeing accurate, timely and relevant patient information available to practitioners to support patient care b. Work with partners in the Cardiff Public Services Board and Vale Public Services Board to deliver 	All Clinical Boards Cardiff Council Vale of Glamorgan Council Partners

<p>against the two Wellbeing plans under the Wellbeing of Future Generations Act</p> <p>c. Work closely with Cardiff Council, including providing expert Public Health advice, on plans to improve the air quality in Cardiff to meet EU air pollution targets.</p>	
<p>3. Excel at teaching, research, innovation and improvement</p> <p>a. Information Technology</p> <p>i. Implement strategic plans outlined in Shaping our Future Wellbeing</p> <p>ii. Develop IM&T plans and governance for the Primary Care Cluster new models of care</p> <p>iii. Virtual consultation – hardware/pilot</p> <p>b. Information</p> <p>i. Ensure information continues to support the health board to plan services for the population</p> <p>c. Continue to develop the UHB's culture and approach in line with the five ways of working in the sustainable development principle and lead, encourage and support innovative approaches being taken within the UHB to contribute to the seven wellbeing goals as required under the WFGA.</p>	All Clinical Boards and Divisions Partners
<p>4. Deliver in line with our values:</p> <p>a. Kindness and caring; respect; trust and integrity; personal responsibility</p> <p>b. Equality and Diversity</p> <p>i. Support the elimination of all forms of unjustifiable discrimination from all UHB functions and policies.</p> <p>ii. Support the creation of an environment where diversity is valued.</p> <p>iii. Ensure respect for personal dignity and recognition of human rights by and for all employees, patients and the public</p> <p>iv. Implement and embed the Strategic Equality Plan</p>	All Clinical Boards and Divisions Partners

Appendix 2 – Detailed Commissioning Intentions for 2019-22

Medium-Term Priority

Deliver Outcomes that Matter to People: <ul style="list-style-type: none"> • Reduce health inequalities • Deliver outcomes that matter to people • All take responsibility for improving our health and wellbeing 	
Description	Health Board Area Impacted
1. Continue to work to identify those practices with populations with poorer health outcomes that have potential to benefit from a focus on primary and secondary prevention initiatives	PCIC Public Health Other Clinical Boards
2. Health Improvement - The UHB will continue to: <ol style="list-style-type: none"> Improve the availability of healthy food for staff, visitors and patients; cutting access to unhealthy food and beverage products on the premises Ensuring that night staff have access to healthy food options Supporting 'active travel' schemes for staff and visitors Helping staff, visitors and patients quit smoking Supporting staff with alcohol issues Developing workforce capability to deliver public health activity and appropriately support lifestyle behaviour change with the people they meet 	Public Health All Clinical Boards and providers
3. Reduce Health Inequalities <ol style="list-style-type: none"> Expand the School Holiday Enrichment Programme (SHEP) Asylum seekers <ol style="list-style-type: none"> Review demand and capacity modelling and ensure appropriate capability and capacity in service provision. Develop and implement specific pathways as appropriate. 	Public Health All Clinical Boards and providers
Prevention <ol style="list-style-type: none"> Immunisation <ol style="list-style-type: none"> Expand Fluenz programme in primary schools Introduce and embed new vaccination programmes, including extending routine HPV vaccination to teenage boys, subject to Welsh Government requirements and timescales once issued. Tobacco <ol style="list-style-type: none"> All Clinical Boards to record smoking status of inpatients on admission and refer all smokers to 	PCIC Children & Women Medicine Public Health Local Authorities All other clinical boards and providers

<p>the UHBs in-house smoking cessation service, or record offer declined</p> <ul style="list-style-type: none"> b. Increase the number of community pharmacies offering a Level 3 Enhanced Scheme for Smoking Cessation and to support all participating pharmacies to increase the number of smokers accessing the service. c. Reduce smoking incidence across UHB hospital sites by actively challenging smokers. <p>6. Increase social prescribing</p> <ul style="list-style-type: none"> a. Review and recommend options for social prescribing, specifically physical activity and weight management on referral <p>7. Alcohol</p> <ul style="list-style-type: none"> a. Improving the early identification of alcohol related risk through standardising alcohol screening in 'mainstream' health settings such as primary care, secondary care, sexual health clinics and mental health services. b. Building the primary care base for treating alcohol use disorders and improving access to treatment within all general practices <p>8. Obesity</p> <ul style="list-style-type: none"> a. Each Clinical Board to develop robust action plans to tackle obesity, including raising issues through Making Every Contact Count (MECC), routine weighing/measuring and referral to dietetics where appropriate. b. Meet the needs of the national obesity strategy <p>9. Embed prevention at every level of the organisation and across all stages of pathways, including rolling out the Optimising Outcomes Prior to Surgery (OOPS) pathway over 2017-20 and adopting MECC, with all Clinical Boards developing and implementing a plan for embedding health improvement and prevention within at least one clinical team.</p>	
<p>10. Learning disabilities</p> <ul style="list-style-type: none"> a. Continue joint working with local providers to support people to move from registered care to supported living arrangements b. Continue joint working with local authorities (children's/housing) to accurately scope and demand forecast need for appropriate housing, enabling people to live in their own home. c. Developed pooled budget arrangements with Local Authorities for adults with Learning Disabilities 	<p>Women's and Children's PCIC ABMU Cardiff Council Vale of Glamorgan Council</p>

d. Continued delivery of the Partnership's Disability Futures Programme	
11. Ensure compliance with the Welsh Language Act a. Set out actions required to deliver services through the medium of Welsh in response to the Population Needs Assessment	All clinical boards, divisions, providers and Local Authorities
12. Improve identification and support for Carers, in line with the Social Services and Wellbeing Act. a. Supporting carers to recognise themselves in that role and helping staff to spot carers b. Recognise the long-term support needs of carers	All clinical boards, divisions, providers and Local Authorities

Service Priorities	
<ul style="list-style-type: none"> Offer services that deliver the population health our citizens are entitled to expect 	
Description	Health Board Area Impacted
1. Cancer a. Development of standardised pathways with Velindre and other specialist providers	Medicine Surgery Specialist Dental PCIC CD&T Velindre
2. Stroke a. Improve primary prevention	PCIC Medicine CD&T
Long Term Conditions 3. Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed: a. Skilling up health and social care staff to 'Make Every Contact Count'; supporting patients to make behaviour changes for health gain; enabling staff to use appropriate contacts with patients/clients to help maintain or improve their mental and physical health and wellbeing, whatever their specialism or the purpose of that contact b. Promotion of self-care through patient/client resources 4. Diabetes a. Continue to strengthen the community model for diabetes care and prevention, demonstrating impact on clinical and health outcomes, taking action on a whole pathway approach	All Clinical Boards and providers

b. Develop a strengthened approach to ThinkGlucose/tackling hypoglycaemia	
Dementia 5. Development of integrated pathways a. Continued implementation of the Welsh Government funded dementia programmes for action b. Deliver against the actions for Year 3 of the Dementia Strategy (2018-2028) 6. Improving the capacity of the organisation to respond to the needs of those with a dementia diagnosis, their carers and family members a. Enhance the delivery of dementia awareness training in order to meet the Welsh Government target of 75% of frontline staff trained across the UHB b. Ensure that all health professionals take an active 'Making Every Contact Count' approach to prevention of dementia and other chronic illnesses through discussion of lifestyle risk factors	PCIC Medicine Mental Health CD&T
Mental Health (all ages) 7. Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system. a. Develop and implement parity of esteem initiatives, including workforce development plans to show how teams can change their skill mix; support training for staff (on methods to assess someone's mental health and how to provide psychological support); ensure physical health assessment and support is routinely included in the care planning of people in mental health services; mainstreaming prevention, promotion and self-management b. Develop integration of health and social care service provision across sectors and continue to work with partners to enhance the services that are provided 7 days a week, built around the Primary Care clusters, to enable response to health and wellbeing needs close to home. 8. Child and Adolescent Mental Health Services a. AMH / CAMHS /CCH to identify and develop services requiring a formal transitional approach, including joint work with children's social services 9. Primary Secondary care interface	Mental Health PCIC Women's and Children's Local Authorities Cwm Taf (CAMHS) Commissioning CD&T

<ul style="list-style-type: none"> a. Work with Primary Care to improve support for decision making closer to General Practice for Mental Health Care and Treatment. Enabling work of demand capacity analysis of current referrals and whole systems integrated Community Mental Health Team review of Adult and Mental Health Services Older Persons services, to be followed by service redesign to support GP Liaison and develop services through an intervention focus instead of service or team boundary focus. b. Develop further shared care protocols with Primary Care on the prescribing of antipsychotics and other areas of prescribing <p>10. Other</p> <ul style="list-style-type: none"> a. Ensure new Psychological Therapies investment is targeted at waiting list reductions in primary care and facilitate the delivery of psychologically minded care and treatment across non specialist professional groups and other clinical boards. b. Ensure new perinatal investment improves early detection of mental health problems around childbirth across all clinical boards. c. Develop interagency practice guidelines for those facing people who are suicidal and/or self-harming. d. Work with substance misuse partnership commissioning structures to address the waiting list for addiction prescribing services. 	
<p>11. Early Years and Maternal Health</p> <ul style="list-style-type: none"> a. Develop integrated patient-centred care to provide individual care plans 	<p>Women's and Children's PCIC Public Health</p>

Sustainability <ul style="list-style-type: none"> Have an unplanned (emergency) care system that provides the right care, in the right place, first time Have a planned care system where demand and capacity are in balance Reduce harm, waste and variation sustainably making best use of the resources available to us 	
Description	Health Board Area Impacted
Planned Care <ol style="list-style-type: none"> Expand and implement new telehealth/assisted technology Deliver NHS Outcomes Framework targets or develop action plans and improvement trajectories as appropriate. 	PCIC Medicine Specialist Surgery CD&T
Unplanned Care <ol style="list-style-type: none"> Access to care in the right place and the right time <ol style="list-style-type: none"> Review and develop an integrated plan for medicine <ol style="list-style-type: none"> Consider role of Llandough and community hospitals Develop reciprocal arrangements with Cwm Taf and other neighbouring health boards Work with 111 project to ensure meets need; input to accurate Directory of Services for Cardiff and Vale to ensure residents are signposted to appropriate services Develop urgent and emergency care networks <ol style="list-style-type: none"> Evaluate the 2015/16 and 2016/17 winter pressure schemes and commission/implement these on a substantive basis Stroke services (See service priorities section) Ambulance services <ol style="list-style-type: none"> Improve productivity Decrease conveyance rates Increase proportion of direct admissions (not via A&E) Increase proportion of patients for Hear and treat/See and treat to ensure a reduction in ambulance responses WAST and health board to embed and improve the agreed process to ensure that frequent service users are managed consistently and equally Fewer than 15% of patient transport bookings to be made on the day journey is required 	PCIC Medicine WAST/EASC Dental Mental Health Women's and Children's Cwm Taf (CAMHS) ABMU (LD) CD&T
<ol style="list-style-type: none"> Deliver NHS Outcomes Framework targets or develop action plans and improvement trajectories as appropriate. 	All Clinical Boards Cwm Taf (CAMHS) ABMU (LD) Local Authorities

8. Utilise information collected through the Patient Reported Outcome/Experience Measures (PROMs/PREMs) to redesign services and pathways to deliver improved outcomes and patient experience	All Clinical Boards Third Sector Partners
9. End of Life care <ol style="list-style-type: none"> Decrease the number of people who die in hospital Develop End of Life planning processes to support patients to choose where to die Include End of Life protocols and support within the winter pressures schemes 	All Clinical Boards
20. Patient Quality, Safety and Experience <ol style="list-style-type: none"> Support delivery of the Patient Experience Framework 	All Clinical Boards and providers
Finance 14. Benchmarking <ol style="list-style-type: none"> Identify one specific care pathway for each directorate in which benchmarking and/or clinical evidence base suggests over-treatment is occurring 15. Decommissioning <ol style="list-style-type: none"> Implement Royal College of Radiology guidelines on reducing procedures with lack of clinical/cost effectiveness Identify any procedures undertaken that are included on the NICE 'not to do' list and develop plan to decommission Review processes where there is little evidence for efficacy or the benefit does not outweigh the cost 	All Clinical Boards and providers
Estates 16. Deliver against estates plans: <ol style="list-style-type: none"> Deliver full business case to re-provide Rookwood Hospital services at Llandough 	Planning Mental Health Public Health Nursing PCIC Women's and Children's
Culture <ul style="list-style-type: none"> Be a great place to work and learn Work better together with partners to deliver care and support across care sectors, making best use of our people and technology Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives 	
Description	Health Board Area Impacted
2. Great place to work and learn <ol style="list-style-type: none"> Improve workforce and develop talent 	All Clinical Boards and Divisions Partners

<ul style="list-style-type: none"> b. Transform the workforce to enable quality productivity and continuous improvement c. Ensure adequate and timely planning of workforce resource requirements and address staffing difficulties d. Continuous improvement of local management actions to recruit and retain staff e. Embed education and development within the organisation f. Deliver quality training and development to meet learning and leadership skills g. Develop leaders and good management skills h. Improve nursing capacity at Band 5 i. Proactively support the development of apprenticeships 	
<p>5. Excel at teaching, research, innovation and improvement</p> <ul style="list-style-type: none"> a. Innovation <ul style="list-style-type: none"> i. Develop and implement knowledge portal and academy b. Research and development <ul style="list-style-type: none"> i. Increase the number of research studies by 10% ii. Increase the number of patients entering trials by 10% c. Education <ul style="list-style-type: none"> i. Adherence to new GMC Medical Education standards to deliver improved patient outcomes through high quality medical training 	All Clinical Boards and Divisions Partners
<p>6. Deliver in line with our values:</p> <ul style="list-style-type: none"> a. Embed the UHB Behaviour Framework at Clinical Board and directorate level b. Demonstrate evidence of values being embedded internally through workforce processes such as Recruitment, PADR, Induction, Training and Education 	All Clinical Boards and Divisions Partners

Appendix 3 – Detailed Commissioning Intentions for 2019-22

Longer-term Priorities

Deliver Outcomes that Matter to People: <ul style="list-style-type: none"> • Reduce health inequalities • Deliver outcomes that matter to people • All take responsibility for improving our health and wellbeing 	
Description	Health Board Area Impacted
1. Health Improvement - The UHB will continue to: <ol style="list-style-type: none"> Promoting recognised national wellbeing charters/initiatives Supporting staff to act as health ambassadors in their local communities Developing partnerships with local communities to improve health Improving access to healthy and affordable food in Cardiff and the Vale 	Public Health All Clinical Boards and providers
2. Reduce Health Inequalities <ol style="list-style-type: none"> Each directorate to analyse equity of access for one additional care pathway and implement changes based on findings 	Public Health All Clinical Boards and providers
Prevention <ol style="list-style-type: none"> Tobacco <ol style="list-style-type: none"> Implementation of the of the Help Me Quit e-log in the smoking cessation service to allow patients to be referred automatically to the most appropriate smoking cessation provider Obesity <ol style="list-style-type: none"> Meet the needs of the national obesity strategy 	PCIC Children & Women Medicine Public Health Local Authorities All other clinical boards and providers

Service Priorities <ul style="list-style-type: none"> • Offer services that deliver the population health our citizens are entitled to expect 	
Description	Health Board Area Impacted
Long Term Conditions <ol style="list-style-type: none"> Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed: <ol style="list-style-type: none"> Identification of opportunities for inclusion of health promotion and self-care initiatives through contacts with partners, for e.g. local authorities and third/independent sector 	All Clinical Boards and providers

<ul style="list-style-type: none"> b. Provision of evidence-based self-care/management programmes or piloting innovative approaches where evidence is not available c. Improve availability of near patient testing and agree offset of costs where appropriate 	
Dementia <ul style="list-style-type: none"> 2. Development of integrated pathways <ul style="list-style-type: none"> a. Sustain the Welsh Government funded dementia programmes of work b. Develop a new dementia action plan aligned to the Cardiff and Vale Dementia Strategy 2018-2028 3. Improving the capacity of the organisation to respond to the needs of those with a dementia diagnosis, their carers and family members <ul style="list-style-type: none"> a. Promote dementia prevention awareness campaign using Welsh Government's Act Now materials b. Support employees to adopt healthy lifestyles both in and outside of work that contributes to the reduced risk of cognitive impairment. 	PCIC Medicine Mental Health CD&T
Mental Health (all ages) <ul style="list-style-type: none"> 4. Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system. <ul style="list-style-type: none"> a. Continue to maximise opportunities for working with the local authorities and improve the regular reporting of social care activity, quality and outcomes 5. Primary Secondary care interface <ul style="list-style-type: none"> a. Pilot a community secondary care discharge peer support model in one locality/cluster arrangement to act as navigator for vulnerable service users stepping down from community secondary care services. 6. Develop realistic and relevant service user focussed outcomes in mental health at the earliest stage possible time and through a service user lens. <ul style="list-style-type: none"> a. This is in the context of the most disabling impact of mental illness including loss of social networks, employment, and housing. 7. Other <ul style="list-style-type: none"> a. Develop and implement the requirement for a Dual Diagnosis delivery plan for Cardiff and the Vale (substance misuse) 	Mental Health PCIC Women's and Children's Local Authorities Cwm Taf (CAMHS) Commissioning CD&T
Oral and Eye Health 8. Oral Health	PCIC Dental

<ul style="list-style-type: none"> a. Increase percentage of resident population with access to NHS dentists b. Implementation of integrated pathways agreed by C&V Oral Health Action Group (OHAG) c. Deliver Local Oral Health Plan 	Ophthalmology
<p>9. Eye Health</p> <ul style="list-style-type: none"> a. Optometrists and GPs to work together to ensure patients are seen in the most appropriate setting b. Implement Together for Health – Eye Health Care Delivery Plan 	
<p>10. 'Home First'.</p> <ul style="list-style-type: none"> a. Managing Ambulatory Care Sensitive Conditions to reduce bed days, specifically pathways around: Atrial Fibrillation; Chronic Heart Failure; Chronic Obstructive Pulmonary Disease as part of the All Wales Pacesetters programme b. Move early stages of pathways into primary and community care, specifically: Diabetes; Gastroenterology; Dermatology; Urology c. Develop model for 'discharge to assess' in the community 	PCIC; Medicine; Specialist CD&T
<p>11. Delivery</p> <ul style="list-style-type: none"> a. Deliver against the disease specific NHS Delivery Plans 	All Clinical Boards and providers

Sustainability <ul style="list-style-type: none"> • Have an unplanned (emergency) care system that provides the right care, in the right place, first time • Have a planned care system where demand and capacity are in balance • Reduce harm, waste and variation sustainably making best use of the resources available to us 	
Description	Health Board Area Impacted
Planned Care <ol style="list-style-type: none"> 1. GPs and secondary care clinicians to develop multidisciplinary care and access to specialist services within clusters around pathways of care 2. Ensure INNU, Prior Approval and IPFR policies are understood by primary care and all Clinical Boards 3. Ensure that the INNU intervention list is fully implemented by Clinical Boards 4. All Clinical Boards to understand the cost effectiveness of interventions and work to remove variation between services and locations. 5. Aim to reduce cost per Quality Adjusted Life Year (QALY) across services. 	PCIC Medicine Specialist Surgery CD&T
Unplanned Care <ol style="list-style-type: none"> 6. Improve inter-practice referrals in Primary Care to reduce the number of secondary care referrals <ol style="list-style-type: none"> a. E.g. sexual health/contraception 	PCIC
Finance <ol style="list-style-type: none"> 7. Ensure that Long Term agreements are appropriate <ol style="list-style-type: none"> a. Reduce tertiary activity carried out under secondary care agreements 8. Cost of tests and support services <ol style="list-style-type: none"> a. Ensure that all referrers are aware of the cost of tests and other diagnostics b. Further develop internal trading frameworks 9. Decommissioning <ol style="list-style-type: none"> a. Each Clinical Board to review the Interventions Not Normally Undertaken (INNU) and ensure compliance with policy 	All Clinical Boards and providers

Culture <ul style="list-style-type: none"> • Be a great place to work and learn • Work better together with partners to deliver care and support across care sectors, making best use of our people and technology • Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives 	
Description	Health Board Area Impacted
3. Great place to work and learn <ul style="list-style-type: none"> a. Increase workforce engagement by creating conditions to unleash capability, potential and commitment to goals and values of the organisation b. Develop and embed different service models which drive change in the workforce model and skill mix 	All Clinical Boards and Divisions Partners
7. Excel at teaching, research, innovation and improvement <ul style="list-style-type: none"> a. Research and development <ul style="list-style-type: none"> i. Use R and D to benefit patient care by providing new diagnostic and prognostic testing, more stratified medicine and more innovative therapies to our patients. 	All Clinical Boards and Divisions Partners

Appendix 4 – WHSSC Draft Commissioning Intentions 2019-22

To be update once issued by WHSSC

Appendix 5 – Reference Sources

These commissioning intentions have been informed by:

- The Partnership Needs Assessments of the two Local Authority Areas
- The Wellbeing Plans for both Local Authority Areas
- Primary Care Cluster Plans
- NHS Outcomes Framework
- National Service Delivery Plans
- Local Strategy
- National guidance and legislation

TRANSFORMATION UPDATE	
Name of Meeting:	Local Partnership Forum
Date of Meeting:	22 August 2018
Executive Lead :	Deputy Chief Executive
Author :	Assistant Director of Strategic Development and Transformation
Caring for People, Keeping People Well :	Transformation underpins the sustainability element of the UHB's strategy.
Financial impact :	Not applicable
Quality, Safety, Patient Experience impact :	Transformation is aimed at improving quality, safety and patient experience.
Health and Care Standard Number	1, 3 and 7
CRAF Reference Number	1.1, 3.1, 5.1, 5.7, 6.7 and 10.1
Equality and Health Impact Assessment Completed:	Not Applicable

The Local Partnership Forum are asked to:

- Note the progress made on the Transformation Programme
- Consider how LPF and staff representatives could be involved in the programme

SITUATION

This report provides an update to the Local Partnership Forum on the UHB's developing Transformation Programme and identifies key next steps to accelerate delivery. Acknowledging that transformation takes time for benefits to emerge, a strong improvement programme continues to be developed aimed at supporting the Clinical Boards in the drive for continuous service improvement, aiding delivery of cost improvement plans ('CIPs') and further pipeline schemes.

BACKGROUND

The four key deliverables of the Transformation Programme are agreed as follows:-

1. To reduce outpatient appointments on hospital sites;
2. Reduce length of stay (LoS);
3. Reduce unwarranted harm, waste and variation; and
4. To reduce theatre inefficiencies and improve productivity.

Transformation will be supported by seven key enablers as follows:-

1. Secure a pathway approach and methodology;
2. Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement;
3. Review the programme to secure a digitally enabled organisation and workforce;
4. Develop a Cardiff and Vale Alliance approach which integrates with partner organisations;
5. Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity;
6. Secure the model for primary care to drive a population outcomes approach for the system, enabling sustainability for general practice; and
7. Embed our vision (SoFW), values and behaviours.

HSMB has approved the following projects for inclusion in the Transformation Programme:-

- Sepsis;
- Palliative Care;
- Urology Outpatients;
- Virtual Fracture Clinic;
- Denosumab;
- HIV drugs;
- Inventory Management;
- HealthPathways;
- Digital Dictation;
- Communication Platform.

ASSESSMENT AND ASSURANCE

Enabler Focus

HealthPathways / Canterbury visit

Following the visit to Canterbury District Health Board, the UHB has been exploring how to adopt a tool that would facilitate a shared knowledge and understanding of pathways spanning primary and secondary care.

The UHB has now procured the HealthPathways tool, an online repository to store pathways in a single place accessible by clinicians. The tool provides simple information largely for a general practitioner audience on assessment, management and referral for patients with particular conditions. The evidence is that the process of agreeing pathways builds relationships between primary and secondary health professionals and reduces unwarranted variation due to the clarity provided.

The UHB has appointed a HealthPathways core team, comprised of a co-ordinator and three GP Clinical Leads who will be responsible for a

programme of work to develop and agree pathways with secondary care clinicians.

The HealthPathways team visited on 3 July to train the core team on how to use the system with a launch taking place on 4 July. The launch event was largely targeted at clinicians with over 70 attendees from across the organisation and beyond. Colleagues from Canterbury District Health Board and South Tyneside Clinical Commissioning Group presented on how HealthPathways had helped them make progress on the transformation agenda. Feedback from the event was that it had generated a great deal of enthusiasm and appetite for change with a number of clinicians approaching the team at the end of the session to get involved.

The key next steps are to agree a work programme. The potential programme of work has been discussed with Clinical Board Directors through HSMB. They agreed a focus on pathways within areas such as urology, child health, sexual health, gastroenterology and respiratory services. The work programme is being led by the Associate (Medical) Director for Transformation. Based on advice from HealthPathways, the website will be launched when 40 pathways are documented and agreed.

Alliancing

The learning from Canterbury also introduced the concept of an alliancing approach which is aimed at delivering a better and more patient/citizen centred service. The UHB has been exploring how this could be adopted for Cardiff and Vale and has commenced a pilot to develop the approach using the theme of falls prevention in the community. A key and innovative aspect of this approach is that the multi-disciplinary and multi-agency team around the table are asked to put their organisations to one side during the discussions and to, instead, focus upon the patient and their needs.

The visiting team from Canterbury provided valuable insight on how their model worked and held an initial workgroup session with member of the Falls Delivery Group. This included representatives from secondary care, primary care, community resource teams, third sector, local authorities (both Cardiff and the Vale of Glamorgan) and Welsh Ambulance Service NHS Trust. The discussion considered the current service provision with a strong emphasis on preventing falls and how it might be improved.

The UHB is currently collating the lessons learned from this initial workgroup to progress to a further alliance meeting. Initial feedback is that the group around the table was heavily managerial and that it would benefit from greater input from frontline staff.

Overarching Project Status

Appendix 2 outlines the status of the projects using a highlight report format. The reports have been designed to summarise the status of the projects on a page.

The projects are RAG rated using the criteria outlined in Appendix 1. This is the same criteria applied to the UHB's Cost Reduction Programme ('CRP') tracker. The RAG ratings have been discussed at each project team meeting and challenged by the collective Transformation Team.

The following table summarises the status of the projects:-

Transformation Projects

Deliverable	Project	Status – July 18
Length of stay	Sepsis	Green
Length of stay	Palliative care	Amber
Outpatients	Urology Outpatients	Amber
Outpatients	Virtual Fracture Clinic	Amber
Outpatients	Denosumab	Green
Variation	HIV Drugs	Amber
Variation	Inventory Management	Red
Theatre efficiencies	HealthPathways	Amber
Variation	Digital dictation	Red
Variation	Communications platform	Red

Enabler Projects

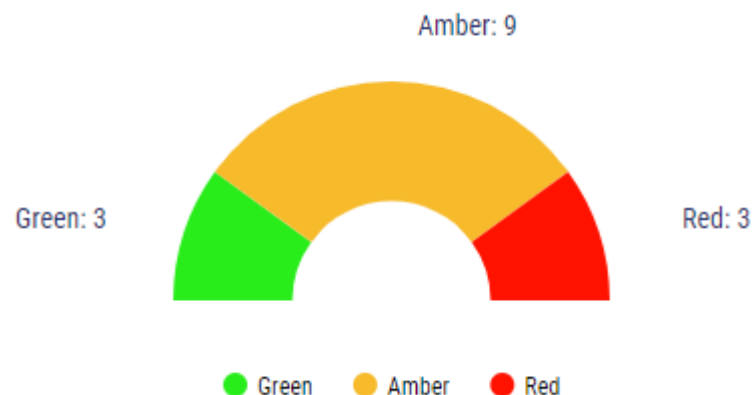
Enabler Project	Executive Lead	Transformation Team Lead	Status - July 18
HealthPathways	Sharon Hopkins	Emma Wilkins	Amber
Alliancing	Abigail Harris	Ruth Jordan	Amber
Leadership and Management	Martin Driscoll	Rachel Gidman	Amber
Values and Behaviours	Len Richards	Rachel Gidman & Joanne Brandon	Amber
Health & Social Care Transformation Fund	Sharon Hopkins	Emma Wilkins Rachel Jones, Chris Dawson-Morris Chris Darling	Green
Digitally Enabled Workforce	Fiona Jenkins	Mark Cahalane Joy Whitlock	Amber
Accessible Information	Sharon Hopkins	Andrew Nelson	See Appendix

Appendix 1 – RAG Rating Criteria

	Red Pipeline	Amber	Green
Project plan/brief	<ul style="list-style-type: none"> ▶ Evidence of project planning (project brief, milestones with timescales etc.) appears incomplete considering level of complexity / risk 	<ul style="list-style-type: none"> ▶ Non complex project ▶ Evidence of some important elements of a project plan (project brief, milestones with timescales etc.), however some key areas are not sufficiently addressed ▶ Project planning not deemed sufficiently specific / comprehensive 	<ul style="list-style-type: none"> ▶ Appropriate degree of project planning (project brief, milestones with timescales etc.) evidenced considering the level of complexity / risk
Lead responsible & support	<ul style="list-style-type: none"> ▶ Lead to be identified 	<ul style="list-style-type: none"> ▶ Project lead identified, however indication that roles & responsibilities are not entirely clear ▶ Inappropriate lead assigned to project ▶ Indication that not all the necessary individuals are involved in supporting the delivery of the project 	<ul style="list-style-type: none"> ▶ Appropriate individual identified and actively leading the project ▶ The appropriate individuals appear to be included within the delivery team
Financial & activity calculation	<ul style="list-style-type: none"> ▶ Calculation of savings ongoing ▶ Significant factors to be worked through ▶ Savings to be fully quantified 	<ul style="list-style-type: none"> ▶ Evidence that the majority of the key financial implications have been factored into calculations, some specific factors have been omitted / are yet to be clarified ▶ Number represents actual savings identified, not a target 	<ul style="list-style-type: none"> ▶ Simple project, limited financial planning deemed sufficient ▶ All elements of the saving adequately identified and incorporated into the calculation ▶ Number represents actual savings identified, not a target
Financial phasing	<ul style="list-style-type: none"> ▶ Rationale for financial phasing outstanding 	<ul style="list-style-type: none"> ▶ Rationale deemed appropriate ▶ Financial savings phased according to timing of plans and milestones 	<ul style="list-style-type: none"> ▶ Financial savings phased according to timing of plans and milestones

Transformation Programme July 2018

Transformation Programme Status



10 Transformation Projects

Deliverable	Project	July 18
Length of Stay	Sepsis	Green
Length of Stay	Palliative Care	Amber
Outpatients	Urology Out Patients	Amber
Outpatients	Virtual Fracture Clinic	Amber
Outpatients	Denosumab	Green
Variation	HIV drugs	Amber
Variation	Inventory Management	Red
Variation	HealthPathways*	Amber
Variation	Digital Dictation	Red
Variation	Communications Platform	Red

Transformation Programme Summary

Under the Transformation Programme there are 10 Transformation Projects that contribute towards the deliverable priorities, and 7 Enabler projects aimed at cultural change and enabling the organisation to achieve our transformational ambitions.

The RAG Status of the Transformation Programme is **Amber**.

7 Enabler Projects

Enabler Project	July 18	Executive Lead	Transformation Team Lead
HealthPathways*	Amber	Sharon Hopkins	Emma Wilkins
Alliancing	Amber	Abigail Harris	Ruth Jordan
Leadership and Management	Amber	Martin Driscoll	Rachel Gidman
Values and Behaviours	Amber	Len Richards	Rachel Gidman & Joanne Brandon
Health & Social Care Transformation Fund	Green	Sharon Hopkins	Emma Wilkins Rachel Jones, Chris Dawson-Morris Chris Darling
Digitally Enabled Workforce	Amber	Fiona Jenkins	Mark Cahalane Joy Whitlock
Accessible Information	See Slides	Sharon Hopkins	Andrew Nelson





Project Highlight Report

Project Name	Sepsis	Senior Responsible Officer	Jeff Turner
Reporting Period	July 2018	Project Manager	Emma Wilkins

Project Milestones	Date	Project Update		
Activity	Date	Project Objectives	Status	
Re-draft POD	06 Apr 18	This project will focus on minimising variation in the length of stay and admissions for patients with cellulitis with the UHB. The aims of the project are to:-	Green	
Review of POD by HSMB	19 Apr 19	<ul style="list-style-type: none"> Reduce the variation in LOS between hospital sites for patients admitted with cellulitis. Reduce the number of patients requiring hospital admission for cellulitis 		
JT met with ID team to discuss Cellulitis Healthpathway	11.6.18	<ul style="list-style-type: none"> Assess the potential impact of the change in service delivery of antibiotics by the ART team (clinic vs home based as standard) 		
JT met with Cath David to discuss cost saving/ bed days	18.7.18			
		Key Accomplishments	Risks and Issues	
		<p><i>This period:</i></p> <ol style="list-style-type: none"> HSMB agreed to re-scope the project. New PARIS report created to pull data set Additional data collection completed & analysis started Met with ID team to start HealthPathway creation for cellulitis – draft version completed Met with Cath David to discuss potential opportunities in terms of reducing cost with wider use of ART team to support treatment of cellulitis 	Issue: Need to disseminate availability of HelathPathway once available	Low
			Issue: Need to increase number of nursing staff required to support ART if significant increase in activity	High
		Upcoming Activities	Decisions, Discussions and Actions	
		Complete cellulitis HealthPathway for GP clinical advisor review		
		Complete document outlining benefits of service change & background (JT commenced)		

GOFALU AM BOBL, CADW POBL YN IACH
CARING FOR PEOPLE, KEEPING PEOPLE WELL



Project Highlight Report

Project Name	Palliative Care Pathway Transformation	Senior Responsible Officer	Darren Cousins
Reporting Period	July 2018	Project Manager	Chris Darling

Project Milestones	Date	Project Update	
Activity	Date	Project Objectives	Status
Collect baseline information from various areas of the palliative care service	November 2017	This project will take a whole system pathway approach to improve the quality of end of life care in the community and prevent admissions to hospital (for end of life patients) where this is not the patient's/family's desire. When admitted to hospital the aim will be to only stay for as long as is necessary, and ensure discharge options are available to enable end of life patients to be discharged to die in their preferred place. This project will deliver:	Amber
Utilise and interpret baseline information and audits to inform business case	09/04/18	1. An improved patient experience	
		2. Improved patient choice	
		3. Improved use of resources	
		4. Care closer to home	
Unstable SPC patients audit commenced	01/02/18	Key Accomplishments	Risks and Issues
CHC fast track patient audit commenced	21/02/18	<i>This period:</i> 1. Loss of project support (Graduate Management Trainee) 2. Input from Loretta Reilly as support 3. Evolution of business case to incorporate innovation and transformation	The whole system could be destabilised if additional capacity is not built into key stages of the pathway. Med
Produce draft business case	16/04/18		Additional resource for the patient pathway is required to ensure that adequate staffing is available in both generic and Specialist Palliative Care teams to manage rising demand. High
Get feedback from the project group on draft business case	30/04/18		The district nursing vacancy rate is a risk if moving additional end of life patients into the community. Med
Incorporate finance information in business case	12/06/18		That the Business Case is unsuccessful or only partly accepted. High
			Lack of project support Med
Produce an agreed map of the Palliative Care pathway and sign off	01/04/18	Upcoming Activities	Decisions, Discussions and Actions
Submit business case to BCAG.	12/06/18	<i>Next period:</i> Due to be submitted to BCAG in August 2018	<i>Include items for discussion, decisions and/or actions that need to be taken outside of the project</i> <i>Update on business case progression</i>
Develop a project plan for implementation of proposals	24/06/18		



Project Highlight Report

Project Name	Urology Outpatients Improvement	Senior Responsible Officer	Mr Richard Coulthard
Reporting Period	July 2018	Project Manager	Katie Griffiths / Mark Thomas

Project Milestones	Date	Project Update	
Agree data requirements	18/04/18	Project Objectives	Status
Complete evidence review		<i>Include the main headlines about what the project is set up to deliver (taken from the POD)</i>	Amber
Process Mapping with clinic co-ordinators	17/04/18	1. Reduce Urology outpatient DNA rate to 5% in line with Health Board Standard, consistently for 3 months	
Liaise with Surgical Board Director & HOD		2. Provide a follow up service to patients that is safe, appropriate, efficient and equitable	
Identify Top 3 clinical pathways and Complete mapping of process		3. Determine clear pathways to minimise clinical variation	
Complete demand and capacity review.		4. Define patient pathways to ensure consent and pre-consultation investigation are completed in an appropriate and timely manner	
Develop clinic templates		5. Optimise clinic utilisation, reducing the need to extend clinic hours and force book appointments	
Agree priority conditions that require improved patient information.		Key Accomplishments	Risks and Issues
Complete revised patient information		<i>Provide information about what the project has achieved this period</i>	
Develop mechanism /template to capture existing virtual/telephone review by clinicians		1. Cost of missed appointments now included in appointment letters.	Issue: high volume of force booked appointments and variable timeslots for clinic bookings Medium
Update Welsh Urology Planned Care Board		2. Work ongoing on dashboard development with Information Team and WPRS	Risk: Staff availability for meetings due to annual leave High
Complete abstract write up(s) and disseminate widely.		3. Ongoing development of COM	Issue: Availability of Consultant time Low
		4. In depth review of reasons for DNAs	Issue: clinic coding makes data more difficult to produce Medium
		5. Jeff Turner from Gastro sharing good practice in the use of COM ay Urology audit day	Issue: evidence collation on the benefits of virtual clinics Medium
		Upcoming Activities	Decisions, Discussions and Actions
		<i>Provide information about what the project plans to do next period</i>	<i>Include items for discussion, decisions and/or actions that need to be taken outside of the project</i>
		1. Rota Map to be implemented 6 th August pending final endorsement.	IM&T: update on roll out of e-comms (intra-hospital referral)
		2. True North automated PSA Tracker system to be implemented as a national solution	IM&T / Corporate: mandated use of COM across all clinics
		3. Transformation, Clinical and Managerial leads to meet to discuss new terms of reference due to outpatient blueprint being developed outside of this project.	Re-escalation to clinical board re: moving urology clinic administration to Medical Records.
		4. Involvement with Health Pathways	Follow up demand to be added to Urology Risk register
			Tina Ball – awaiting completion pilot in ENT for roll out of cancelled appointment texts enabling patients to re-book.



Virtual Fracture Clinic

Project Name	Virtual Fracture Clinic	Senior Responsible Officer	Jonathan Kell
Reporting Period	Jul 2018	Project Manager	Alaa Khundakji

Project Milestones	Date	Project Update	
Design the Virtual Fracture Clinic pathway & model	Jan 2018	Project Objectives <i>Include the main headlines about what the project is set up to deliver (taken from the POD)</i>	Status Amber
New patient referral pathway designed	Mar 2018		
New patient referral pathway tested	May 2018		
New patient referral pathway implemented	Jun 2018		
Virtual triage rules/pathway designed	Jun 2018		
Virtual triage rules/pathway tested	Jul 2018	Key Accomplishments <i>Provide information about what the project has achieved this period</i>	Risks and Issues <i>What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)</i>
Virtual triage rules/pathway implemented	Aug 2018		
Direct Referral to Physio pathway designed	Jul 2018		
Direct Referral to Physio pathway tested	Aug 2018		
Direct Referral to Physio pathway implemented	Sep 2018		
Task & Finish Group set up for Standardised Treatment Pathways	March 2018	Upcoming Activities <i>Provide information about what the project plans to do next period</i>	Decisions, Discussions and Actions <i>Include items for discussion, decisions and/or actions that need to be taken outside of the project</i>
Front Desk Activities, Creative thinking improvement workshop	Feb 2018		
Front Desk Improvement Action Plan	March 2018		
Self-Check in implementation	May 18		
I.T. User Requirements Specifications Approved	May 2018		
Options Appraisal for Software Solution	May 2018	Decisions, Discussions and Actions <i>Include items for discussion, decisions and/or actions that need to be taken outside of the project</i>	<ul style="list-style-type: none"> - Decision required for which I.T. option for development - Decision required for where VFC will be based (Logistically) - Decision required for clinical resources required
Implementation plan for software solution	May 2018		
Patient communication strategy developed	Jun 2018		
Patient information leaflets developed	Jun 2018		
Staff Training completed	TBC		
Pilot go live: PDSA cycle 1	TBC		



Project Name	Denosumab	Senior Responsible Officer	Nicky Hughes
Reporting Period	June 2018	Project Manager	Nicky Hughes

54 of 215



Project Highlight Report

Project Name	HIV Prescribing Review	Senior Responsible Officer	Dr D Cousins
Reporting Period	July 2018	Project Manager	

Project Milestones	Date
Baseline prescribing audit (CRI)	09/2017
Clarification of pricing arrangements for ARV's	09/2017
Presentation to Medical meeting at CRI	11/2017
Confirm funding of database and EPR	02/2018
Start switch of high cost medications	03/2018
Pre database prescribing audit (CRI + UHW)	07/2018
Aim for full implementation of database/EPR in UHW and CRI	07/2018
Post database prescribing audit	10/2018
End of financial year prescribing review	02/2019
Presentation / Dissemination	

Project Update		
Phase 1 Project Objectives		Status
1. Clinically Safe switches to Lower cost HIV treatment regimens in the UHB		Amber
2. Deliver equity of care for patients and reduce inter-prescriber variation		
3. Standardise regular reviews of prescribing using electronic patient records		
4. Showcase the HIV clinical team as proactive and responsible prescribers within the UHB		
Key Accomplishments	Risks and Issues	
<i>Provide information about what the project has achieved this period:</i>	<i>What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)</i>	
1. Currently working on setting up the EPR/database as planned	Clinical engagement	Medium
2. Prescribing audit to coincide with launch of EPR to ensure contemporaneous	Patient Engagement	Low
3. Purchase of servers and LIMS link agreed	Resource for database Implementation	Low
	Capacity of project team	Medium
Upcoming Activities	Decisions, Discussions and Actions	
<i>Continued Implementation of EPR database</i>	<i>Include items for discussion, decision and/or actions that need to be taken outside of the project</i>	
<i>Testing (two weeks)</i>	<i>Funding agreed. Awaiting purchase of servers and LIMS work before testing of system.</i>	
<i>Training (two weeks)</i>	<i>Anticipated go live 09/2018</i>	



Project Highlight Report

Project Name	Inventory management	Senior Responsible Officer	Mr Craig Heffell (CH)
Reporting Period	July 2018	Project Manager	

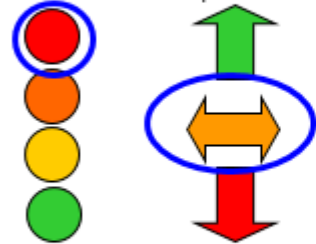
Project Milestones	Date

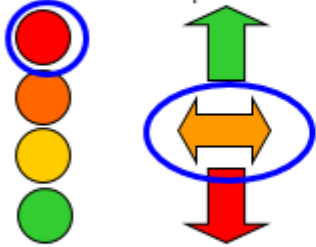
Project Update		
Phase 1 Project Objectives		Status
Include the main headlines about what the project is set up to deliver (taken from the POD)		Red
1. Identify all current issues regarding Medical Equipment management identified from Welsh Audit Office Report		
2. Provide benchmarking data from other centres regarding their medical equipment management solutions		
Key Accomplishments	Risks and Issues	
Provide information about what the project has achieved this period:	What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)	
1. A meeting with Claire Salisbury, Head of Procurement, has taken place and a proposal for the development of a Medical equipment Strategy for the UHB is being developed with support from Tony Powell, Head of Clinical Engineering	Project lead has increased clinical commitments for foreseeable future.	Medium
2. UHB Medical Group Meeting took place on Friday 20 th July		
Upcoming Activities	Decisions, Discussions and Actions	
A Task and Finish Group to be convened and for an initial draft strategy to be developed by 19 th October (Next MEG meeting)	CH to develop new draft POD	
New POD to be developed with focus on Medical Equipment management within UHB	Task and Finish Group to be finalised	
	Project Milestones to be set following this.	



Project Highlight Report			
Project Name	HealthPathways	Senior Responsible Officer	Sharon Hopkins
Reporting Period	July 2018	Project Manager	Emma Wilkins

Project Milestones	Date	Project Objectives	Status
Establish project governance arrangements	Complete	The purpose of the project is to implement the HealthPathways system in a planned manner.	Amber
Award contract	Complete	The project will deliver the following:- <ul style="list-style-type: none"> Appointment of a sustainable HealthPathways team; A process to guide the pathway discussions; 50 agreed and published pathways; An agreed mechanism to monitor adherence to agreed pathways using WPRS; and A co-ordinated and planned launch event and go live. 	
Team commences in post	Complete		
Hold launch event	Complete		
Complete training	Complete		
Agree pathway development process	Complete		
Agree prioritised list of pathways	Complete		
Complete first 50 pathways	End Nov '18		
Establish ongoing mechanism to monitor elements of the pathways through WPRS/	October '18		
Go live	Nov '18		
Complete project evaluation	End Jan '19		
		Key Accomplishments	Risks and Issues
		<ul style="list-style-type: none"> Training completed for GP Clinical Leads plus other interested parties. Launch event held – over 70 attendees. Positive feedback received. Team are all in post and meeting on a weekly basis. First list of priority pathways developed and allocated to team members. Agreed with the team that first meetings with subject matter experts in 2y care to be in the diary by end of July. 15 pathways localised within gastro and due for review by primary care by end of August. 	<p>What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)</p> <p>Risk: timescales to implement the site are challenging. High</p> <p>Risk: no project management capacity to support roll out post August High</p> <p>Risk: pathways selected are not on the core list provided by HealthPathways High</p> <p>Risk: pathways are selected across multiple specialties which will make the cyclical review after 3 years harder to undertake High</p> <p>Risk: senior clinicians lose enthusiasm and undertake their own pathway approach if they are not selected in wave 1 High</p> <p>Risk : progress may not be visible as 50 pathways need to be agreed before the site can go live. Medium</p> <p>Risk: pathways may not be easy to agree. Medium</p>
		Upcoming Activities	Decisions, Discussions and Actions
		<ul style="list-style-type: none"> Understand timescales for completion of allocated pathways. GP Clinical Leads to attend CPET sessions and Big Room to raise awareness. 	<p>Team to consider</p> <p>a) Reviewing all core high priority pathways within a specialty e.g. cardiology. Exceptions to be documented with rationale.</p> <p>b) Consider including ENT in wave 1 priorities.</p>

IM&T Project Status Report			
Project Name:		Digital Dictation	
Completed by:	Gareth Bulpin	Reporting period:	July 2018
Project Sponsor		Turning the Curve Board	
<p>Current status Trend since last report</p> 		<p>Brief Project Description:</p> <p>The UHB has procured from Bighand 50 Consultants Speech to Text Licences and 30 Secretary licences and the appropriate Hardware.</p> <p>The licences will be allocated to the Consultants attached to the Transformation Team.</p> <p>The objective is to clearly identify both the financial and operational benefits of this technology in both the Clinical and Administrative areas of the UHB.</p> <p>The procurement will run in parallel with the upgrading of the Bighand Digital Dictation in Medical Genetics.</p>	
Progress:		Next Period	
<p>We have DOSH</p> <ol style="list-style-type: none"> 1. Made operational 7 consultants and 4 secretaries 2. To date 160 dictations have been processed through Bighand. 3. The tethered devices are really working well in the CRI Clinics. 4. The mobile device is essential when consultants are working in Community Clinics. <p>Endoscopy</p> <ol style="list-style-type: none"> 5. Due to the lack of PCs in the UHW Outpatients Clinics we removed the tethered Dictaphones and replaced them with mobile Dictaphones for all the UHW Consultants. <p>The Nurse and SPR room remain on tethered Dictaphones.</p>		<p>We will</p> <ol style="list-style-type: none"> 1. In DOSH install 5 more user licences and 6 Dictaphones, then the whole service will be operational. 2. In Endoscopy complete the "go-live" at the UHW 3. Ensure the "super-user" in UHW is fully trained and ready to support users. 4. In Endoscopy complete the installation of the software and hardware in the UHL 5. Train the staff in UHL 6. Train the "super users" in UHL 7. Go-live in UHL <p>The target date for the "first cut" report remains on target for early August 2018</p>	
Slippage and remedial action		Issues or Concerns	
<p>The objective was to provide 7 devices to both DOSH and Endoscopy, however we very quickly learnt that a number of other Clinicians also dictate and therefore to avoid a two tier system we have included ALL the clinicians in both departments.</p> <p>We provided DOSH with 2 mobile Dictaphones to support Consultants working in the Community</p>		<p>The on-going support for users within the department, by the "super user".</p>	

IM&T Project Status Report			
Project Name:		Communication Platform Project	
Completed by:	G Bulpin	Reporting period:	July 2018
Project Sponsor		Sharon Hopkins	
<p>Current status Trend since last report</p> 		<p>Brief Project Description:</p> <p>The UHB are no different to any other NHS Organisation, in that a number of its Clinical Staff are using products such as WhatsApp to communicate. The UHB has received guidance from the Information Governance Office in the use of WhatsApp and they have recommended that this product is used to support Clinical messaging. The UHB has looked at a number of these types of Communications Applications all of which have a "large revenue tail" with very limited exposure into the NHS. The UHB has therefore procured a supported rollout with Medic Bleep in an agreed clinical area, however this is subject to a High Level review of the product by an external cybersecurity supplier.</p>	
Progress:		Next Period	
<p>The high level report from Stratia has been received and identified some medium risks that will be addressed during both training and operational use. The Welsh Government have released the Health and Social Care Cloud Risk Framework. The supplier has been send the appropriate paperwork to complete</p>		<ul style="list-style-type: none"> • Meeting the supplier end of July to discuss and assess their documentation response in readiness for the meeting with the Medical Director. • Meeting the Medical Director 8th August 2018 to discuss "app" rollout and Medic Bleep is one of those. • Agree with the Medical Director UHB the Clinical Area in which to undertake the pilot and Identify a clinical lead • Working with the clinical lead and Medic Bleep produce a detailed project plan with the agreed timelines. 	
Slippage and remedial action		Issues or Concerns	
		<p>Agreement of a clinical area to evaluate the product and the availability of time within the Clinical Board to fully evaluate the product</p>	



Project Highlight Report

Project Name	HealthPathways	Senior Responsible Officer	Sharon Hopkins
Reporting Period	July 2018	Project Manager	Emma Wilkins

Project Milestones	Date	Project Objectives	Status
Establish project governance arrangements	Complete	The purpose of the project is to implement the HealthPathways system in a planned manner.	Amber
Award contract	Complete	The project will deliver the following:- <ul style="list-style-type: none"> Appointment of a sustainable HealthPathways team; A process to guide the pathway discussions; 50 agreed and published pathways; An agreed mechanism to monitor adherence to agreed pathways using WPRS; and A co-ordinated and planned launch event and go live. 	
Team commences in post	Complete		
Hold launch event	Complete		
Complete training	Complete		
Agree pathway development process	Complete		
Agree prioritised list of pathways	Complete		
Complete first 50 pathways	End Nov '18		
Establish ongoing mechanism to monitor elements of the pathways through WPRS/	October '18		
Go live	Nov '18		
Complete project evaluation	End Jan '19		
		Key Accomplishments	Risks and Issues
		<ul style="list-style-type: none"> Training completed for GP Clinical Leads plus other interested parties. Launch event held – over 70 attendees. Positive feedback received. Team are all in post and meeting on a weekly basis. First list of priority pathways developed and allocated to team members. Agreed with the team that first meetings with subject matter experts in 2y care to be in the diary by end of July. 15 pathways localised within gastro and due for review by primary care by end of August. 	<p>What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)</p> <p>Risk: timescales to implement the site are challenging. High</p> <p>Risk: no project management capacity to support roll out post August High</p> <p>Risk: pathways selected are not on the core list provided by HealthPathways High</p> <p>Risk: pathways are selected across multiple specialties which will make the cyclical review after 3 years harder to undertake High</p> <p>Risk: senior clinicians lose enthusiasm and undertake their own pathway approach if they are not selected in wave 1 High</p> <p>Risk : progress may not be visible as 50 pathways need to be agreed before the site can go live. Medium</p> <p>Risk: pathways may not be easy to agree. Medium</p>
		Upcoming Activities	Decisions, Discussions and Actions
		<ul style="list-style-type: none"> Understand timescales for completion of allocated pathways. GP Clinical Leads to attend CPET sessions and Big Room to raise awareness. 	<p>Team to consider</p> <p>a) Reviewing all core high priority pathways within a specialty e.g. cardiology. Exceptions to be documented with rationale.</p> <p>b) Consider including ENT in wave 1 priorities.</p>



Project Highlight Report

Project Name	Alliancing enabler	Senior Responsible Officer	Abigail Harris
Reporting Period	Up to July 20 th 2018	Project Manager	Ruth Jordan

Project Milestones		Date
Activity	Date	
Workshop for falls prevention team facilitated by Canterbury	4/7/18 complete	
Submission of Health Foundation Innovation for Improvement fund bid	9/7/18 complete	
Propose objectives and design for Cardiff and Vale approach	Aug 18	
Sign off of objectives and design by appropriate governance bodies	Sept 18	
Health Foundation interviews if shortlisted for bid	Oct/Nov 18	
Follow-up workshop with frontline staff and colleagues from partner orgs	TBC	

Project Update		
Project Objectives		Status
The aims of the alliancing enabler are:		Amber
1. To develop an alliancing model for Cardiff and Vale that collaborates with partners and provides leadership and a methodology for transformation of areas identified by benchmarking of the heath and care system		
2. To test and refine the alliancing model with falls prevention as the area of activity		
Key Accomplishments		Risks and Issues
Provide information about what the project has achieved this period 1. Workshop facilitated by Canterbury 4 th July. Learning from this is shaping the design of the Cardiff & Vale alliance approach 2. Health Foundation Innovation for Improvement bid submitted for £63,300 3. Ruth Marks, Chief Executive of the WCVA has agreed to be the independent Chair of the falls prevention alliance	Issue: Limited project support	High
	Issue: Availability of a budget to run community workshops etc.	Medium
	Risk: Outcomes of alliances are determined by a partnership group and therefore may not deliver against the agreed UHB deliverables in the timelines required	Low
	Risk: Strategic objectives will need sign off by multiple governance groups both internally and within the partnerships which may cause a delay	Low
Upcoming Activities		Decisions, Discussions and Actions
1. Development of proposal for design and objectives of C&V alliancing approach		N/A
2. Second falls prevention workshop with frontline staff		



Project Highlight Report – Executive sponsor Martin Driscoll

Project Name	Leadership Capability	Senior Responsible Officer	Rachel Gidman
Reporting Period	July 2018	Project Manager	Emma Thomas / Hannah Brayford

Project Milestones	Date	Project Update	
Activity	Date	Project Objectives – To make the workforce more capable	Status
Skills to Supervise programme signed off for Delivery	30/06/18	Include the main headlines about what the project is set up to deliver (taken from the POD)	Amber
Scope and Design Top tier leadership programme	Dec 2018	1. Design and launch a leadership programme for the top 70 leaders in the UHB	
Proof of concept – Talent management Evaluation	Dec 2018	2. Scope and Roll out of new competency based model for all the leadership programmes	
All Leadership programmes competency based	Jan 2019	3. Design and implement a Talent Management Programme	
		Key Accomplishments	Risks and Issues
		Provide information about what the project has achieved this period	What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)
		1. Show cased the leadership programme of Work to the Executives June 2018	High
		2. Talent Management planning underway and teaching session prepared	Resource – in the form of people Medium
		3. Discussions underway to include talent management and appraisal	Low
		4. Discussions and planning underway to design a top tier leadership programme.	High
		Upcoming Activities	Decisions, Discussions and Actions
		Align the Values enabler with the leadership capability	This project is sponsored by Martin Driscoll Executive Director WOD – decisions may alter and



Project Highlight Report - Executive sponsor Len Richards

Project Name	Values and Behaviours	Senior Responsible Officer	Rachel Gidman
Reporting Period	July 2018	Project Manager	Hannah Brayford

Project Milestones	Date	Project Update	
Values based recruitment pilot completed		Project Objectives	Status
Values based recruitment rolled out to whole organisation		To embed the values and behaviours across the organisation	Amber, project still in scoping phase
Values Boards up across all sites		Staff are positive and empowered to made decisions	
Values posters produced and up across all sites		To move towards a 'high trust, low bureaucracy' model of behaviour	
		Key Accomplishments	Risks and Issues
		<i>Provide information about what the project has achieved this period</i>	<i>What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)</i>
		1. Group set up to take forward values work	Staff acceptance of values and behaviours
		2. Links with values enabler and values based recruitment work established	Manager acceptance of values and behaviours
		3. Enabler project designed and scoped	
		Upcoming Activities	Decisions, Discussions and Actions
		<i>Provide information about what the project plans to do next period</i>	<i>Include items for discussion, decisions and/or actions that need to be taken outside of the project</i>
		complete project scoping and understand links across other transformation enabler projects	For values development to be part of the upcoming Board development session
		Develop communication programme	Management and leadership project to define engagement levels
		Progress work on values based recruitment	Management and leadership enabler developing programmes for all employees so that values development can be included
		Consider input of values into Board development session on 30 th August	



Transformation Bid - Enabler

Project Name	Transformation Bid	Senior Responsible Officer	Dr Sharon Hopkins
Reporting Period	July 2018	Project Manager	Emma Wilkins

Project Milestones	Date
Agree content of proposal.	End May
Develop template.	Mid June
Produce first draft.	End July
Submit proposal	End July

Project Update

Project Objectives

Status

The aim of the project is to deliver a Transformation Bid for approval by Welsh Government that supports the Cardiff and Vale Regional Partnership Board to accelerate implementation of the recommendations of the Parliamentary Review and. *A Healthier Wales*, the long term plan for health and social care.

Green

Key Accomplishments

Risks and Issues

Provide information about what the project has achieved this period

1. Workshops held with primary care and third sector to prioritise ideas for inclusion.
2. Editorial group formed.
3. Draft proposal template developed and initial draft document produced – in line with recently published guidance.
4. Agreement from members of RPB on sign off process.

What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)

If the bid is approved, the lead organisations will need to rapidly implement plans given that funding is only available until March 2020.

High

Raised expectations that bids will be successful

Medium

Upcoming Activities

Decisions, Discussions and Actions

Provide information about what the project plans to do next period

1. Update of proposal for review comments.
2. Submission of proposal.

Include items for discussion, decisions and/or actions that need to be taken outside of the project



Project Highlight Report

Project Name	Digital Enabled Workforce	Senior Responsible Officer	Sharon Hopkins
Reporting Period	July 2018	Project Manager	Mark Cahalane/Joy Whitlock

Project Milestones	Date	Project Update	
Meet with Wendy Dearing (HR Director NWIS) to gain input	17 th July 2018	Project Objectives <i>Include the main headlines about what the project is set up to deliver (taken from the POD)</i> 1. Currently the initiative is in 'scoping and design' stage. Objectives to be set 2. plan underway to develop project further 3. 4.	Status Amber – in scoping and design stage so no structure in place but plan underway to develop project further
Gather initial thoughts on scope and inputs (MC/JW)	17 th July 2018		
Establish deliverables from the initiative.	w/c 23 rd July 2018		
Future view session with senior IM&T staff.	w/c 30 th July 2018		
Future view session with senior HR/OD&T staff.	w/c 6 th August 2018		
		Key Accomplishments <i>Provide information about what the project has achieved this period</i> 1. ...N/A 2. ... 3. ... 4. ...	Risks and Issues <i>What is getting in the way of the project achieving its objectives? Include a description of the risk and also an indication of the level of risk (High / Medium / Low)</i>
		Upcoming Activities <i>Provide information about what the project plans to do next period:</i> N/A	Decisions, Discussions and Actions <i>Include items for discussion, decisions and/or actions that need to be taken outside of the project:</i> N/A

Accessible Information Workplan Update -
20th July 2018

Title	Objective	Progress	Status
1a) Clinical info model – referrals	Presently most clinical information in the hospital system is either recorded directly to the paper case record, or is recorded in an unstructured and uncoded fashion, not to standards. The intention is to both make best use of this unstructured data by text mining approaches and to enable the UHB to record the data to technical standards so the data can be used and in a way that minimises any loss in clinical productivity. A further key objective is to reduce reliance on paper which greatly increases UHB's risk of non compliance with GDPR	Data extract and text mining to snomed completed. SQL data models need developing	Delayed
1b) Clinical info model – outpatients		Base platform for Enhanced outpatient Clinical Outcome Module 1 incorporating ability to see referral, results and documents and to record diagnosis, observations and treatments in snomed being demoed to CIMAT on 17th July	On target
1c) Clinical info model – IP (nursing e-docs, pt obs, critical care)		We are presently dependent on national programmes being delivered, implemented and the data being made available.	Won't deliver til March-19
1d) Clinical info model – theatres (e.g. Op notes)		Not yet commenced	Not commenced
1e) Clinical info model – EU/AU		Intention is to review in light of O/P COM development and the new ECDS dataset requirements. Requires UHB gaining access / developing expertise to semantic textmining capabilities	Delayed
2) Patient level costing	Improve costing modules to support UHB's decision making and benchmarking incorporating the full re-write of data modelling scripts to improve costing returns as mandated by WG - by the information and finance departments	Information dept modelling element almost complete. Finance then to complete accounting models. When data is returned by external supplier - intention is to then both link data in IW and analyse output for benchmarking and decision support purposes	On target
3) Ophthalmology measures	Enable the switch to intelligent targets for waiting times incorporating F/Ups & the new ophthalmology systems by recording clinical information and using this to inform booking requirements	Will be incorporated within second stage of the O/P clinical outcome model development, subject to clinical acceptance / agreement.	Likely to deliver
4) Data acquisition – Pharmacy(WIP), PARIS (CRTs), Canisc, maternity (SPOF), Pathology (Automating for PROMs & Finance), PROMs, GP OOH, Primary care data, Sepsis {avg is 4 weeks developments per system in addition to project mgt and spec etc)	Presently there are numerous systems which are neither interoperable with the UHB's other systems and which store data which is not routinely available for wider use, beyond that of the individual department. Data acquisition programme is required to make data available on a timely basis and in a manner by which it can be linked to other activity relating to the clinical event, pathway etc. This is an enabler step before it can be modelled and data visualisation applied.	Pharmacy acquisition in progress, CANISC, GPOOH, Sepsis, Snomed, PROMs and Path data available. PARIS views being written - intention for completion within August. Primary care data presently subject to legal opinion on requisite progress	Behind schedule as competing with dashboards
5) Demand capacity for community and GP practices & clusters (plus associated transformation pathways e.g. EOL care)	To support GP sustainability to improve the clinical and cost effectiveness of our health and care management approach, there is a requirement for casemix / skill mix level demand capacity analysis for GP practices and clusters	Demand capacity at casemix level for GP OOH completed supporting skillmix and establishment decisions. PARIS (CRT) and GP data acquisition required	Numerous constraints

Title	Objective	Progress	Status
6) Open up the UHB data by putting in place key requisites for best practice re Data Protection / GDPR & Cyber security (In particular fine grain auditing of the warehouse - other elements includes GP DPO, CLDC & GDPR compliant toolkits to support data sharing in line with legislation)	By upgrading the UHB's oracle architecture to latest version UHB & introducing access controls (via fine grain auditing) the UHB can widen access to the warehouse and clinical data stored whilst safeguarding our population's data. As part of this we will need to continue to improve the UHB's practices, processes and knowledge of data protection legislation and best practice in order to enable maximum value of our data to be realised on a sustainable basis	Training programme for UHB's database architects booked for end of July. This should support UHB's migration to latest Oracle and the additional functionalities contained as part of the newer software - which includes FGA. LMC preparing paper with NWIS for WG consideration, that NWIS provide acts as DPO for GPs in short term. Blake Morgan providing further legal advice on data sharing by 17/7. Paper on sharing GP data going to LMC in September	Complex
7) Dashboard models & development – including (Clinical Activity, Stroke (WIP), Medicine, Emergency General Surgery, Transformation KPIs, Referrals, Outpatients (starting with Urology), Sepsis, Dermatology, C&W, GPOOH, theatres)	Provision of appropriate telemetry to support, transformational improvement and operational delivery	Onboarding of 500+ clinical users to BIS near completion. Complete Migration to v11 expected by 31st July. Stroke & Transformation dashboards prioritised	On target
8) Single Cancer Pathway demand capacity	To support the UHB's knowledge and ability to transform cancer services	Being taken forward in line with national programme and availability	On target
9) Major trauma case	To prepare for the UHB being a major trauma centre a prediction of demand by service and element of the pathway is required	Base model reflecting TARN assumptions completed. TARN has agreed to provide analysis of potential demand for los>2 patients based on triage tool. Third stage review of Welsh data required factoring in local assessment and scenarios for how the network will operate planned for 1st week of August	On target
10) Mortality & outcome monitoring	To improve the use of data & systems to improve clinical outcomes and provide assurance to our population and stakeholders of our processes for improvement and audit in this area	Automation of analysis and risk flagging of 5 years+ of CHKS data being developed for testing in line with NHS (England & Wales) guidance on how to use analyse mortality data	On target
11) Performance measures - strategic	The UHB's board has identified the need for the UHB to monitor and report on strategic measures and progress in addition to those identified as the NHS delivery framework	Workshop held where potential identifiers identified. Next stage required is definitions and acquisition	Delayed

Title	Objective	Progress	Status
12) PROMs & PREMs	Use PROMs & PREMs across the organisation in order to i) evidence the effectiveness of care and treatments upon which decisions to vary treatment and access can be based ii) Support co-production / shared decision making by providing patients and clinicians with far more comprehensive information on the outcomes of treatments. iii) Enable the UHB to benchmark across organisations, regions and networks to improve clinical performance, drawing on the example of Bupa. iv) enable clinicians to use PROMs data as a clinical tool in guiding care, (eg referral and follow up practices, comparing outcomes for different treatment approaches) to ensure that the people who receive health care are those that will benefit from it the most. v) Address high-level questions about productivity and performance in the UHB by measuring improvements in patient health.	13000 generic records Overall response rates remain around the 10% but vary depending on the specialty (data issues aside) between 6% to 16%. Only 90 have repeated submission with > 28 days between them. WPRS development not undertaken but work around in place to support condition specific pathways to be entered. ALAC and Haematology (nurse led transplant) using 'in clinic' solution to collect generic forms for their patients. Gynae Oncology collecting generic using patient leaflets inviting patients to go online but stressed by clinicians as to the importance Processes in place and collecting the specific condition pathways for Orthopaedic Shoulder, elbow and hand. Advanced discussions with hip and knee to replace amplitude collection (with Phil Thomas currently but hoping to go live soon) Advanced discussions with Lung Cancer to commence soon Advanced discussions with Ophthalmology to go live with Cataract's soon Advanced discussions with Heart failure service to go live soon Early discussions with ENT to go live with condition specific (sino nasal and tonsillectomy) Early discussions with Haematology consultants NETs tool in test to go live in medical endocrinology with collection to follow	Behind schedule & numerous constraint. Anticipate spurt of progress over next quarter
13) DNA / FAB / deep learning	Targeted patient specific interventions based on data science approach to identifying likelihood of a patient DNAing will be tested with the intention of finding cost effective solutions to reducing DNAs via the booking process	Neural network tool developed and tested. Next step is to incorporate within PMS. Presently delayed whilst COM and ophthalmology developments complete	Delayed
14) Benchmarking – NHS benchmarking, CHKS & Albatross	To increase the take up, awareness and use of these products across the UHB as decision making tools	Intention is to use existing fora to increase awareness and use of the UHB's existing benchmarking tools procured under national licenses. Thus far surgery and patient safety have taken up the CHKS product.	Delayed
15) Winter planning transformation	1) Support the early delivery of whole system improvements in patient flow and capacity management in order to address near term challenges and develop long term resilience to variation in demand. , 2) Support, enhance and expand the current service improvement and development programme to increase the capacity and capability to deliver transformational change and continuous improvement across all sectors of care. 3) Provide the information and quantitative service improvement tools in the areas of frailty, falls, #NOFs and COPD	GP data not yet acquired - presently receiving legal advice. Will then need LMC & individual practice permission to share data. Will then need views made available by Vision & EMIS and elements of the data which is uncoded will require pos hoc text mining. PARIS CRT, day hospital and ECAS views of the system presently being written. Once complete will be loaded and linked into IW. Coding of referrals, EUAU and O/Ps required - which is taken forward as part of clinical information model. Procurement for external support completed. Start dates, detail and resources yet to be finalised.	Elements progressing at pace. But core enablers not available

Risks

Insufficient resource - scarce
Mal-alignment of initiatives
Non compliance with standards
Non compliance with GDPR

Transformation Programme Status Key

(Taken from CRP RAG Rating)

	Red	Amber	Green
Project plan/brief	<ul style="list-style-type: none"> ▶ Evidence of project planning (project brief, milestones with timescales etc.) appears incomplete considering level of complexity / risk 	<ul style="list-style-type: none"> ▶ Non complex project ▶ Evidence of some important elements of a project plan (project brief, milestones with timescales etc.), however some key areas are not sufficiently addressed ▶ Project planning not deemed sufficiently specific / comprehensive 	<ul style="list-style-type: none"> ▶ Appropriate degree of project planning (project brief, milestones with timescales etc.) evidenced considering the level of complexity / risk
Lead responsible & support	<ul style="list-style-type: none"> ▶ Lead to be identified 	<ul style="list-style-type: none"> ▶ Project lead identified, however indication that roles & responsibilities are not entirely clear ▶ Inappropriate lead assigned to project ▶ Indication that not all the necessary individuals are involved in supporting the delivery of the project 	<ul style="list-style-type: none"> ▶ Appropriate individual identified and actively leading the project ▶ The appropriate individuals appear to be included within the delivery team
Financial & activity calculation	<ul style="list-style-type: none"> ▶ Calculation of savings ongoing ▶ Significant factors to be worked through ▶ Savings to be fully quantified 	<ul style="list-style-type: none"> ▶ Evidence that the majority of the key financial implications have been factored into calculations, some specific factors have been omitted / are yet to be clarified ▶ Number represents actual savings identified, not a target 	<ul style="list-style-type: none"> ▶ Simple project, limited financial planning deemed sufficient ▶ All elements of the saving adequately identified and incorporated into the calculation ▶ Number represents actual savings identified, not a target
Financial phasing	<ul style="list-style-type: none"> ▶ Rationale for financial phasing outstanding 	<ul style="list-style-type: none"> ▶ Rationale deemed appropriate ▶ Financial savings phased according to timing of plans and milestones 	<ul style="list-style-type: none"> ▶ Financial savings phased according to timing of plans and milestones

ANNUAL EQUALITY STATEMENT AND REPORT 2017-18	
Name of Meeting:	Local Partnership Forum
Date of Meeting	22 August 2018
Executive Lead: Executive Director of Workforce and Organisational Development	
Author: Equality Manager	
Caring for People, Keeping People Well: This report underpins the Health Board's 'Priorities', 'Sustainability', 'Culture' and "Values" elements of the Health Board's Ten Year Shaping Our Future Wellbeing Strategy	
Financial impact: There are no anticipated costs identified with this paper.	
Quality, Safety, Patient Experience impact: The information provided in this paper provides opportunities for enhancing and broadening high quality, safe and equitable public, patient/carer experiences.	
Health and Care Standard Number 3.2, 4.2 & 6.2 CRAF Reference Number 8.1.6	
Equality Impact Assessment Completed: Not applicable	

RECOMMENDATION

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- This report outlines progress made in meeting the obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP).
- This report is structured in accordance with the Equality and Human Rights Commission document, 'Annual reporting, publishing and Ministerial duties: A guide for listed public authorities in Wales'.

The Local Partnership Forum is asked to:

- **NOTE** the Annual Equality Statement and Report

SITUATION

This paper reports on the annual progress made by Cardiff and Vale University Health Board (the UHB) in meeting its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20 (SEP).

BACKGROUND

The UHB is required, under the Equality Act 2010 to publish an Equality Annual Report, this can be found attached as **Appendix 1** and will be published on the intranet and the UHB internet site. This is the second such report based on the new SEP and relates to the period 2017-18. The

previous annual reports focused on the period leading up to the development and implementation of the Strategic Equality Plan 2012-2016. It reflects the 'transitional' progress that is being made in the overall journey to embed the equality agenda into the UHB.

ASSESSMENT AND ASSURANCE

This report is structured in accordance with the Equality and Human Rights Commission document, 'Annual reporting, publishing and Ministerial duties: A guide for listed public authorities in Wales'.

The SEP Fair Care 2016-2020 is premised on all of the above while working to ensure that its planning is embedded into the UHB business processes. The finalizing of the 2017-18 delivery objectives provided an opportunity to transfer and embed good practice through the mandating of proven initiatives. These were previously identified from a number of sources including Clinical Board presentations to the Equality, Diversity and Human Rights Sub Committee (EDHRSC). By providing clarity on a set of minimum delivery objectives, the actions of Clinical Boards and Corporate Teams allowed for better alignment, making achieving them more likely. The development of the 2016-2020 Strategic Equality Plan (SEP) is closely aligned to our ten year strategy 'Shaping Our Future Wellbeing' and our Intermediate Medium Term Plan 2015/16-2017/18 (IMTP) and provides an opportunity to produce a UHB framework for equality which supports and enables Clinical Boards and corporate teams to achieve their delivery objectives.

The UHB is aware that meeting its obligations may involve focusing on some people more than on others at particular times within the lifespan of the SEP and will do so, as long as this does not contravene other provisions within the 2010 Equality Act.

The Health and Care Standards for Wales provide a common framework of health and care standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. It is aimed at improving the patient experience and placing patients at the centre of the way in which services are planned and delivered, promoting the development of safe, high quality care for all patients in Wales.

The Standards, therefore, represent an appropriate guide and focus for the SEP, as relevant progress is fed back to the public through the annual self-assessment and external review processes such as this report. The attached report is structured in accordance with the Equality and Human Rights Commission (EHRC) Guidelines.

Caring for People Keeping People Well

Our Mission is: (This is why we exist)

CARING FOR PEOPLE KEEPING PEOPLE WELL

Our Vision is: (This is what we want to do)

A person's chance of leading a healthy life is the same wherever they live and whoever they are

Our Strategy is: (This is our game plan)

Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them



Annual Equality Report 2017/18

Accessible Formats

If you would like information in another language or format (large print, Braille, audio, BSL), please ask us.



**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



**GIG
CYMRU
NHS
WALES**

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

This report is structured in accordance with the Equality and Human Rights Commission (EHRC) Guidelines, and focuses on

- ❖ Steps taken to identify and collect relevant information
- ❖ How the UHB has used this data in meeting the three aims of the general duty
- ❖ Any reasons for not collecting the relevant information
- ❖ The effectiveness of the UHBs' arrangements in identifying and collecting relevant information
- ❖ Progress toward fulfilling each of the authority's equality objectives
- ❖ Effectiveness of the steps taken to meet these objectives

Information on Welsh Speakers is collected and an action plan is in place to fulfil the requirements of the Welsh Language Measure. This is available through the [Welsh Language Scheme Annual Report 2016/17](#).

About Us

Cardiff and Vale University Health Board was established in October 2009 and is one of the largest NHS organisations in the UK. We have a responsibility for the promotion of health and well being of around 472,400 people living in Cardiff and the Vale of Glamorgan, the provision of local primary care services, running of health centres, community health teams, hospitals – providing treatment and care when health and well-being isn't the best it could be. We are increasingly focusing the planning and delivery of our care based on neighbourhoods and localities to help ensure people receive care as close to home as possible where it is safe and effective to do so. We also provide specialist services for people across South Wales and in some cases the whole of Wales. Detailed information about the services we provide and the facilities, from which they are run, can be found on the [Health Board's website](#).

Our population is:

- growing rapidly in size - projected 4% increase between 2013-17; will pass 500,000 for the first time (much higher than average growth across Wales)
- ageing - number of over 85s increasing at a much faster rate than the rest of the population (10.4% increase between 2013-17)
- ethnically very diverse, compared with much of the rest of Wales. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is one of the few centres in the UK designated as a receiving centre for people newly arrived in the UK who are seeking asylum.

This change in the population presents a unique set of challenges for the UHB, as these groups generally have a greater need for healthcare. Currently the NHS in Wales spends around £1,700 per person per year on health and

wellbeing services with significantly more being spent in the first year of life and on people over the age of 65.

We also face many of the same challenges as other health services across the developed world, for example:

- Many children are also developing unhealthy behaviours
- Two thirds (66%) of under 16s don't get enough physical activity
- Nearly a third (31%) of under 16s are overweight or obese
- Around 1 in 10 adults are recorded as having high blood pressure
- There are stark inequalities in health outcomes and how, when people access healthcare
- Life expectancy for men is nearly 12 years lower in the most-deprived areas compared with those in the least-deprived areas
- The number of years of healthy life varies even more, with a gap of 22 years between the most- and least-deprived areas
- Premature death rates are nearly three times higher among the most-deprived areas compared with the least deprived
- There are significant inequalities in the 'wider determinants' of health, such as housing, household income and education
- For example, the percentage of people living without central heating varies by area from 1% to 13%
- A recent Annual Report of the Equality and Human Rights Commission highlights that of the 23% of people living in poverty in Wales, 46% are disabled, 43% are from minority ethnic communities, 27% are aged 16-25 years and 48% are lone parents (9/10 are women). There are clear links between socio-economic inequalities and those associated with particular protected characteristics who may have specific health needs to be met.

There is a specialist programme of health improvement, health protection and healthcare quality actions and advice for Cardiff and Vale, to improve the health and wellbeing of the local population. These focus on the areas of need described above, in addition to other key needs. These areas were chosen because, with targeted action, they will lead to the biggest health benefits for the local population. Each has a detailed [action plan](#).

Living Our Values

The Values into Action programme launched in Spring 2016, with six core values: Trust, Respect, Integrity, Care, Kindness and Personal Responsibility. These values were co-produced in line with the Health Board's ten year Strategy, Shaping our Future Wellbeing.

'Our Values into Action' is about translating our values into the tangible behaviours we want to see from each other, and to inspire us to keep improving our patient and staff experience.

In 2016, we held a number of engagement events for staff and patients. Almost 3,000 contributions were made to the Health Board's Values into

Action project designed to examine the values and behaviours that staff and patients wanted to see.

This work has resulted in a set of revised values and a description of the expected behaviours which emphasise the importance of teamwork and our ambition to always improve; key issues that staff felt were missing from the original values.

The revised values are:

- Kind and caring
- Respectful
- Trust and integrity
- Personal responsibility.

The next phase of this programme will require more engagement with staff to encourage and challenge them to demonstrate the behaviours aligned to the values.

The framework shows what behaviours we want to see what from individuals and teams and also provides what we don't want to see. This is what we mean by Living the Values

1. Progress toward fulfilling each of the authority's equality outcomes and objectives

Four main equality outcomes are identified and are discussed below after small revisions to the wording were made during the year. They are:

Outcome 1: People are and feel respected

Outcome 2: People are communicated with in ways that meet their needs

Outcome 3: More people receive care and access services that meet their needs (including those from disadvantaged communities)

Outcome 4: Gender and any other protected characteristic pay gap reduced

This section provides a brief overview of progress around the high level strategic equality plan outcomes with the specific objectives set out in our [SEP Fair Care 2016-20](#).

In 2014 we developed an Equality, Diversity and Human Rights Strategy Map in order to ensure alignment with the UHB vision and agenda. This provided us with further clarity and focus on our journey, who we will work with to meet our objectives and what outcomes matter to us as a UHB. We continued this approach throughout 2016/17. The following is a summary of the strategy.

EQUALITY STRATEGY MAP: <i>What are we here for?</i>	Putting patients first to ensure an equitable approach to the service we provide and to our staff and others who work with us.
What matters/ Outcomes	<p>Improved outcomes for patients and staff in a fully accessible environment where people are treated with respect and dignity, to reflect their individual needs.</p> <p>A place where equality, diversity and human rights are promoted, protected and celebrated/valued.</p> <p>Services are planned and developed collaboratively taking account of protected characteristics and Welsh Language issues.</p>

1.1 People are and feel respected

Our progress with this outcome can be seen through the following examples of our work:

- A Trauma and Orthopaedic Ward at University Hospital of Wales (UHW) has been opened following a refurbishment to meet RNIB standards.



Ward B6 at UHW was given an overhaul so its design, colour and layout meet the needs of patients with dementia and sight loss. The refurbishment also gives the ward a home from home environment for patients and visitors. The improvements to the ward area were planned following engagement with patients, their families and carers to find out what was important about their stay in hospital in order to improve the overall patient experience. Other initiatives have been implemented to

improve the overall feel of the ward including the introduction of dementia friendly crockery to aid with nutrition and organising a range of activities to enable patients to get involved in such as weekly dance classes, lunch clubs, arts and crafts and music.

- The Cardiff and Vale University Health Board Younger Onset Dementia Service won the Innovation in Mental Health award at the Health Service Journal Awards. The Innovation in Mental Health category is about seeking out the innovation that is leading the way in delivering better services, empowering service users, putting them at the centre of care, engaging the community and reducing stigma.



The team beat competition from nine other shortlisted entrants in the category and is the only Welsh winner in the 2017 awards. The Younger Onset Dementia Service is a specialist and dedicated service for people, their carers and families who receive a diagnosis of dementia under the age of 65. The service works closely with the patient and their families to connect them with support during these challenging times. Younger people diagnosed with dementia may have different needs to older people such as still being in work at the time of diagnosis, having dependent children still living at home or caring for ageing parents.

- The 10th October marked World Mental Health Day and the second annual Employee Health & Wellbeing Day in Mental Health Clinical Board. Over 150 staff attended the Unison-sponsored event in the Seminar Room

at Hafan y Coed, which was dedicated to improving their physical and psychological health and wellbeing. Mental Health staff work tirelessly to provide care and support to vulnerable patients and service users so this event was to focus on their own health and wellbeing. The Mental Health Clinical Board places a high value on staff engagement, health and wellbeing. Our annual Health & Wellbeing Week forms part of our wider engagement strategy, which we hope will provide positive workplace experiences for staff and recognise them for their outstanding contributions.

- The Dietetic Team and specialist Diabetes Nurse, who are part of the wider Health Board Multi-Disciplinary Team which delivers the structured diabetes education programme, DAFNE, celebrated this year after winning the FIVE STAR Award from the Wales Council for Deaf People. This is in recognition of the high quality support and good practice in the Health Service, provided to a patient during 2016/2017. The award was presented by Rhun ap Iorwerth AM, at the SENEDD.



An extract from the patient who nominated the team for the award stated:

"(After receiving) the first contact letter DAFNE referral, I responded explaining I was hard of hearing but could lip read and wanted to attend the DAFNE programme. Communications followed by email explaining the course. I was invited to see the room where this week long course was held. I was offered loop hearing system along with my own hearing loss equipment. I was one of 8 people in my group and was made very comfortable during my stay. Staff were great, very caring and treated me very well). I am delighted to have nominated the team for their hard work."

- In November 2017 the Health Board celebrated its work to recognise the ***It Makes Sense Campaign*** as we continued to promote our work on meeting the [All Wales Standards for Accessible Communication and Information for People with Sensory Loss](#).



- We recognised the International Day for the Elimination of Racial Discrimination. It was a perfect opportunity to help our communities celebrate human unity and the diversity of the human race rather than allow our differences to become an excuse for racial separation. The day was a chance to recognise prejudice, stereotypes and discrimination in our society, and how each of us may have our own prejudices and may be making people feel excluded without our even realizing it. The Health Board reaffirmed our commitment to do what we can to eliminate all forms of discrimination and help create communities and societies where all citizens can live in dignity, equality and peace. Staff were asked to stand up against racial prejudice and intolerant attitudes. In the lead-up to the 70th anniversary of the Universal Declaration of Human Rights in December 2018, join us in fighting racism and standing up for human rights!
 #StandUp4HumanRights #FightRacism #JoinTogether
 #AfricanDescent
- We have also publicized a variety of other public awareness campaigns relating to protected characteristics such as: International Women's Day (8 March); International Day Against Homophobia, Biphobia and Transphobia (IDAHOBiT Day); UK Older People; Disability Awareness Day; Anti-Bullying Awareness Week; Universal Children's Day, Hate Crime Awareness Week, World Elder Abuse Day; and Holocaust Memorial Day.
- A number of male staff from Cardiff and Vale University Health Board will be slipping on a pair of heels this Friday as part of 'Walk a Mile in Her Shoes'.



The campaign encourages men of all ages and backgrounds to take part and proudly wear a pair of women's shoes on a walk through Cardiff. The men will walk one mile in heels to show their support for the campaign which aims to eradicate violence against women, domestic abuse and sexual violence. Every year in the UK more than one million women suffer domestic abuse and more than 360,000 are sexually assaulted. Although abuse against women is disproportionately higher, anyone can be affected by violence and abuse.

Martin Driscoll, Executive Director of Workforce and Organisational Development at Cardiff and Vale UHB said: "The Health Board has over 14,000 staff and around 76% are women. We want to promote awareness of violence not just against women, but everyone, regardless of someone's gender identity, race, sexual orientation, religion or age. We want to challenge attitudes and behaviours and engage men in talking about these issues. 'Walk a Mile in Her Shoes' is one of the ways we can demonstrate our commitment to the Health Board's Values and our commitment to the White Ribbon campaign." For more information about the White Ribbon Campaign or to sign-up to be an ambassador please visit www.whiteribboncampaign.co.uk

- Cardiff and Vale University Health Board piloted a campaign supporting carers to continue their caring role, if they wish, while the person they care for is in hospital. It is aimed specifically at carers of people living with dementia. The campaign was launched at St David's Hospital by Ruth Walker, Executive Nurse Director, Charles Janczewski, Vice

Chair and Julia Jones, Co-Founder of Johns Campaign. The Patient Experience Team worked closely with carers and staff to develop the 'Four P's' ensuring that the principles adopted were affiliated to the 'Social Services and Wellbeing (Wales) Act 2014'. The elements are;

Priority – early identification of carers.

Principles – ensuring carers have a voice, and that they are informed and communicated with.

Our **Promises** – are that we will always welcome carers and where possible we will support them to continue their caring role, if they wish, for example at mealtimes.

Finally we ask that carers **Please** – respect other patients privacy, ward issues and tell us if you need our help and support.

For more information on John's Campaign visit www.johnscampaign.org.uk

- The Equality Diversity & Human Rights winners at the 2018 Staff Recognition Awards were Adele Watkins, a Paediatric Mental Health Nurse who works tirelessly with other healthcare professionals, internal departments as well as external organisations to end stigma and discrimination around mental health issues. This individual's work has resulted in reducing the need for patients to keep having to repeat their experiences over and over again.
- Young people with Diabetes have helped the Paediatric Diabetes Team produce a series of useful videos to explain what happens during routine appointments. The videos will help to break down barriers and make young people feel less anxious about attending clinic for the first time or for a different appointment. Rachel Harris, Paediatric Diabetes Nurse Specialist said: "It can be quite daunting for young patients who are coming in to use the service for the first time if they don't know what to expect". Noah's Ark Children's Hospital for Wales (NACHW) is the first health organisation to sign the Time to Change Wales pledge for Young People.



The pledge is part of the Time to Change Young People's Programme which aims to increase awareness and understanding around mental health problems, reducing the negative impact of stigma and discrimination and improving young people's confidence so they can talk more openly about mental health. NACHW, part of Cardiff and Vale University Health Board has developed an action plan and will also identify mental health champions from across the hospital to show its commitment to the mental health of younger people's mental health.

A Patient Story

The following poem was written by a patient on the Rookwood Neuro-rehabilitation ward regarding the excellent care they received from the nursing staff there.

Superheroes

Today I'd like to talk
About Superheroes, not the type
You see in magazines,
Or that wear capes.
The type that work in hospitals.
Give up their time, not just
To save people's lives and nurse
Them back to health.
They also keep patients company
And are a friend to them,
Even just a smile can make
A lonely patient's day.
I've been fortunate enough to
Have the pleasure of having

The company of these superheroes.
They really have changed my life.
I wish I could return the
Good they have kindly given
To me for four months of my
Short sixteen years of life.

1.2 People are communicated with in ways that meet their needs

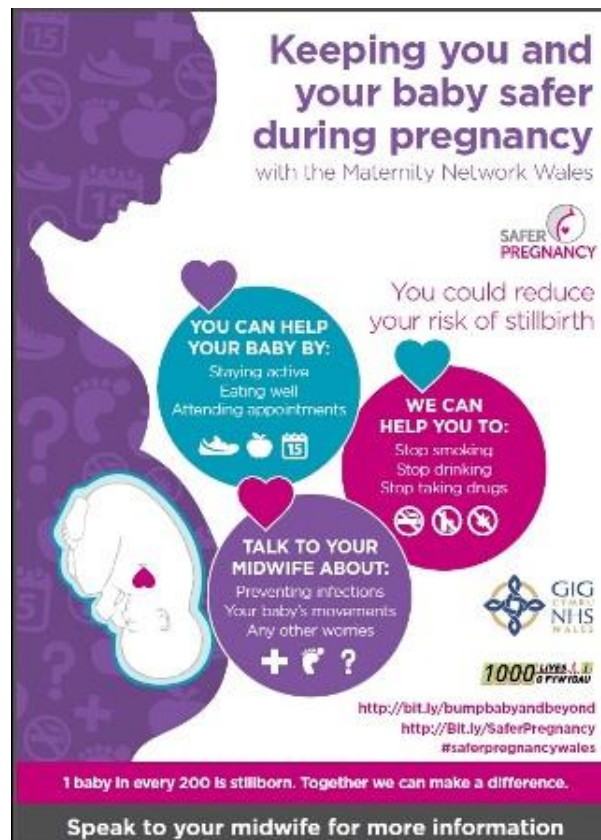
Our progress with this outcome can be seen through the following examples of our work:

- Helpful information and advice for those who are deaf or living with hearing loss was given out at the University Dental Hospital during Deaf Awareness Week. The Dental Clinical Board was pleased to support Deaf Awareness Week which co-incides with the launch of the Welsh Governments' framework of Action for Wales 2017-2020. The integrated framework of care supports people who are deaf or living with hearing loss. Action on Hearing Loss supported the event and displayed information and advice on a stand within the University Dental Hospital. Patients, visitors and staff were able to discuss any personal or family members' needs and were presented with helpful suggestions and advice to help those living with hearing loss.



- We launched the Safer Pregnancy Wales campaign which aims to highlight the importance of keeping healthy and fit during pregnancy to reduce the risk of stillbirth. This year long campaign was launched in collaboration with the Wales Maternity Network and Public Health

Health Board maternity staff held a stall in the Antenatal Clinic and Concourse at the University Hospital of Wales (UHW) with information about smoking cessation, reducing alcohol intake, food portion sizes and healthy eating. Each new expectant mother in 2017 received key messages on a folder that holds their appointment notes.



- The North West Community Mental Health Team held a carers support event in partnership with Hafal. The event was held as part of Carers Week so the teams could spend the morning thinking about ways to improve assessment and support for carers. Local carer Vicky Yeates shared her story about life as a carer, revealing some of the challenges involved and the support that has helped her. She shared with staff some important messages including how services communicate diagnosis to patients/carers and the need for kindness and compassion in this. Services need to consider that carers can go through grieving process following such news, particularly in the case of lifelong illness. Carers of mental health service users can get further information on support via Hafal including this useful [10 point plan](#)
- A project to improve access to therapies for stroke patients won the health sector award at the All Wales Continuous Improvement Community awards. The Health Board undertook a service change project which focused on the development of an integrated therapy team providing a seven day service model to acute stroke patients at

the University Hospital of Wales. This 20 week project aimed to deliver a weekend acute stroke therapy service, enabling patients to begin their treatments promptly and receive continued rehabilitation over weekends. It also increased the number of weekend discharges and improved patient flow through the ward. Patient and carer satisfaction was high with positive feedback received about the availability of therapists at weekends, and the fact that rehabilitation of patients could start immediately. The All Wales Continuous Improvement Community's Awards aim to celebrate success and provide the opportunity to spread good practice across public services.



- Haematology staff from the Health Board (UHB) won two awards at the prestigious South Wales Argus Health and Care Awards which aim to shine a light on excellence in the health and care sector. Dr Keith Wilson, Consultant Haematologist and Director of the South Wales Blood and Marrow Transplant Programme won 'Health Care Professional of the Year'. Dr Wilson has transformed the Blood and Marrow Transplant (BMT) service and was nominated for the award for the way he supports patients throughout their journey, always being open and honest about their treatment options. He is an extremely hard working individual with extremely high standards and his patients appreciate his honesty and integrity and feel safe and fully supported within his care.



The Haematology Trials Unit was nominated for 'Hospital Team of the Year' for their work to collaborate and extend the breadth of their research knowledge-informing evidence based care. Dr Jonathan Kell, Clinical Director for Haematology at Cardiff and Vale UHB said: "I'd like to congratulate the whole team on being nominated at these awards. It is wonderful to see their hard work and dedication being recognised for going the extra mile by patients and their families."

- The Health Board's Community REACT (Response Enhanced Assessment Crisis Treatment) team were highly commended runners up in the Mental Health Team of the Year Category at the 2017 British Medical Journal (BMJ) Awards.



The REACT team was developed in February 2012 to provide a dedicated crisis service for older people with dementia, depression or psychosis. Previously people who suffered a crisis usually ended up being admitted to hospital, and the REACT service has grown rapidly to meet demand. The aim is to treat patients safely in their own home environment. Referrals are usually made by secondary mental health services, though recently we've extended that to GPs. We have found that 80% of hospital admissions can be avoided, and we also help in supporting the discharge of those that have been admitted."

The Welsh Language Award Winner at the Staff Recognition Awards was Anthony Cusack, a Physiotherapist from Orthopaedics who had demonstrable commitment in helping colleagues to develop their Welsh language skills. His determination from being a self-taught beginner working towards providing a better service for Welsh speaking patients was outstanding. His team's appreciation for his hard work was clearly recognised through the number of independent departmental nominations received.

1.3 More people receive care and access services that meet their needs (including those from disadvantaged communities)

Our progress with this outcome can be seen through the following examples of our work:

- A pilot text messaging service was launched in the urology outpatient clinic to improve patient attendance and experience. The service, which sent patients reminder texts about outpatient appointments, was piloted for 60 days as part of the Turning the Curve to Transformation programme that aims to deliver more efficient and effective care. It also aimed to ensure that patients will not be brought back for unnecessary appointments and that services are delivered in a timely manner. The text reminder service will send two messages to all new and follow-up patients reminding them of their outpatient appointments. Patients will then have the opportunity to either confirm, cancel or rebook their appointment as necessary. At the end of the 60 day cycle the project will be evaluated to see the impact made and any lessons learned. The urology pilot will be the second to take place in the health board and hopes to mirror the success of the text reminder service currently being tested for ENT (Ear, Nose and Throat) patients.
- A new dental practice has opened in Barry to provide NHS treatment options to the local community.



- West Quay Dental Practice, encompasses six brand new fully equipped surgeries to provide fully accessible treatment. The new practice is from the relocation of Tynewydd Road Practice in Barry and is based at West Quay Medical Centre. The new practice is a partnership between Cardiff and Vale University Health Board and Rodericks Dental. West Quay now provides a dedicated primary care centre for the community to include GPs and a pharmacy, as well as community audiology services. The practice is also fully accessible to disabled patients and contains an intermediate bariatric chair to allow dental treatment for patients up to 30 stone. Standard dental chairs currently only accommodate up to 21 stone. The practice is located on accessible bus routes and offers ample free parking for those accessing services at the Centre.
- The Clinical Diagnostics and Therapeutics Clinical Board recently reopened its Radiology Unit at the University Hospital of Wales which has been redesigned in line with the Royal National Institute for the Blind (RNIB) Visibly Better Cymru Scheme. Cardiff and Vale UHB are the only Health Board in Wales to have used the Visibly Better design principles while undergoing a redesign of a service area. Visibly Better Cymru supports organisations to develop and maintain accessible environments so that many more people can feel more confident in getting in and around the places they visit, work or live. Having accessible environments means that people with sensory loss such as sight loss, can also benefit from inclusive design as well as people with physical disabilities. The Visibly Better design principles include fundamental considerations to help prevent falls and promote an individual's confidence by establishing appropriate lighting level requirements. Lighting has to then be

complimented by colour and tonal contrast of surfaces, fixtures and fittings to aid identification, task work and way finding.



Ceri Jackson, Director of RNIB Cymru said: “The University Hospital of Wales is the first hospital to be recognised for adopting these inclusive Visibly Better Cymru design principles, and it is highly encouraging to see that the application of inclusive design has gone beyond the Radiology clinic and has been applied in many of the other wards throughout the hospital.”

- A nurse who has helped provide innovative and ground-breaking care for patients with dementia was named one of our Health Hero's.



Katherine Martinson, a refocussing nurse on East 18 at University Hospital Llandough, said she was “humbled” to be given the accolade. She works with dementia and Alzheimer’s patients who often need lengthy stays in the hospital. She played a key role in setting up ‘The Cwtch’, a 1950s-style sitting room on the ward which offers patients a home environment and a safe place to relax. Katherine also provides activities for patients, runs groups with the help of occupational therapists and takes patients on trips. “Every person with dementia is different, so we try to promote patient-centred care and treat the individual,” she said.

- Patients from Ash Day Unit at Hafan y Coed recently organised a celebration day of food, live music and activities for patients and staff to enjoy. Four patients attending the neuropsychiatry unit took part in a 14-week project led by Occupational Therapist, Ian Nurse resulting in a day of enjoyment for patients and staff. The project enabled patients to meet individual occupational goals and inform follow-on goals by taking part in tasks and activities to create the event. Ian also facilitated patient feedback sessions for 15 day unit patients to understand their experiences of the neuropsychiatry service to tailor future service provision. Live music was provided to enhance this celebration at Health Charity.



Patients valued the support they received from the service and also said that being supportive to other patients and participating in project-based work helps them to prepare for risks in the community and develop or maintain independence.

- A poster competition to promote the independence of our patients during their stay in hospital was won by Oliver Williams, a Senior Physiotherapist in the Vale Community Resource Service.



There is extensive evidence that demonstrates patients wearing their own clothes is more dignifying, provides a sense of normality and allows patients to be more independent whilst in hospital. Oliver came up with the concept of Get up, Get dressed, Get moving to encourage people to think differently when staying in hospital. This will now be the brand for the health board campaign in line with the National *#EndPJP* Paralysis campaign.

- For carers, the Health Board has a dedicated email account, cardiffandvale.carers@wales.nhs.uk, for people who are carers to use for any carer-related enquiries, problems, requests for information etc. A Carers Information Support Group (CSING) is run by Glamorgan Voluntary Services (GVS) for third sector and statutory organisations who work with carers to network.
- A team of paediatric diabetes specialist nurses (PDSNs) who help children and young people with diabetes have been named our latest Health Heroes. The team provide emotional support and containment for families as well as the highest level of care and professionalism.



They look after children from the ages of 0 to 17 so some may be in school and others may be in college but they are all helped to come to terms with their condition. They are helped to overcome the fear of injections and are encouraged to feel more confident.

Other achievements reported by protected characteristic group

Trans/gender reassignment

To address any inequalities, or possible levels of discrimination, that members of this community may face relative to the wider population when accessing healthcare, the awareness of gender reassignment, and our public duty towards members of the public covered by this characteristic, is covered as part of the UHB's mandatory induction and refresher training for all staff. It is also demonstrated through our tailored Trans awareness sessions.

Marriage and civil partnership equality

The health Board's Electronic Staff Records (ESR) collects data on the status of our Workforce.

Religion and belief equality

Chaplaincy services

A Chaplaincy service is provided across all sites twenty-four hours per day, every day of the week. The local Chaplaincy service is there to support staff, patients and their families of all religions or beliefs including those with no religion or belief.

Multi faith space

Staff members and patients have access to a multi faith space at each of our hospital sites which is further evidence to support the UHB's commitment towards the promotion of equality for all, irrespective of their religion or belief.

Spiritual Care Group

A key purpose of the Spiritual Care Group is to provide the strategic direction for meeting the spiritual needs of patients, relatives, carers, staff and students. It provides oversight and guidance regarding spiritual care in the healthcare delivered by the staff of the UHB and in support of the staff delivering that care.

The Spiritual Care Group continues to promote a close working partnership between service providers and local faith/belief communities regarding the provision of spiritual care.

Patient information

As part of our efforts to enable our patients to make informed choices, information and advice for people with diabetes about fasting during Ramadan, the Muslim holy month, is made available to our patients.

Information Centres

The information and support centres, funded by Macmillan Cancer Support, are based in the Concourse area of UHW, in the Outpatients waiting area Hospital and opposite the Art Gallery within the Plaza of the University Hospital Llandough. The centres offer confidential advice and support and help patients, their families or carers, access financial and other help. Visit the Centres or contact Sarah Davies, Information and Support Facilitator, 02920

2074 5655, email sarah.davies37@wales.nhs.uk A multi-agency information service is also run at both UHW and Llandough, from which a number of local third sector organisations run sessions.

Sexual orientation equality

The UHB has been recognised as the top health and care organisation in Wales and one of the top ten in the UK, demonstrating the strength of our work for the lesbian, gay and bisexual (LGBT+) community, which includes staff. We have a very established and active LGBT+ staff network.

Languages Spoken by GPs in Cardiff and the Vale of Glamorgan

Cardiff and Vale UHB serves a diverse population who speak a large number of different languages. In relation to our GP services we have made available a [list of those who have knowledge of Welsh and other languages, and who are able to consult in that language](#).

Welsh Language

The last census showed that Cardiff is one of the areas of growth for the Welsh Language. The UHB serves 50,000 Welsh speakers across the City and the Vale of Glamorgan. It is the second largest used language in the area. Further background includes:

- Older people, particularly those with dementia, need to be able to communicate in a language of their choice: in many cases this is Welsh.
- Children and young people: the increase in Welsh medium education means that we must also provide services for children in Welsh when required - for example for school visits.
- New Welsh Language Standards will now replace the Welsh Language Scheme in June 2018 as initially anticipated.
- Plans and changes for services actively consider how bilingual services will be provided.

This year the UHB has produced responses to the Welsh Language Commissioner in regard to the Welsh Language Standards Framework consultation. Also this year the UHB continued to progress its work on the More Than Just Words Strategy, which is the Welsh Government strategy on improving bilingual services offered by NHS Wales. While progress has been achieved in some areas, such as increased availability of bilingual appointment letters, we recognise that substantial progress needs to be achieved against other actions, particularly in the area of recruitment and looking to ensure that we offer more posts with Welsh language as an essential criteria within job descriptions. The UHB recognises that it has more to do and has aligned the Welsh Language agenda to the Integrated Medium

Term Plan. The forthcoming Welsh Standards will act as a barometer for our future work.

1.4 Gender and any other protected characteristic pay gap reduced

The job evaluation system ensures that job banding is allocated on the principle of equal pay for work of equal value.

Work has continued in preparation for the regulations on gender pay gap reporting which came into effect in April 2018. We will publish our report in the autumn of 2018.

2. Human rights framework in healthcare

The Health Board is committed to adopting a Human Rights approach in the delivery of healthcare in a constantly changing environment, ensuring that in everything we do, we give due regard to the FREDA principles:

- F** - Freedom
- R** - Respect
- E** - Equality
- D** - Dignity
- A** - Autonomy

Our Human Rights approach includes the enabling of people to access services and information and also the promotion of inclusion at all levels of involvement, engagement and consultation of service users, their family and staff.

3. Equality and Health Impact Assessment

Training and support has been provided to individuals and teams in undertaking the EHIA of their respective service areas, policies and functions throughout the reporting year. Embedding the principle of conducting EHIAs is beginning to become successful, with recognition highlighted during receipt of our Platinum Corporate Health Standard and nomination in the recent Staff Recognition Awards.

All new policies and functions cannot be ratified unless an EHIA has been undertaken. This enables the UHB to ensure a full integration of the principles of equality, diversity and human rights into policy development for our employment practices and service delivery. Details of the EHIAs have and will continue to be posted on the staff intranet and the internet.

4. Our plans for the future

Our mission is to Care for People, to Keep People Well and to provide health services in which we can all take pride. Success will see the health of the population transformed and health inequities considerably reduced. This commitment is what assists to define our organisation and our values. We are working to create stronger links to local communities to develop services in line with the needs of local people and patients.

We continue to shape our strategy in partnership. We want to hear the views of local people, patients, partners and regulators as we develop our strategy. This report provides an opportunity for stakeholders to be aware of this development and play an important part in the future of the UHB. Building on the work that we have started, our future plans include focusing on the following overarching themes:

A. Better health outcomes and reducing health inequalities

The UHB has a responsibility to tackle Health Inequality and a number of options present themselves a) UHB Employees as 'Agents for Change, b) use of equality data, c) use of Health Inequality data d) promoting effective interventions and e) adopting a framework for Inclusion in service delivery and employment practices. For the latest information on what the Health Board is doing around health inequalities and inequities please see our [Progressing Our Future – Summary Plan 2017-2018](#).

B. Patient access and experience

The NHS has a responsibility to provide equitable access to effective healthcare in relation to need and this places a responsibility upon the UHB to improve patient access and experience all together. Studies show that there are variations across protected characteristic groups. The UHB Clinical Boards, Patient Experience and Engagement Teams and Planning, Estates & Operational Services have already started to play a key role in bringing about improvements in this area.

C. Our employees

The UHB workforce approximates 14,500. This is valuable capital that can be deployed as 'agents of change' not just in the workplace but also in the wider community. With our commitment to the Public Sector Equality Duty demonstrated in the Employment process and practice, together with an infusion of the Living Our Values giant strides can be made.

5. Training

The UHB continues to offer support to staff to ensure that in carrying out their duties they promote equality and good relations, with dignity and respect. The UHB works on the principle of integrating training on equality, diversity and human rights into all relevant training provided. Therefore within the training provided at Induction for healthcare staff (which includes medical staff, nursing staff and healthcare support workers, professions allied to medicine and administrative and clerical staff) there is an element around equality, diversity and human rights. 76.47% of UHB staff have attended equality related training during the three year refresher period of 1 April 2015 through to 31 March 2018 **(Please see Appendix 1 below)**.

The UHB is committed to providing environments in which staff, patients and the public feel safe, valued, respected and encouraged to contribute to the quality of services provided. The UHB Learning, Education Development

Team has provided training and support for services in working with patient stories. The UHB recognises that listening to people talking about their experience in their own words is a powerful way of better understanding what actually happens and gaining insight into what is good and what could be improved. The Team has developed a database of patient stories to ensure good governance for the use of stories as well as increasing the opportunities to utilize them within service improvement.

The Committed to Care Programme for Healthcare Support Workers continues to include a comprehensive section around equality, diversity and human rights and sensory loss.

6. Procurement

Procurement is a specific duty for Wales. Cardiff and Vale UHB holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods and services, for some of which equality considerations will have more relevance than others. However, we are aware of our obligation to always have due regard to the general duties when considering the awarding of contracts.

The UHB adheres to the All Wales Conditions of Contract guidelines and the equality related issues. When seeking to contract with external organisations, the UHB has been mindful of the need to seek assurance that any organisation providing services on behalf of the UHB adhere to the principles of equality, diversity and human rights in their policies and practices.

7. Specified employment information

The workforce profile identifies that the UHB has more women (approximately 76.17%) working for it than it does men. The local population is more of a 50-50 basis. This indicates that the workforce is not representative of the local community where a little more than half of the population is female. It also suggests that there are low levels of disclosure and/or unspecified declaration around sexual orientation and religion.

You can read the equality profile in regard to job applicants in regard marital status, gender, disability, race, age, religion and sexual orientation and marital in Appendix 2 attached. However gender-reassignment and maternity and pregnancy information is not currently gathered on the ESR system. The figures are for the time period 01 April 2016 to 31 March 2018.

8. Progress against Healthcare Standard 2 Equality

The new Health and Care Standards came into force on 1 April 2015 and require self-assessment against set criteria. Meeting the Health and Care Standards are an integral part of the SEP. The Clinical Boards were asked to provide evidence of their equality related work specifically against the Standards. The overall assessment of performance is that we are beginning to 'Meet the Standards', in terms of the criteria laid down.

9. Conclusion

This report demonstrates the UHB's compliance with the Public Sector Equality Duty across its functions and we welcome your feedback. It demonstrates the progress made under each of the key areas identified in the UHB Strategic Equality Plan.

Being faced with an increasing ageing population, the health inequities between the populations and geographical areas that the UHB serves, means that there are challenges that will have to be faced. The UHB recognises that there is still too much difference in people's access, experience and outcomes but progress is being made. The UHB Equality Delivery Plan will assist us in our attempts to address such issues whilst recognising that the population the UHB serves has to play their part. Collaborative work with other Health Boards, as with our consultation work around the new Strategic Equality Plan, and partnership with the Third Sector will become increasingly significant to enable the UHB to meet its objectives.

The UHB wants to go further in achieving change in equality for people who use its services and for its own staff. With this in mind the UHB has looked to continue to embed its equality and human rights approach and increasingly align it to the organisation's priorities and values.

[You can see our new Strategic Equality Plan Fair Care 2016-20 here.](#)

The plan and its objectives were developed in partnership with Velindre NHS Trust through engagement with patients, staff and external stakeholders. It sets out the approach that the Health Board will take to continue to advance, mainstream and integrate equality, diversity and human rights throughout the organisation.

How to give us your comments

We really need your feedback! Your feedback - good and bad - helps us to improve our services. There is a range of ways that you can do this:

- **Complete a survey**

If you are an inpatient you may be asked to complete a survey asking a range of questions about your overall experience. We send a more detailed questionnaire to some patients when they return home or after a clinic appointment.

- **Leave your comments on the website.** Please click on the following link www.cardiffandvaleuhb.wales.nhs.uk.

- **Join a patient group**

We listen to views passed on to us by a wide range of patient support groups. A list of groups can be found at: www.nhsdirect.wales.nhs.uk.

- **The Patient Experience team can also help on 02920 335468**
- **Tell us your story**
Your stories provide us with helpful feedback about good and not so good care. If you would like to tell us your story please ring 02920 745294.

Raise a concern

If you want to raise a formal concern please contact our Concerns Team on 029 2074 4095.

If you wish to submit your complaint via e mail, please send it to concerns@wales.nhs.uk or write to:

Len Richards, Chief Executive
Cardiff and Vale University Health Board,
Headquarters, University Hospital of Wales, Heath Park, Cardiff CF14 4XW.

The Advocacy and Concerns Team, comprising members of the Health Board Concerns Team and Cardiff and Vale Community Health Council, will be available on Tuesdays and Thursdays at the Information Centre in University Hospital Llandough. Their role is to listen, advise and support

Accessibility

Accessibility on the UHB's website is guided by government standards and the [Web Content Accessibility Guidelines \(WCAG\)](#). WCAG guidelines are widely accepted as the international standard for accessibility on the web.

Whilst we aim to make this website accessible to all users and achieve a WCAG conformance level 'AA'; we continually work with stakeholders to ensure that conformance level 'A' is adhered to as a minimum.

If you experience any accessibility issue on this site or have any comment, please contact us.

Appendix 1

Equality Training Figures

1st April 2016 - 31 March 2018

Clinical Board	Staff in Post	Mandatory Training Programme - Equality & Diversity	Equality & Diversity Equality Impact Assessment	Equality & Diversity Awareness Training (Human Rights)	Grand Total
001 Capital, Estates & Facilities	1228	863	3	114	2208
001 Children & Women Clinical Board	2097	1635	3	259	3994
001 Clinical Diagnostics & Therapeutics Clinical Board	2357	1834	2	167	4360
001 Dental Clinical Board	558	492	0	2	1052
001 Medicine Clinical Board	1820	1249	1	69	3139
001 Mental Health Clinical Board	1408	1023	3	244	2678
001 Primary, Community Intermediate Care Clinical Board	898	703	3	117	1721
001 Specialist Services Clinical Board	1817	1312	2	149	3280
001 Surgical Services Clinical Board	1995	1292	2	98	3387
					0
001 Finance Division	105	100		1	206
001 Chief Operating Officer	94	81		3	178
001 Director of Governance	55	39		3	97

001 Director of Transformation	1	0		0	1
001 Nursing Division	124	99		10	233
001 Planning Division	31	24		2	57
001 Public Health Division	75	58		1	134
001 Director of Therapies & Health Science	72	44		2	118
001 Medical Division	104	82	1	16	203
001 Workforce & OD Division	135	112		24	271
(blank)					
Grand Total	14974	11042	20	1281	

And no reference to Appendix 2 in the text?

Equality Training Figures –Refresher Period 1st April 2015 through to March 31st 2017**Appendix 1**

Clinical Board	Staff in Post	Mandatory Training Programme - Equality & Diversity	Equality & Diversity Equality Impact Assessment	Equality & Diversity Awareness Training (Human Rights)	Grand Total
001 Capital, Estates & Facilities	1253	1184	0	126	1310
001 Children & Women Clinical Board	1889	1491	4	433	1928
001 Clinical Diagnostics & Therapeutics Clinical Board	2250	2660	13	348	3021
001 Dental Clinical Board	521	547	1	23	571
001 Director of Therapies & Health Science	73	87	0	6	93
001 Executive Services	140	130	1	3	134
001 Finance Division	104	112	0	3	115
001 Medical Division	103	63	0	32	95
001 Medicine Clinical Board	1664	1341	0	163	1504
001 Mental Health Clinical Board	1351	929	3	456	1388
001 Nursing Division	105	72	8	14	94
001 Planning Division	51	44	3	7	54
001 Primary, Community Intermediate Care Clinical Board	852	862	10	176	1048
001 Public Health Division	78	71	0	3	74
001 Specialist Services Clinical Board	1650	1534	9	261	1804
001 Surgical Services Clinical Board	1800	1512	4	106	1622
001 Trust Board Level 2D		172	0	30	202
001 Workforce & OD Division	141	178	1	35	214
(blank)					
Grand Total	14025	12989	57	2225	15271

Appendix 3

Click on the hyperlink below to select a subject

[Age Profile](#)

[Staff Group](#)

[Gender](#)

[Ethnicity](#)

[Nationality](#)

[Sexual Orientation](#)

[Religious Belief](#)

[Disability](#)

[Marital Status](#)

[Maternity](#)

[Listening/Speaking Welsh](#)

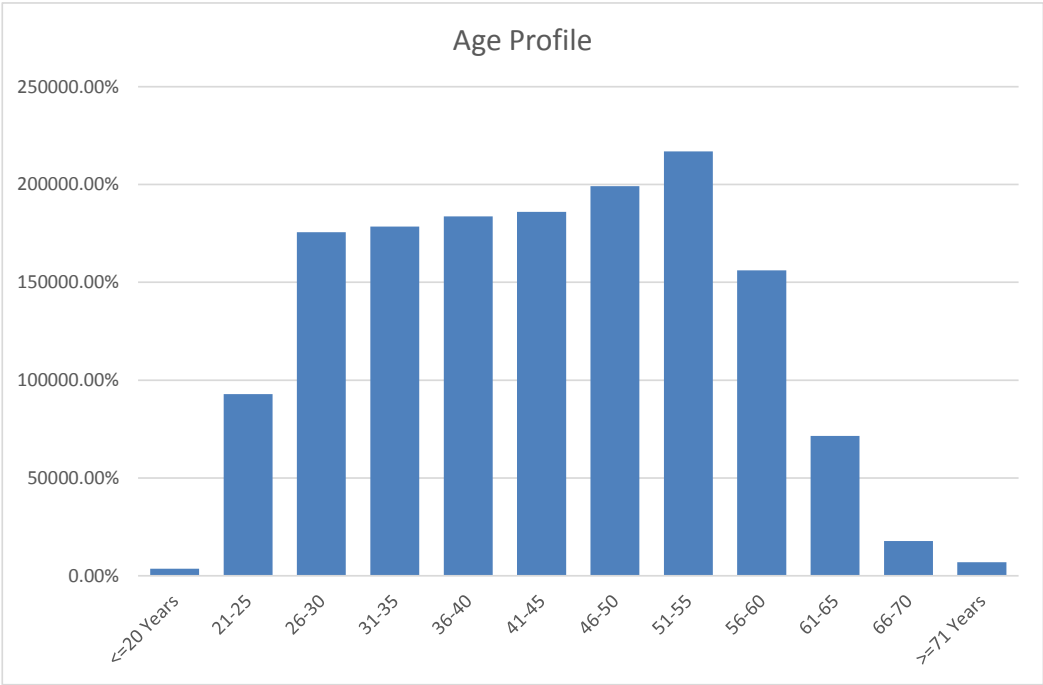
[Reading Welsh](#)

[Writing Welsh](#)

[Christmas Tree](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

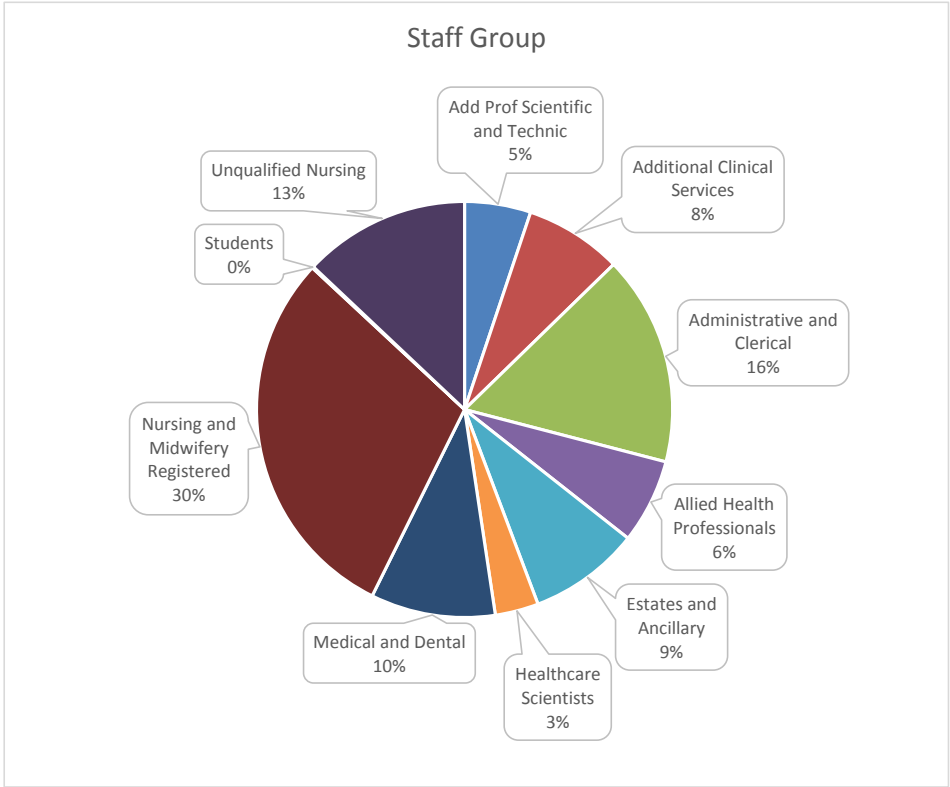
Age Band	Headcount
<=20 Years	36
21-25	928
26-30	1756
31-35	1786
36-40	1837
41-45	1860
46-50	1992
51-55	2169
56-60	1561
61-65	715
66-70	178
>=71 Years	69
Grand Total	14887



[Return to Contents Page](#)

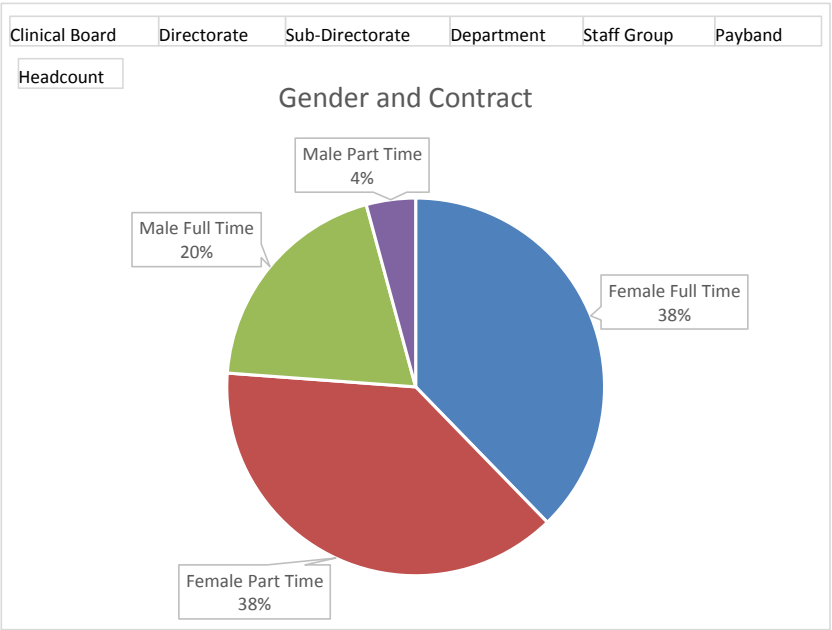
Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Payband	(All)

Staff Group	Headcount
Add Prof Scientific and Technic	5.15%
Additional Clinical Services	7.57%
Administrative and Clerical	16.34%
Allied Health Professionals	6.57%
Estates and Ancillary	8.64%
Healthcare Scientists	3.37%
Medical and Dental	9.69%
Nursing and Midwifery Registered	29.60%
Students	0.11%
Unqualified Nursing	12.96%
Grand Total	100.00%



Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

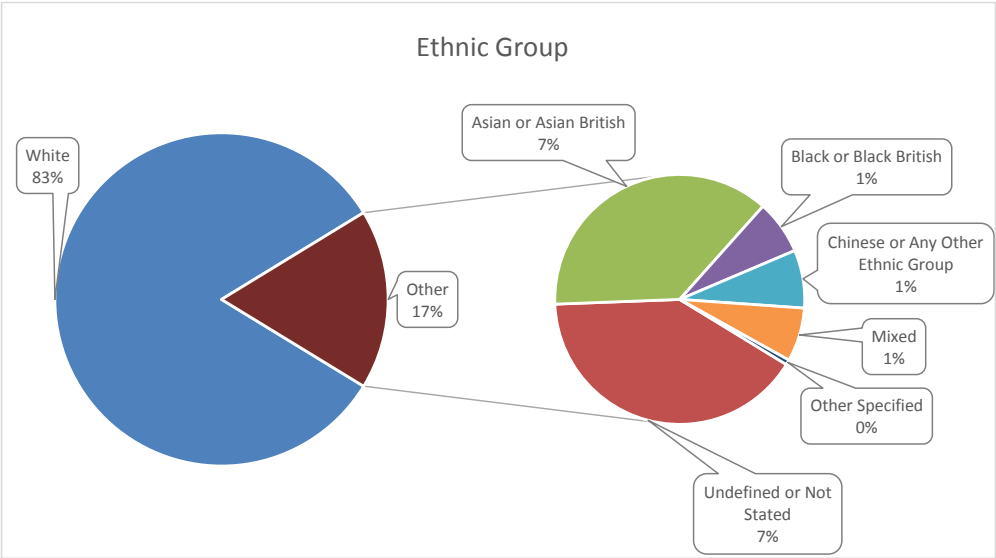
Gender	Employee Category	Headcount
Female	Full Time	37.72%
	Part Time	38.44%
Female Total		76.17%
Male	Full Time	19.61%
	Part Time	4.22%
Male Total		23.83%
Grand Total		100.00%



[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

Ethnic Group	Headcount
White	82.54%
Undefined or Not Stated	7.10%
Asian or Asian British	6.50%
Black or Black British	1.22%
Chinese or Any Other Ethnic Group	1.31%
Mixed	1.22%
Other Specified	0.11%
Grand Total	100.00%



[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

Nationality	Headcount
(blank)	6089
British	7815
Zimbabwean	13
English	9
Maltese	6
Indian	187
Philippine	96
Welsh	136
Irish	92
Finnish	4
Canadian	3
German	17
Russian	6
Vietnamese	1
Dutch	10
Bangladeshi	8
Trinidadian	2
Portuguese	31
Polish	50
Spanish	43
Pakistani	17
Singaporean	4
Greek	13
Chinese	5
French	7
Lithuanian	8
Indonesian	2
Hungarian	9
Latvian	5
Czech	5
Somali	2
Malaysian	21
Estonian	1
Thai	6
South African	4
Gambian	3
Egyptian	11
Italian	28
Maldivian	1
Ghanaian	1
American	6
Sudanese	5
Romanian	13
Scottish	2
Yemeni	1
Mauritian	1
Bulgarian	3
Danish	1
Guyanese	1
Kuwaiti	1
Slovak	3
Nigerian	12
Serbian	1
Burmese	2
Libyan	2
Japanese	2

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payscale	(All)
EU Member Country	(All)

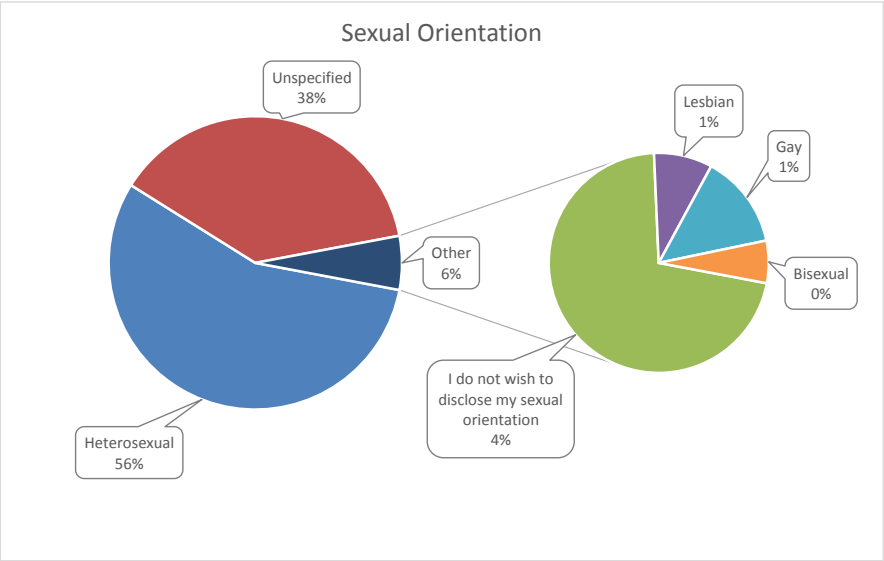
Country of Birth	Headcount
(blank)	11846
Albania	2
Anguilla	1
Argentina	1
Australia	1
Austria	1
Bangladesh	4
Belgium	2
Bulgaria	1
Burundi	1
Cyprus	1
Czech Republic	2
Egypt	12
Estonia	1
Finland	3
France	4
Germany	21
Ghana	4
Greece	7
Hong Kong	4
Hungary	5
India	152
Iran, Islamic Republic of	4
Iraq	11
Ireland	30
Isle of Man	1
Italy	12
Jamaica	4
Japan	1
Jordan	1
Kenya	3
Korea, Republic of	1
Kuwait	2
Latvia	3
Lebanon	1
Lithuania	6
Malaysia	19
Malta	5
Mauritius	1
Myanmar	2
Namibia	1
Nepal	1
Netherlands	5
New Zealand	3
Nigeria	12
Norway	1
Pakistan	14
Philippines	39
Poland	20
Portugal	6
Romania	4
Russian Federation	7
Saint Kitts and Nevis	1
Saudi Arabia	1
Singapore	4

[Return to Contents Page](#)

Belgian	3	Slovakia	2
Algerian	3	Slovenia	1
Honduran	1	South Africa	5
Kenyan	3	Spain	7
Zambian	1	Sri Lanka	6
Brazilian	4	Sudan	3
Australian	4	Syrian Arab Republic	4
Mexican	1	Taiwan	1
Tunisian	1	Tanzania, United Republic of	1
Swedish	1	Thailand	6
Turkish	4	Trinidad and Tobago	1
Iraqi	4	Tunisia	1
Northern Irish	2	Turkey	2
New Zealand	1	United Kingdom	2524
Jamaican	2	United States	7
Austrian	2	Venezuela, Bolivarian Republic of	2
Nepalese	2	Yemen	1
Iranian	4	Zambia	1
Sri Lankan	3	Zimbabwe	4
Korean	1	Antarctica	1
Slovenian	1	Peru	1
Malawian	1	Mongolia	1
Singapore	2	Libya	1
Norwegian	1	Uganda	1
Ugandan	1	Chile	1
Manx	1	Grand Total	14887
Mauritanian	1		
Syrian	2		
Belarusian	1		
Central African	2		
Grand Total	14887		

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

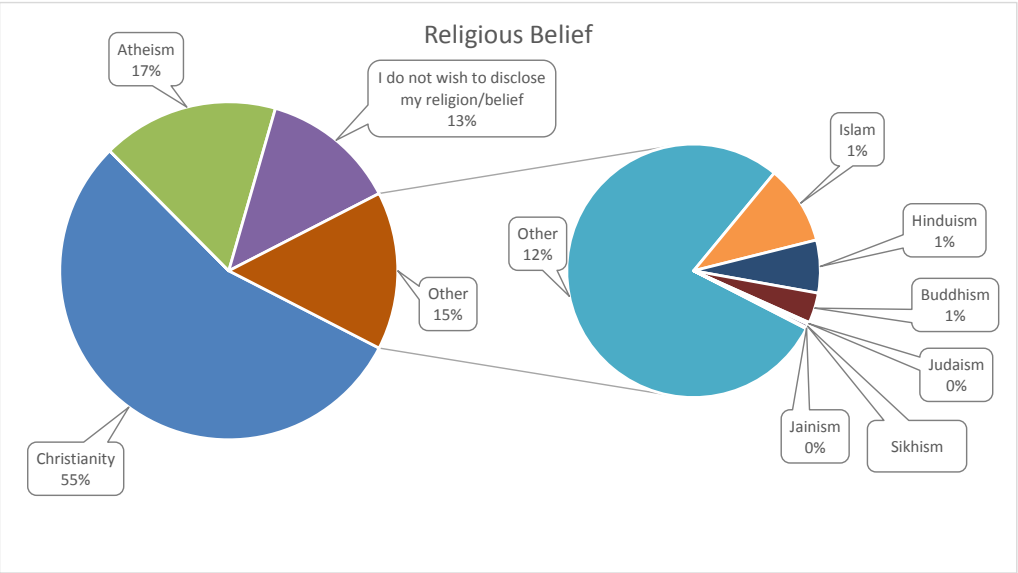
Sexual Orientation	Headcount
Heterosexual	55.93%
Unspecified	38.14%
I do not wish to disclose my sexual orientation	4.23%
Lesbian	0.51%
Gay	0.82%
Bisexual	0.37%
Grand Total	100.00%



[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

Sexual Orientation	Headcount
Christianity	34.09%
Atheism	10.47%
I do not wish to disclose my religion/belief	8.05%
Other	7.35%
Islam	0.95%
Hinduism	0.63%
Buddhism	0.36%
Judaism	0.03%
Sikhism	0.04%
Jainism	0.01%
Unspecified	38.02%
Grand Total	100.00%

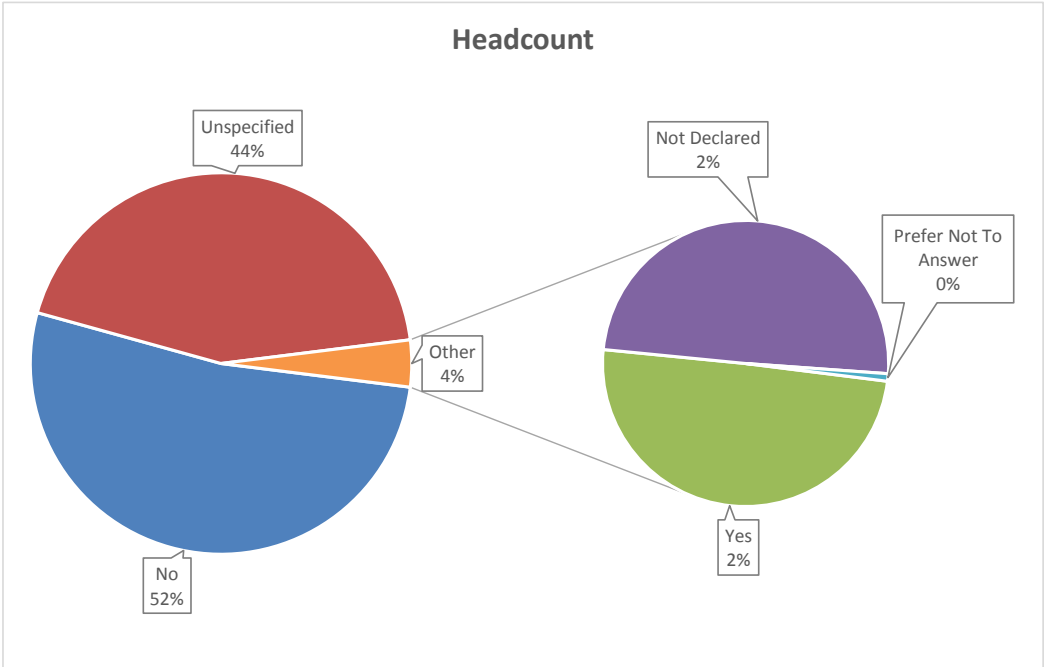


[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

Disabled Status	Headcount
No	52.31%
Unspecified	43.72%
Yes	1.97%
Not Declared	1.97%
Prefer Not To Answer	0.03%
Grand Total	100.00%

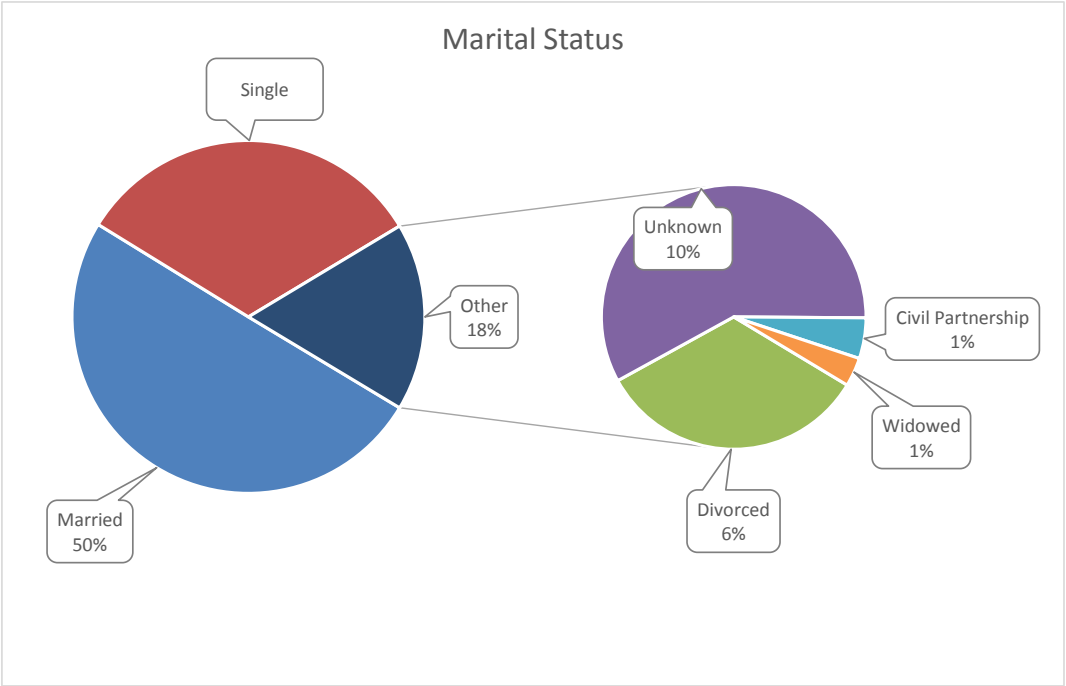
3.94%



[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

Marital Status	Headcount
Married	49.91%
Single	32.44%
Divorced	5.72%
Unknown	9.96%
Civil Partnership	0.85%
Widowed	0.60%
Legally Separated	0.51%
Grand Total	100.00%



[Return to Contents Page](#)

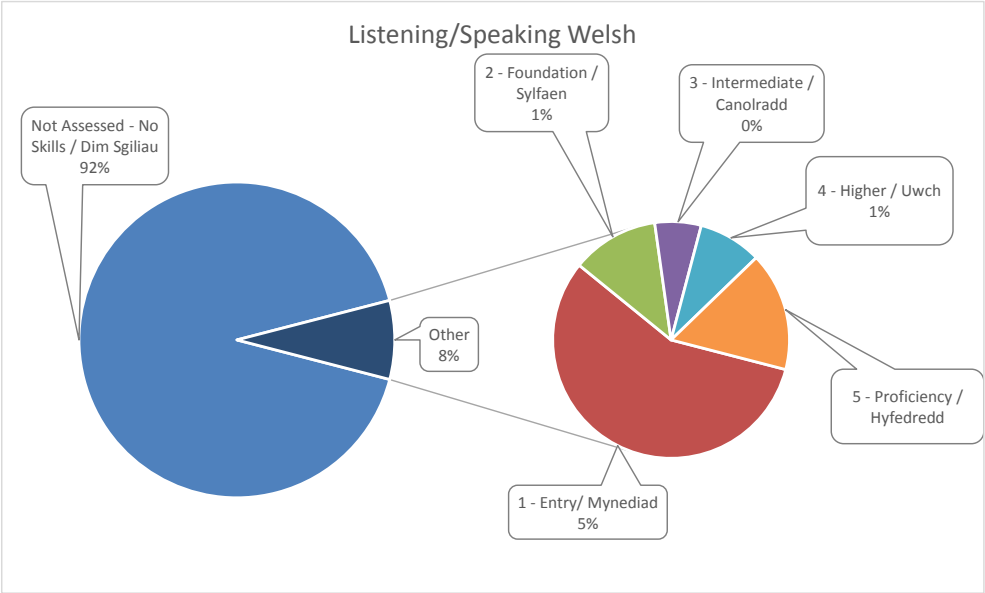
Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

Marital Status	Headcount
Active Assignment	97.33%
Maternity & Adoption	2.20%
Career Break	0.25%
Internal Secondment	0.10%
Suspend No Pay	0.05%
Out on External Secondment - Paid	0.07%
Acting Up	0.01%
Grand Total	100.00%

[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

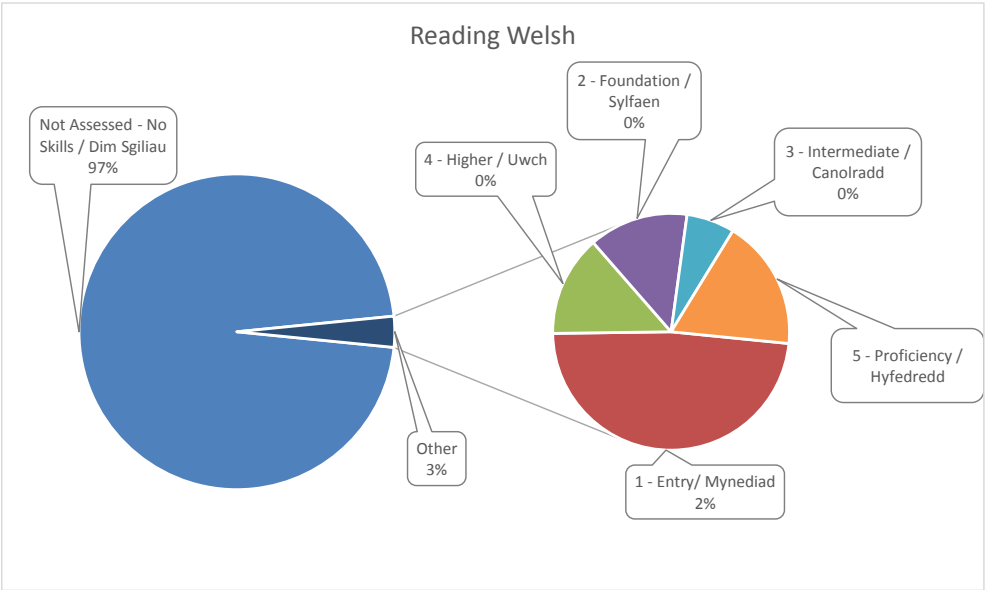
Listening/Speaking Welsh	Headcount
Not Assessed - No Skills / Dim Sgiliau	91.94%
1 - Entry/ Mynediad	4.58%
2 - Foundation / Sylfaen	0.96%
3 - Intermediate / Canolradd	0.51%
4 - Higher / Uwch	0.70%
5 - Proficiency / Hyfedredd	1.31%
Grand Total	100.00%



[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

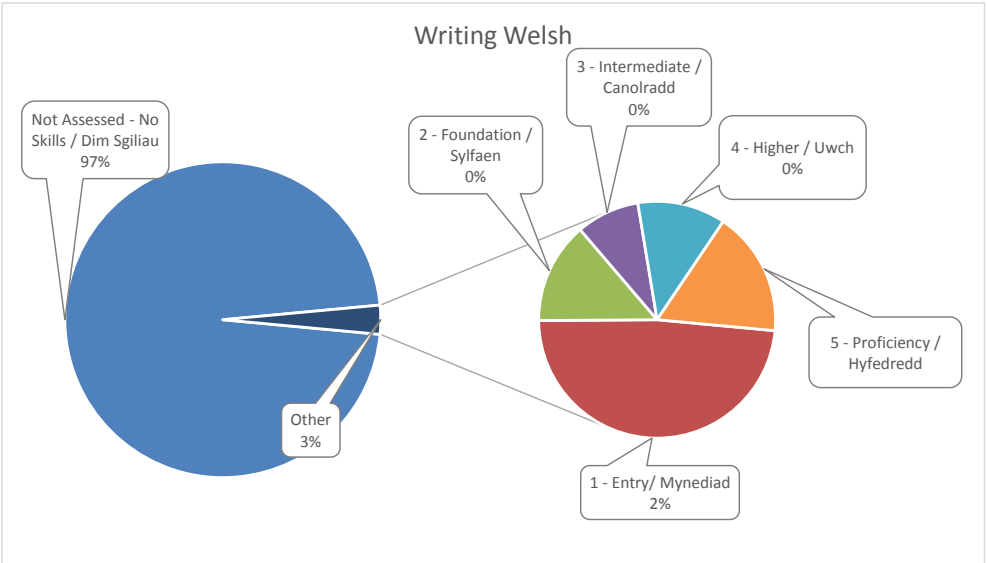
Reading Welsh	Headcount
Not Assessed - No Skills / Dim Sgiliau	96.84%
1 - Entry/ Mynediad	1.52%
4 - Higher / Uwch	0.44%
2 - Foundation / Sylfaen	0.43%
3 - Intermediate / Canolradd	0.21%
5 - Proficiency / Hyfedredd	0.56%
Grand Total	100.00%



[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

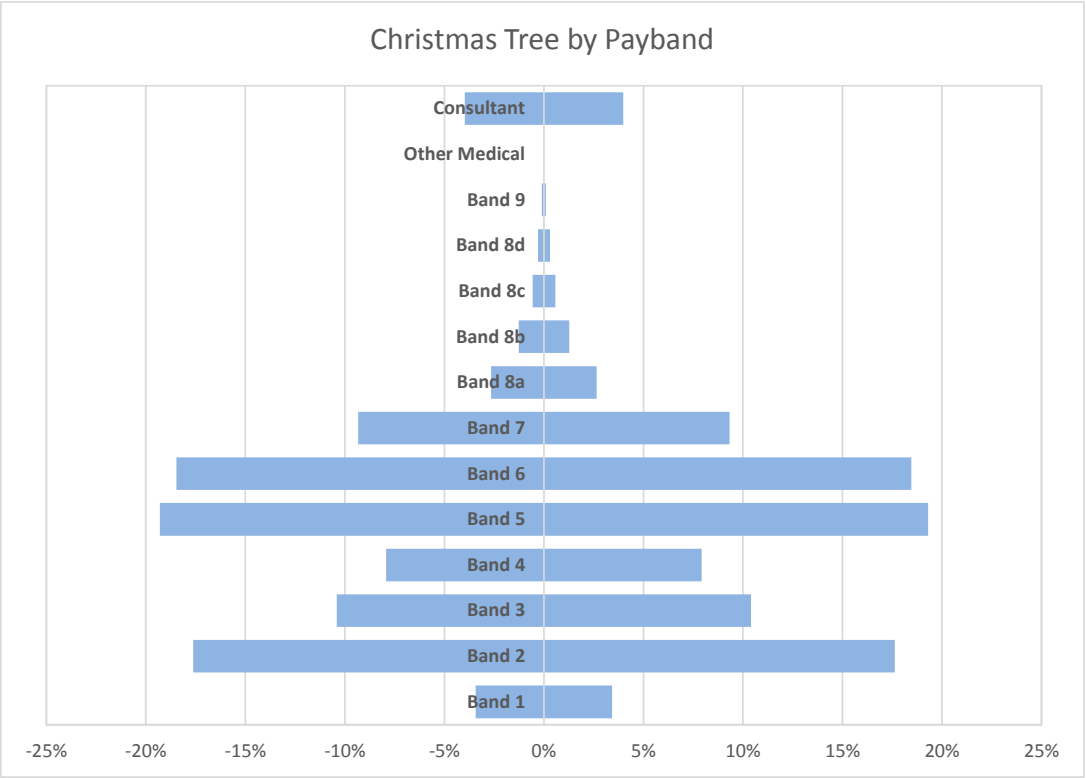
Writing Welsh	Headcount
Not Assessed - No Skills / Dim Sgiliau	97.04%
1 - Entry/ Mynediad	1.43%
2 - Foundation / Sylfaen	0.41%
3 - Intermediate / Canolradd	0.26%
4 - Higher / Uwch	0.36%
5 - Proficiency / Hyfedredd	0.50%
Grand Total	100.00%



[Return to Contents Page](#)

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)

Payband	Headcount
Band 1	3.43%
Band 2	17.63%
Band 3	10.41%
Band 4	7.92%
Band 5	19.30%
Band 6	18.46%
Band 7	9.33%
Band 8a	2.65%
Band 8b	1.27%
Band 8c	0.57%
Band 8d	0.30%
Band 9	0.10%
Junior Medical	4.65%
Consultant	3.98%
Grand Total	100.00%



[Return to Contents Page](#)

Strategic Equality Objectives - Delivery Plan Framework 2017-18	
Name of Meeting:	Local Partnership Forum
Date of Meeting	22 August 2018
Executive Lead: Executive Director of Workforce and Organisational Development	
Author: Equality Manager	
Caring for People, Keeping People Well: This report provides an overview of delivery of the Action Plan for 2018/19 which supports and underpins the Health Board's 'Priorities', 'Sustainability', 'Culture' and "Values" elements of the Health Board's Ten Year Shaping Our Future Wellbeing Strategy	
Financial impact: There are no anticipated costs identified with this paper.	
Quality, Safety, Patient Experience impact: The information provided in this paper provides opportunities for enhancing and broadening high quality, safe and equitable public, patient/carer experiences.	
Health and Care Standard Number 3.2, 4.2 & 6.2 CRAF Reference Number 8.1.6	
Equality Impact Assessment Completed: Not applicable	

RECOMMENDATION

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- The actions stated within the delivery plan helps the UHB meet its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP).

RECOMMENDATION

The Local Partnership Forum is asked to:

- **NOTE** the contents of this paper
- **NOTE** the third year SEP delivery Plan

SITUATION

The four year Strategic Equality Plan Fair Care 2016-20 is now in to its third year. This paper identifies the priority interventions of the delivery plan based on an analysis both of the UHB's performance and of trends in the work of the Clinical Boards. For example, this plan places a special emphasis on improving attention to Trans related issues, the continuation of some pieces of work and identifies other new pieces of work. (Please see Appendix 1)

BACKGROUND

The Strategic Equality Delivery Plan Framework was approved at the June 2016 meeting of the Equality, Diversity and Human Rights Sub Committee

(EDHRSC). It also introduced a Route Map that identifies 3 self-assessment areas - Getting Started, Transition Phase and Transformation Occurs - which covers the 4 equality objectives. The Route Map assists us in deciding where we are in our equality journey of embedding equality within the work of the UHB. (Please see Appendix 2) As the EDHRSC was stood down in June 2017 the Strategy and Delivery Committee has the responsibility for monitoring its progress as identified in the EDHRSC legacy document.

ASSESSMENT

During the second year there had been steady progress on the plan, with nearly all of the 17 key actions being completed. The completion of these and other tasks means that the UHB now has an understanding of what needs to be done and the actions that need to continue and of new ones that need to begin if there is to be sustainability of the equality agenda. For example, meeting fully the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards) as identified in the SEP provides many challenges and so the work needs to continue. As for meeting the Welsh Language Standards, we now have some idea as to what they will look and some anticipatory work, such as holding a workshop in July, has begun. It is clear that just like the Sensory Loss Standards, these too will have their challenges. Both sets of Standards require a cultural change, i.e. 'the way we do things around here'. As we begin to have some success around Sensory Loss there are lessons to learn and apply to the Welsh Language agenda.

This third year or transition period with its continuation of some actions as well as the identification of new actions helps assist efforts to strengthen wider leadership and ownership. As part of the continuation work, Lesbian, Gay, Bisexual & Transgender work (LGBT) remains a focus whilst broadening the scope to support UHB efforts to respond to Trans related equality issues. This focus, which is additional to previously identified work, concentrates on learning/training/education.

The transition plan shifts efforts towards improving our engagement work, working more closely with patients through regular UHB operations. It also seeks to secure assurance that the Equality, Diversity & Human Rights (EDHR) agenda continues to be a visible part of the UHB priorities.

The embedding of equality, with due regard through use of the Equality and Health Impact Assessment (EHIA) is beginning to bear fruit. For example, the EHIA was noted as an exemplary piece of work within our successful Platinum Corporate Health Standard submission and was nominated in the recent Staff Recognition Awards. It is vital that EHIA'S are utilized in our work to reduce health inequalities across the different populations. While the UHB has made some progress in mainstreaming equality during the past few years, there is still much to do if we are to move from transition to transformation

Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2018-2019: Living our Values

Outcome 1 People are and feel respected

Objective 1.1	To support and promote the Health Board as a great place to work for all						
Performance Measures	Data Source	Frequency of data					
Ranking in Stonewall Employers' Index	Stonewall	Annual					
Number of staff who identify as coming from the LGBT FFlag Network	Staff records	Annual					
Number of staff who identify as disabled	Staff records	Annual					
Number of staff who identify as LGBT	Staff records	Annual					
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Continued participation in Stonewall's WEI- whilst linking the Index to other protected characteristics	Equality Manager	Equality Manager; Rainbow LGBT FFlag Network	Oct-18	1.Complete WEI submission 2.Purchase PRIDE Stall space 3. Establish a disabled staff network 4. Raise awareness of Trans related issues.	1.Submission achieved. 2. Staff attended stall	UHB is the top Health and Social Care organisation in Wales and 51st in the UK. Annual submission will take place in September 2018 with results known in January 2019. Work on the submission has already begun. Work on the establishment of a disabled staff network requires further work as to its likelihood. The Equality Manager has met with a number of disabled staff to discuss the possibility of establishing a disabled staff network. The UHB will be hosting the All Wales Gender Variance Pathway Clinic. Trans awareness sessions have taken place and more will take place during 2018/19 led by CD&T.	Yellow
	Equality Manager; Rainbow LGBT FFlag Network	Equality Manager; Rainbow LGBT FFlag Network	Sep-18	1. Implement support plan. 2. Make bid to charitable funds 3. Meet with new Executive Director of WOD	1. Support plan implemented 2. Successful bid to Charitable Funds 3. Meeting with Executive Director of WOD takes place.	Support plan has been implemented. Bid to Charitable Funds is being discussed. Support of Executive Director of WOD gained.	
	Continued support for the Rainbow LGBT FFlag Network		Nov-18	1. Map existing accreditations and identify any gaps 2. Nominate lead for each accreditation 3. Map requirements for each and develop timetable for completion of application.	Accreditation achieved for Disability Confident Scheme. Lead nominated and timetable established	Successful Disability Confident- Employer two year status achieved ahead of time. Work for next submission has already begun through work with Project Enable.	
Successful continuation of current accreditation/charters such as Disability Confident Scheme and Mindful Employer Identify and shape opportunities to engage with staff to understand their experience and respond to feedback to ensure all staff feel valued and involved, and ensure equality of opportunity is UHB wide.	Assistant Director of OD Assistant Director of OD	Senior HR officers & Equality M LED Manager;Workforce Information Manager; Head of Communications; Equality Manager; Technical Development Manager	Apr-18	1.HoWOD lead role for staff engagement - meeting with Equality Manager to determine expectations and requirements of local engagement plans 2. Support development of engagement toolkit to ensure equality considerations	1. Comprehensive coverage of equality issues in staff engagement toolkit and values work. 2. Equality Champions influencing and supporting engagement activity in CBs 3. Meeting with Director of Communications and Engagement to take place.	Staff survey undertaken will be undertaken in June. Delivery Plan shared with Equality Champions. Meeting with Director of Communications and Engagement takes place regularly has taken place.	Yellow
Recommendations of EDHRC legacy document accepted by Board	Board Secretary	Board Secretary;Equality Manager	Jun-17	1. Board Secretaryand Equality Manager to produce a legacy document	1. Full integration of equality and Welsh Language considerations in Board decision-making	Legacy document recommendations acted upon	Green
Objective 1.2	To undertake engagement activities to communicate with stakeholders and obtain views on service delivery for all						
Performance Measures	Data Source	Frequency of data					
Number of equality issues raised and resolved	Concerns Team	Annually					
Number of stakeholders attending events or activity							
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	Rag Rating
Gain feedback from stakeholders (and disseminate) through involvement in and attendance at partnership equality or related events and activities, including: Annual Minority Ethnic Communities (MEC) Health Fair; Annual Carers' Events; Annual Pride; Stakeholders Reference Group; Annual third sector engagement; and a number of equality engagement events per year to assess progress against the SEP	Assistant Director of Patient Experience/Assistant Director of OD/Assistant Director of Planning/Equality Manager	Equality Manager	Mar-19	1. Arrange at least 2 stakeholder events during 17/18 2. Responding to issues raised 3. Equality Champion allocated in each Clinical Board to support contributions to the stakeholder events	1.Refreshed SEP Delivery Plan, taking account of feedback 2. Issues raised are responded to. 3. Equality Champions identified and contribute to stakeholder events	Work with Engagement Lead for Perfect Locality continues in regard to events and support provided through development of an EHIA. Stakeholder planning revised as part of the SEP delivery. Equality Manager works closely with Concerns Team. Review of whether each Clinical Board has a Equality Champion has taken place.	Yellow
Objective 1.3	To ensure that people are respected and free from abuse, harassment, bullying and violence						
Performance Measures	Data Source	Frequency of data					

Number of hate crime issues reported and resolved	Head of Health and Safety	Annually					
Number of staff attending Violence and Aggression training	Head of Health and Safety	Annually					
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Disseminate hate crime, abuse and harassment materials whilst making sure that reporting links are clear and well communicated	Head of Health and Safety	Head of Health and Safety/Equality Manager/Equality Champions	Mar-19	1. Establish an intranet page that defines hate crime and which includes reporting links 2. Establish a circulation list for each Clinical Board 3. Review the current Violence and Aggression (V&A) training package 4. Achievement of 85% staff receiving V&A training 5. Establish mechanism for receiving relevant up to date information	1. An intranet page 2. Up to date circulation list for all clinical board which is used 3. V&A training which includes information on hate crime, abuse and harassment 4. Achievement of 85% across the UHB 5. Relevant, up to date information is communicated across the UHB	Intranet page established. Circulation list updated. V&A awareness includes information on hate crime, abuse and harassment. Target of 85% not yet achieved. Awareness raising is communicated via newsletters/intranet.	
Objective 1.4							
To review all equality related training, support and development with a view to creating a more inclusive workplace and more inclusive services							
Performance Measures	Data Source	Frequency of data					
% of staff who receive training publicised in Annual Equality Report	LED Manager	Annually					
Number of Equality Champions in the organisation	Equality Manager						
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Redesign, develop and roll out a programme of equality training for all staff	HoWOD lead for HR Ops team / Equality Manager	Equality Manager & HoWOD lead	Mar-18	1. Use feedback from equality training to monitor requirements 2. Write up a rationale and a plan for the organisation which addresses all staff groups	1. Refreshed equality and dignity training programme taking account of feedback/evaluation is delivered	Equality Manager has facilitated Skills to Change and Leadership & Management sessions. Future sessions are planned	
Provide additional materials and reference guides for all managers and supervisors	Equality Manager	Equality Manager	Mar-18	1. Gather and produce guides on LGBT, Religion, race and disability	Comprehensive coverage of equality issues in guides	Work on guides on religion and LGBT issues has been completed. Work on other protected characteristics continues.	
Continue to support and develop the role of Equality Champions within the organisation	Equality Manager	Equality Manager	Mar-18	1. To continue work with the champions about a work plan	Work plan actions achieved	Actions such as newsletter articles and equality diary dates/calendar have been completed	
Objective 1.5							
To explore the use of positive action employment initiatives with regards to protected characteristics							
Performance Measures	Data Source	Frequency of data					
Number of placements			Mar-18				
Completion of review			Mar-18				
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Explore possibility of developing learning disabilities work with Elite Supported Employment Agency.	Equality Manager	HR Ops team in partnership with CBs and corporate depts	Sep-18	1. Meet with ELITE and placement leads 2. Meet with CB/Corporate leads 3. Develop new placements with CB's & Corporate	Rise in number of placements achieved	Meeting with Elite has taken place. Discussions with Heads Of Workforce scheduled for June 2018 as regard to work placements.	
Review to be undertaken of the Breaking Barriers Programme/work for BAME consultants by September 2016	Equality Manager	Equality Manager	Oct-18	1. Plan 'unconscious bias' training	1. Training has been implemented	Work on developing 'unconscious bias' training has been refined. Discussions around external trainer being explored.	
Objective 1.6							
To promote person-centred services that respect people's human rights and communication, spiritual and cultural needs							
Performance Measures	Data Source	Frequency of data					
Number assessed by Red, Amber and Green rating (Health and Care Standards)							
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Support Clinical Boards to understand and implement Health and Care Standard 6.2 People's Rights	Equality Manager	Equality Manager	Jun-18	1. Refine the self-assessment process to capture impact not just compliance 2. Clinical Boards to know what happens with the process (communication & feedback)	1. Self-assessment process refined	This work has been completed.	
Identify targeted interventions to ensure patients' communication, cultural and spiritual needs are assessed	Assistant Director of Patient Experience	Lead Nurse Patient Experience/Chaplaincy Manager	Sep-18	1. Data is collected 2. Review of patients' communication, cultural and spiritual needs	1. Data is used to full potential 2. Accessible guidance is produced to ensure needs of patients with communication, cultural and spiritual needs are met 3. Availability of special dietary requirements for cultural needs are met	A good practice guide is to be produced.	

Provide screening and educational sessions to meet the needs of patients with cultural, religious dietary requirements	Nutrition & Dietetics Manager	Nutrition & Dietetics Manager/ Equality Manager	May-18 1. Review of assessment process for patients' communication, cultural and religious dietary needs 2. Importance of assessing needs is included in induction 3. Review of patients' communication, cultural and spiritual needs is part of redesigned equality process/training	1. Accessible guidance is produced to ensure needs of patients with cultural and religious dietary needs are met 2. Availability of special dietary requirements for cultural needs are met	This work has been completed.
--	-------------------------------	---	---	---	-------------------------------



Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2018-2019: Living our Values

Outcome 2: People are communicated with in ways that meet their needs

Objective 2.1 To meet the All Wales Standard for Accessible Communication and Information for people with sensory loss

Performance Measures	Data Source	Frequency of data	Progress
Improvement reported in Community Health Council environmental audit and by Third sector	Sensory Loss Task & Finish Group	Annually	

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Implement a Health Board wide action plan to meet the All Wales Standards for Accessible Information and Communication for People with Sensory Loss	Sensory Loss Standards Group chaired by Chief Operating Officer	Sensory Loss Standards Working Group and Champions	Mar-19	1.Continue to implement action plan 2. Good practice is shared across the UHB 3. Organisation's delivery of standard goes beyond the Sensory Loss Standards Group	1. Action plan has begun to be implemented 2. All Wales Standard is achieved 3. CB's through their action plans and Sensory Loss Leads/Champions are aware of baseline situation in their areas.	Work on action action plan has been begun. Clinical Boards report back to the Sensory Loss Standards Group and are working towards achieving the Standards.	

Objective 2.2 To comply with the Welsh Language Standards Framework

Performance Measures	Data Source	Frequency of data	Progress
% of frequently used information both leaflets and letters which are available in Welsh	Clinical Board Directors of Operations	Annually	
% of identified staff who receive training	LED Manager	Annually	

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Implement the Welsh Language Standards Framework throughout the UHB including through the continued work of the Welsh Language Steering Group	Assistant Director of OD	Welsh Language Officer/ Welsh Language Steering Group/ Clinical Board/Corporate	Mar-19	1. Respond to the Standards. 2. Good practice is shared across the UHB 3.Organisation's delivery of standard goes beyond the Welsh Language Steering Group 4. Action plan is developed	1. Action plan has begun to be implemented 2.Welsh Language Standards have begun to be achieved CB's through their action plans and Welsh Language Steering Group members are aware of progress	The Welsh Language Standards for the Health Sector will be arriving in June 2018. The Board have been actively involved in the consultaion. Anticipatory work has begun. A workshop is to take place in July 2018.	

Objective 2.3 To create environments accessible to people with sensory loss, stroke and dementia and which consider lighting, colour, contrast, signage, background noise etc

Performance Measures	Data Source	Frequency of data	Progress
----------------------	-------------	-------------------	----------

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
--------	--------------	--------------------	-------------	-------	--------------	----------	------------

Through engagement and in partnership with the RNIB, Action on Hearing Loss and other third sector organisations CB's create a more accessible environment	Clinical Boards Heads of Delivery/Assistant Director of Planning/Equality Manager	Clinical Boards Heads of Delivery/Assistant Director of Planning/Equality Manager	Mar-19 1. CB's to identify pilot area 2. CB Sensory Loss Champions to develop best practice guidance for accessible environments 3. CB Sensory Loss Champions to develop and collate all patient feedback/concerns 4. CB's attend and hold engagement events which include issues of accessibility.	1.Pilot area identified 2. Best practice guidance produced 3. Feedback mechanism and baseline analysis with action plan produced 4. Engagement events undertaken	Clinical Boards have identified their Sensory Loss Champions and began work to meet the tasks/standards. The UHB became the first Hospital in the UK to be awarded the RNIB's Visibility Better Accreditaion in the Radiology department. The Dental Clinical Board at Cardiff and Vale University Health Board has gained the Action on Hearing Loss Louder than Words Accreditation Charter Mark. The University Dental Hospital is the only NHS Hospital in the UK to have this accreditation. Their is now Third Sector representation on the Sensory Loss Standards Working Group. Equality Manager represents the UHB at the All Wales Standards for Accessible Communication and Information for People with Sensory Loss Senior Officers Group.	
--	---	---	---	--	---	--

Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2018-2019: Living our Values

Outcome 3 More people receive care and access services that meet their needs (including those from disadvantaged communities)

Objective 3.1	To support the implementation of Addressing Health Inequalities and Access IMTP 2016/17-2018/19 including support for people with learning disabilities and for asylum seekers and refugees				
Performance Measures	Data Source	Frequency of data			Progress
Number and quality of Equality and Health Impact Assessments (EHIA)					

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Engage with service users to ensure they are involved in service redesign, for example, adults with learning disabilities and asylum seekers and refugees	Clinical Boards	CB Directors of Operations	Mar-19	1. To develop engagement plan for service redesign that includes a diversity of methods 2. To implement plan in conjunction with communities identified 3. To develop a communication plan - internally and externally- for diverse communities including roadshows and community letters. 4. To implement the communication plan	1. Engagement Plan developed. 2. Engagement Plan implemented with community support 3. Communication Plan developed. 4. Communication Plan implemented	The deliverables are evident throughout the 2015/16-2017/18 IMTP.	

Objective 3.2	To ensure that we have the necessary mechanisms in place to capture and monitor the protected characteristics data				
Performance Measures	Data Source	Frequency of data			Progress

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Regularly review and monitor the data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide.	Chief Operating Officer/ Director of WOD	Director of WOD	Mar-19	1. To review and monitor any equality data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide	1.To produce regular updates to the appropriate Board Committee.	This work has begun. The deliverables are evident throughout the 2015/16-2017/18 IMTP. It is also tied in with what we already know from events such as Pride where data is collected.	

Objective 3.3	To create combined Equality and Health Impact Assessment (EHIA) process				
Performance Measures	Data Source	Frequency of data			Progress
Number of EHIAs completed and published					

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Monitor the quality of Equality & Health Impact Assessments.	Equality Manager/ Governance Manager/Principal Health Promotion Specialist	Principal Health Promotion Specialist/Equality Manager	Oct-18	1. Develop a monitoring plan to assess the quality of EHIA's and linking in to the IMTP. 2. Review the EHIA training package 3. Explore the possibility of establishing a virtual EHIA group for quality assurance purposes.	1. Monitoring plan for EHIA is developed, communicated and available for use across the UHB.	Work on monitoring and review has begun, including exploring the possibility of establishing a virtual EHIA group for quality assurance.	

Objective 3.4 To explore the Health literacy needs of patients so as to reduce health inequalities

Performance Measures	Data Source	Frequency of data	Progress
Number of participants with protected characteristics			

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Explore how to build upon the work of the pilot Ophelia Approach that supports the identification of community health literacy needs	Clinical, Diagnostic and Therapies Clinical Board/ Equality Manager	Associate Lecturer & Physio/ Equality Manager	Nov-18	1. Review Evaluation Report of the pilot	1. Decide whether work can be taken forward	Beginning to embed health literacy needs in transformation work of the UHB. For example in falls prevention, primary and community care, the MSK pathway, promoting independence. Meeting will take place in the autumn to monitor the work. forward.	

Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2018-2019: Living our Values**Outcome 4 Gender and any other protected characteristic pay gap reduced****Objective 4.1 To reduce any other protected characteristic pay gap to promote equality and good practice****Performance Measures Data Source Frequency of data**

Meet the legislative requirements of the gender pay gap information regulations

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Identify any trends and to formulate an action plan to address any unfair differentials that may emerge	Assistant Director for Organisational Development (ADOD)	Workforce Governance Manager/Equality Manager	Sep-18	1. Data set established to identify and organise fields of search 2. Action Plan formulated to address an gaps or issues that arise	1. Established data set 2. Implemented action plan	Gender pay report to be published in June Annual Equality Statement and Report 2017/18. Meeting around action plan established to be arranged once new ADOD in post.	

FINANCE REPORT FOR THE PERIOD ENDED 30th JUNE 2018	
Name of Meeting : Local Partnership Forum	Date: 22 August 2018
Executive Lead : Executive Director of Finance	
Author : Deputy Director of Finance 02920 743555	
Caring for People, Keeping People Well: This report details performance against the annual financial plan supporting the UHB to deliver service priorities, maximise patient outcomes whilst maintaining the sustainability of services.	
Financial impact: The UHB financial position at the end of June 2018 is a deficit of £5.573m comprised of the following: <ul style="list-style-type: none"> £4.975m planned deficit (3/12th of £19.900m); £0.598m adverse variance against plan. 	
Quality, Safety, Patient Experience impact: This report details financial performance against the one year operational plan which supports improvements in quality, safety and patient / carer experience.	
Health and Care Standard Number 1	
CRAF Reference Number 6.7	
Equality Impact Assessment Completed: Not applicable	

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 3 position which is broadly on line with the profiled deficit within the draft operational plan.

The Local Partnership Forum is asked to:

- **NOTE** that the UHB has an unapproved draft one year operational plan that has a planned deficit of £19.900m for the year;
- **NOTE** the £5.573m deficit at month 3 which includes a planning deficit of £4.975m and budget overspends of £0.598m;
- **NOTE** the key concerns and actions being taken to manage risks.

SITUATION

The UHB's 2018/19 operational plan includes a £19.9m planned deficit. This is dependent upon managing the following key challenges:

- identifying and delivering £33.780m of savings;
- identifying and delivering a further £9.266m financial improvement target;
- the management of operational cost pressures and financial risks within delegated budgets.

At the end of month 3 the UHB now has a full savings programme in place and has identified £7.775m financial improvement with a further £1.491m to find. The UHB is confident that this will be managed in the coming months. The adverse variance reported against the operational plan deteriorated by £0.108m to £0.598m and the UHB expects to recover this overspend as the year progresses.

BACKGROUND

The UHB considered a draft IMTP at its January 2018 Board Meeting. This was submitted to Welsh Government by the end of January 2018 and was not acceptable due to assumptions around additional funding. The UHB then revised its financial plan and was not in a position to submit an IMTP to Welsh Government for approval as the revised plan was some way from being financially balanced.

Consequently the UHB was required to agree an acceptable one year Operational Plan with Welsh Government and the UHB wrote to Welsh Government setting out a revised 2018/19 planning deficit of £29.2m. This was discussed at Targeted Intervention meetings and was not acceptable to Welsh Government.

The Health Board reconsidered its position at its March 2018 Board Meeting and following dialogue with Welsh Government reduced its projected deficit to £19.9m. The Board accepted that it would need to work throughout the year to deliver this £9.3m financial improvement target. This decision was shared with Welsh Government and on the 10th July the UHB submitted its one year operational plan to Welsh Government. A summary of this plan and how it has changed from the draft submitted in January 2018 is provided in Table 1.

Table 1: Operational Plan 2018/19

	Jan Plan £m	March Plan £m	Var £m	Notes
b/f underlying deficit	-49	-49	0	
Non Recurrent Cost Improvement Plans	8.4	8.4	0	
Net allocation uplift (inc LTA inflation)	20	20	0	
Cost pressures	-33.3	-31.1	2.2	Reduction in FNC costs
Cost Pressures due to population growth	-4.5	-3.5	1	Reduction for RTT
Investments	-4.3	-3.3	1	Reduction for RTT
Recurrent cost improvement plans	25.3	25.3	0	
Additional funding assumed	15.5	0	-15.5	No income assumed
In year Financial Plan	27.2	15.9	-11.3	
Planned Surplus/(Deficit)	-21.9	-33.2	-11.3	
Planned c/f from 2017/18 (non recurrent)	0	4	4	17/18 under plan c/f assumed
Financial Improvement Target	0	9.3	9.3	
Revised Planned Surplus/(Deficit)	-21.9	-19.9	2	

The actual and forecast 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	(19.900)	(75.996)	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 both 2016/17 and 2017/18 and the plan current approved by the Board will also result in a breach of Financial duty at the end of 2018/19.**

ASSESSMENT AND ASSURANCE

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

Table 3: Finance Dashboard @ June 2018

		STATUS REPORT				
Measure	n	June 2018	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£5.573m deficit at month 3. £0.598m adverse variance against plan	R	↓	2018/19 planned deficit £19.9m	M3 2018-19
Remain within capital resource limits.	37	Expenditure at the end of June was £3.251m against a plan of £2.987m.	G	↻	Approved planned expenditure £36.099m	M3 2018-19
Reduction in Underlying deficit	36a	£39.1m assessed underlying deficit position at month 3	R	↑	If 2018/19 plan achieved reduce underlying deficit to £39.1m	M3 2018-19
Delivery of recurrent 3% savings target	36b	£25.335m identified at Month 3	G	↑	£25.335m	M3 2018-19
Delivery of non recurrent 1% savings target	36c	£8.998m identified at month 3	G	↑	£8.445m	M3 2018-19
Delivery of financial improvement target	36d	£7.775m identified at month 3	R	↑	£9.3m	M3 2018-19
Creditor payments compliance 30 day Non NHS	37a	94.2% in June	A	↑	95% of invoices paid within 30 days	M3 2018-19
Remain within Cash Limit	37b	forecast cash deficit of £26.935m	R	↻	To remain within Cash Limit	M3 2018-19
Maintain Positive Cash Balance	37c	Cash balance = £1.696	G	↻	To Maintain Positive Cash Balance	End of June

Month 3 Cumulative Financial Position

The UHB reported a deficit of £5.573m at month 3 as follows:

- £4.975m planned deficit (3/12th of £19.900m);
- £0.598m adverse variance against plan.

The £0.598m adverse variance which is not considered material is profiled to be recovered over the final 9 months of the year. The position excludes the financial impact of unidentified mitigating actions which have been profiled in the last quarter of the year.

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

Table 4: Summary Financial Position for the period ended 30th June 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(105.314)	(105.098)	0.217	(320.844)	(319.919)	0.924	(1,321.483)	(1,321.483)	0.000
Pay	49.018	49.126	0.109	147.853	147.924	0.072	584.887	584.887	0.000
Non Pay	57.955	57.738	(0.217)	177.966	177.567	(0.399)	756.495	776.395	0.000
Variance to Draft Plan £m	1.658	1.767	0.108	4.975	5.573	0.598	19.900	39.800	19.900
Planned Deficit	(1.658)	0.000	1.658	(4.975)	0.000	4.975	(19.900)	(19.900)	0.000
Total £m	(0.000)	1.767	1.767	(0.000)	5.573	5.573	0.000	19.900	19.900

Income

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

Table 5: Income Variance @ June 2018

Income	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Non Revenue Resource Limit	(68.524)	(68.524)	0.000	(215.463)	(215.463)	0.000
Non Cash Limited Expenditure	(1.615)	(1.615)	0.000	(4.844)	(4.845)	(0.001)
Accommodation & Catering	(0.220)	(0.229)	(0.009)	(0.658)	(0.639)	0.019
Education & Training	(3.192)	(3.223)	(0.031)	(9.428)	(9.446)	(0.018)
Injury Cost Recovery Scheme (CRU) Income	(0.214)	(0.185)	0.029	(0.641)	(0.551)	0.091
NHS Patient Related Income	(25.909)	(25.738)	0.171	(73.976)	(73.471)	0.505
Other Operating Income	(4.674)	(4.547)	0.127	(13.269)	(12.951)	0.318
Overseas Patient Income	0.004	(0.011)	(0.015)	(0.016)	(0.045)	(0.030)
Private Patient Income	(0.109)	(0.095)	0.014	(0.307)	(0.203)	0.104
Research & Development	(0.862)	(0.931)	(0.070)	(2.241)	(2.305)	(0.064)
Total £m	(105.314)	(105.098)	0.217	(320.843)	(319.919)	0.924

An in month deficit of £0.217m and a cumulative deficit of £0.924m is reported against income budgets. The two main adverse variances to note are:

- £0.505m variance on NHS patient related income where activity recorded is below the expected June profile.
- £0.318m variance on other operating income due to underperformance against activity targets in level 3 critical care, PICU and NICU.

Part of the variance against other operating income relates to an in month fall in the UHB's medical records income due to a legislation change on the 25th May which gave patients or an authorised third party such as a solicitor the right of access to their medical records as a Subject Access Request (SAR) free of charge.

The in month deficit reported against the Injury Cost Recovery Scheme follows a continuation of the low level of notified new cases & the withdrawal of a number of high value claims in month.

The majority of the cumulative underperformance against private patient income targets relates to Surgery and Clinical Diagnostics & Therapies. The reduction in income will in part be offset by a corresponding reduction in costs.

LTA Provider Performance

The UHB receives circa £265m income from its contracts with WHSSC and LHBs in addition to 'non-LTA' income for IPFRs/SLAs and English income. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information. The Month 3 ledger position is summarised in Table 6 and continues to reflect the deterioration in the Aneurin Bevan position from continuing under performance from last financial year. The first two months saw a lower than expected level of activity across the LHB LTAs, most notably Aneurin Bevan and Cwm Taf, although this is expected to improve through the financial year. The WHSSC LTA position does not show a material variance, as this is managed predominantly at a Clinical Board level.

Table 6: Month 1 LTA Provider Performance

	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	(207.000)	(54.964)	(54.964)	(0.000)
Aneurin Bevan	(29.068)	(7.234)	(6.866)	0.369
Other LHBs	(38.171)	(9.688)	(9.479)	0.209
Non-Welsh	(2.951)	(1.164)	(1.234)	(0.070)
	(277.191)	(73.050)	(72.542)	0.508

Pay

In total pay budgets are showing a cumulative overspend of £0.072m as reported in Table 7.

Table 7: Analysis of fixed and variable pay costs

	2017/18 Total Spend £m	2017/18 Month 1 to Month 2 £m	2018/19 Month 1 to Month 2 £m	2017/18 Month 3 £m	2018/19 Month 3 £m	2017/18 Cum. to Month 3 £m	2018/19 Cum. to Month 3 £m
Basic	515.377	84.430	85.322	42.072	42.620	126.502	127.942
Enhancements	24.533	4.223	4.342	2.023	1.975	6.246	6.317
Maternity	4.088	0.665	0.663	0.423	0.307	1.089	0.971
Protection	0.676	0.117	0.113	0.054	0.053	0.171	0.166
Total Fixed Pay	544.674	89.436	90.440	44.572	44.955	134.008	135.396
Agency (mainly registered Nursing)	8.767	1.530	1.847	0.427	0.860	1.956	2.707
Nursing Bank (mainly Nursing)	14.439	2.189	1.734	1.282	1.071	3.470	2.805
Internal locum (Medical & Dental)	4.306	0.706	0.806	0.404	0.439	1.110	1.245
External locum (Medical & Dental)	7.118	1.065	1.202	0.500	0.569	1.565	1.772
On Call	2.224	0.352	0.407	0.160	0.179	0.512	0.586
Overtime	5.758	1.063	1.380	0.431	0.452	1.494	1.832
WL's & extra sessions (Medical)	5.111	0.655	0.980	0.343	0.601	0.998	1.581
Total Variable Pay	47.722	7.559	8.357	3.547	4.171	11.106	12.528
Total Pay	592.396	96.995	98.798	48.119	49.126	145.113	147.924
Pay Budget	594.938	97.581	98.835	48.275	49.018	145.857	147.853
Budget Variance (Fav)/Adv £m	(2.541)	(0.587)	(0.037)	(0.157)	0.109	(0.744)	0.072

The 2018/19 pay levels do not yet reflect the additional cost of the 2018/19 annual pay award. The UHB has set aside a reserve to cover the initial 1% planning assumption and expects the cost of any additional uplift agreed to be met by additional Welsh Government funding.

An analysis of pay expenditure by staff group is shown in Table 8.

Table 8: Analysis of pay expenditure by staff group @ June 2018

Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Additional clinical services	1.966	1.879	(0.087)	5.817	5.559	(0.258)
Management, admin & clerical	5.667	5.663	(0.003)	17.000	17.047	0.047
Medical and Dental	12.772	12.828	0.056	38.219	38.308	0.088
Nursing (registered)	14.605	14.634	0.029	44.478	44.380	(0.099)
Nursing (unregistered)	3.885	4.171	0.286	11.837	12.694	0.857
Other staff groups	7.298	7.274	(0.024)	22.013	21.906	(0.107)
Scientific, prof & technical	2.825	2.676	(0.149)	8.488	8.031	(0.458)
Total £m	49.018	49.126	0.109	147.853	147.924	0.072

Overall pay budgets deteriorated by £0.109m in month to a £0.072m adverse variance for the year to date. The key concern is within nursing budgets which in total are £0.758m overspent, mainly in medicine, mental health and surgery where overspends have continued in month. This is driven by vacancies, sickness and specialing. Increased management attention is being directed to curtail nursing expenditure and this is included on the UHB risk register.

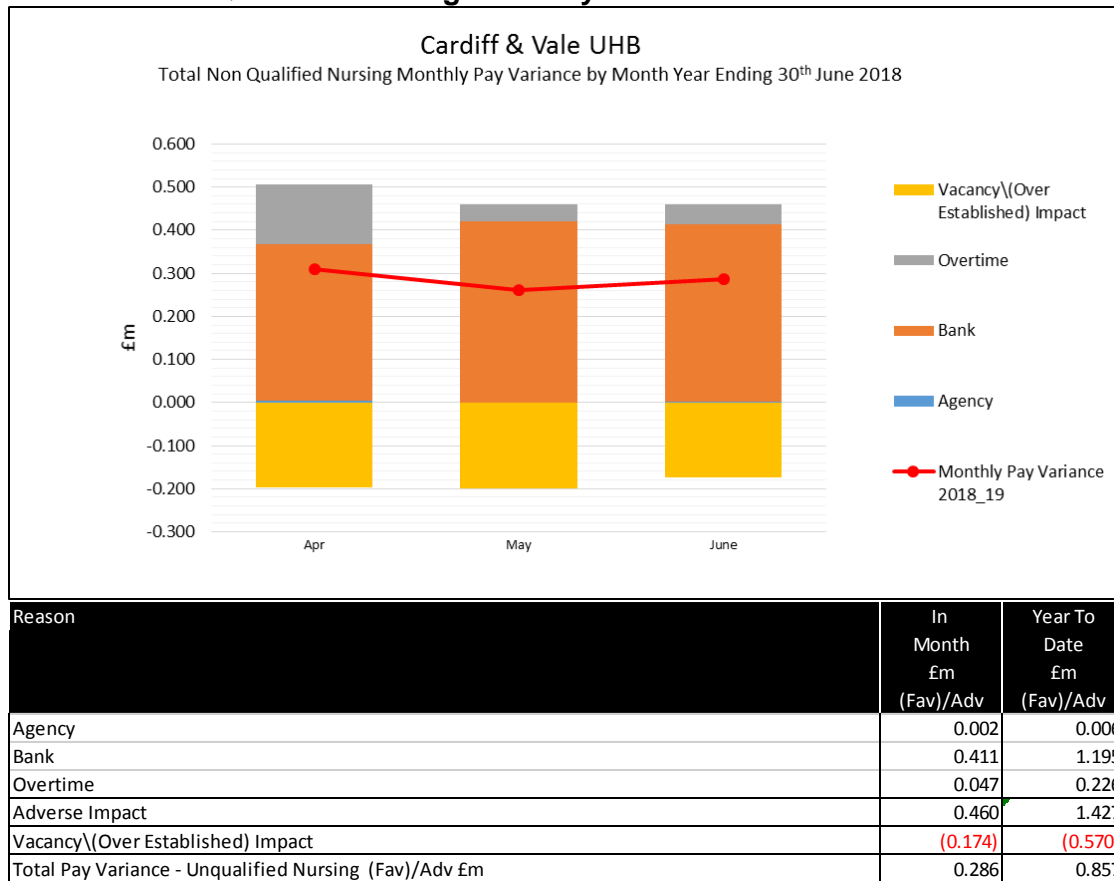
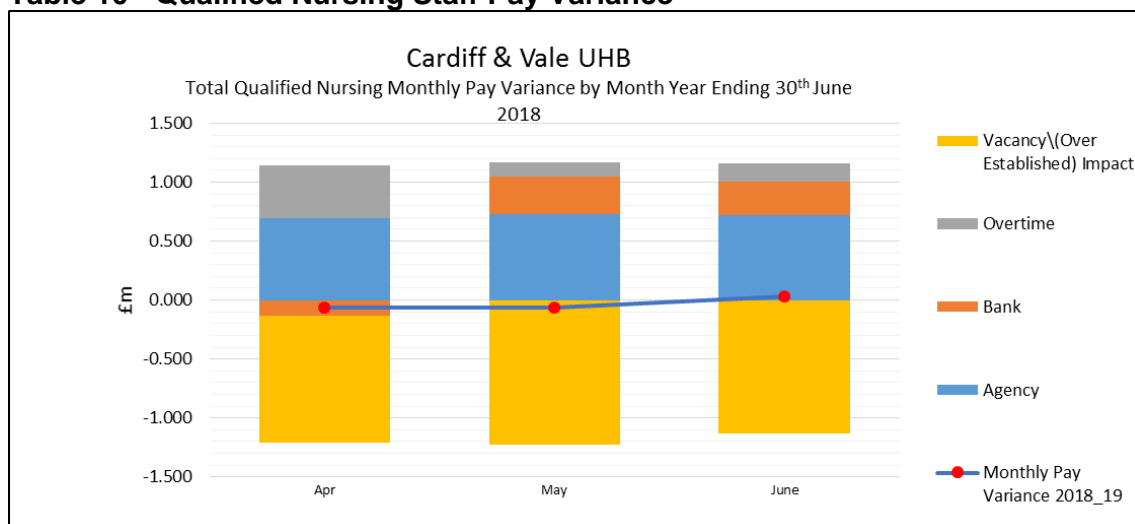
Table 9 – Non Qualified Nursing Staff Pay Variance

Table 9 indicates that the adverse variance against non-qualified nursing assistants is due to overspends of £1.195m on bank staff and £0.226m on overtime which is partly offset by an underspend against established posts.

Table 10 - Qualified Nursing Staff Pay Variance

Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.722	2.141
Bank	0.285	0.473
Overtime	0.150	0.723
Adverse Impact	1.158	3.337
Vacancy\ (Over Established) Impact	(1.128)	(3.435)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	0.029	(0.099)

Table 10 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 11 - Total Nursing Staff Pay Variance

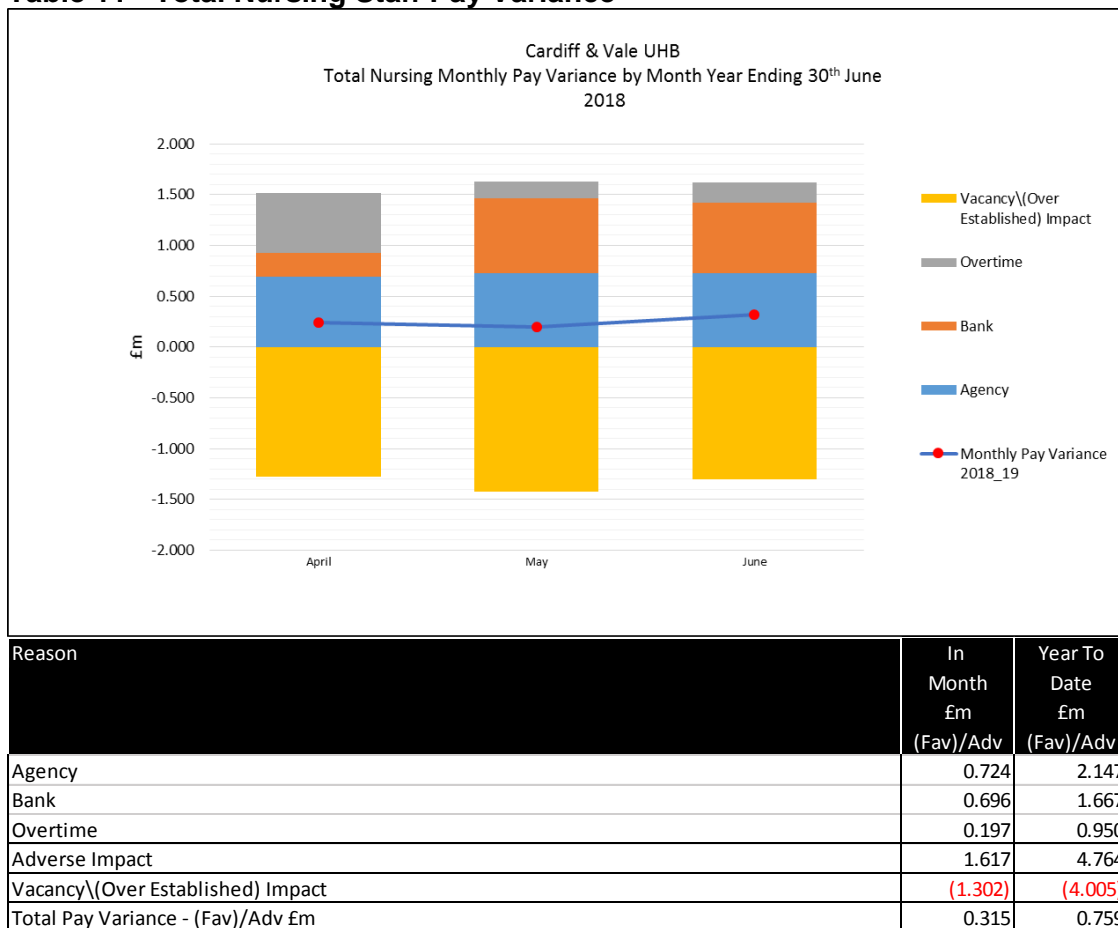
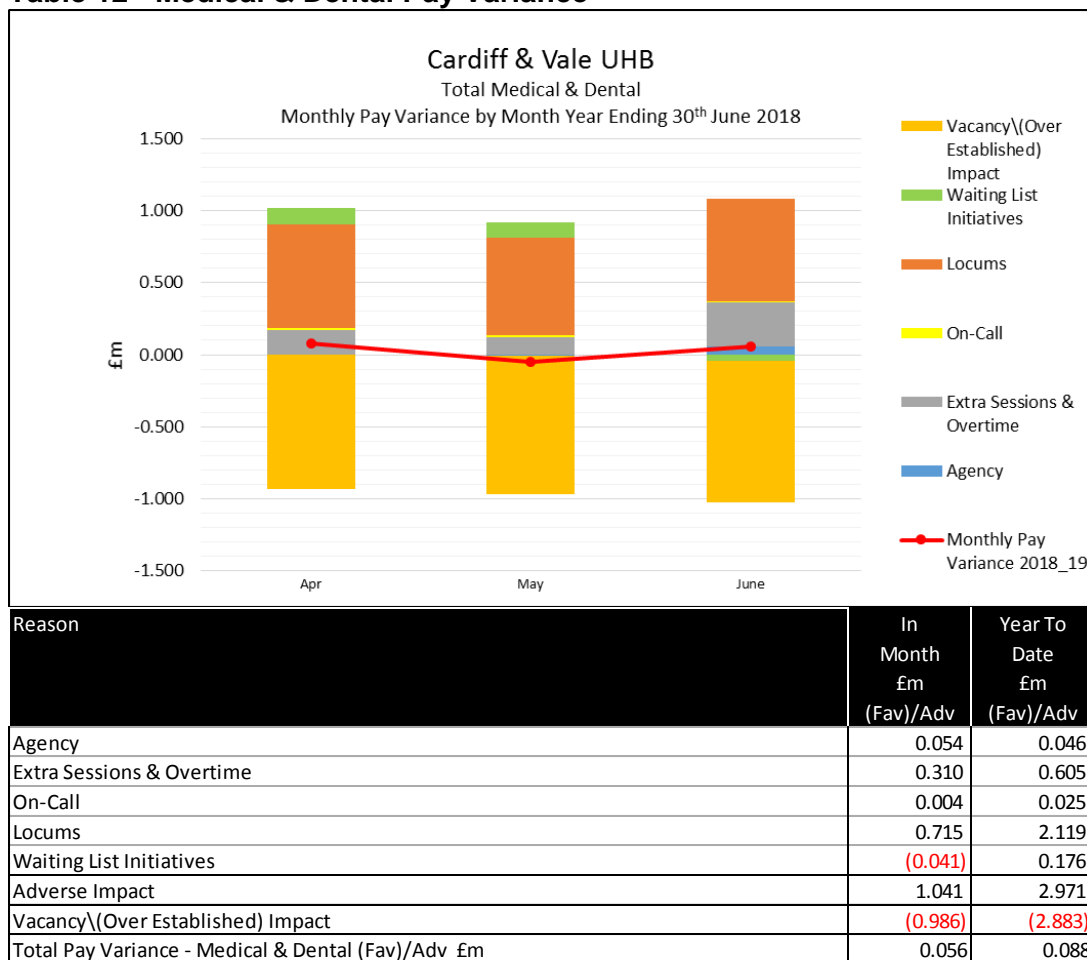


Table 11 identifies expenditure against substantive nursing posts for the year to date which is £0.759m more than budget. The £4.005m surplus against established posts is offset by a £4.764m overspend on agency, bank and overtime leading to an

overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2018/19.

Table 12 shows financial performance against medical and dental pay budgets. This identifies that the favourable variance against established posts is partially offset by expenditure on locums, waiting list initiatives and extra sessions leaving an overspend of £0.088m at month 3.

Table 12 - Medical & Dental Pay Variance



The key areas of concern are a £0.092m in month overspend and a £0.201m cumulative overspend within the Women and Children Clinical Board and in month £0.047m overspend and a cumulative £0.127m overspend in the CD&T Clinical Board. These are offset by underspends elsewhere.

Non Pay

Table 13 highlights an in month underspend of £0.217m and a £0.399m cumulative underspend against non pay budgets. The overspend against clinical services and supplies relates to theatre activity, the sarcoma service and communication aids

within specialist services. The majority of the in month overspend against general supplies and services relates to a continuation of the overspend against capital and estates services where recovery actions continue to be pursued.

Table 13: Non Pay Variance @ June 2018

Non Pay	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	7.793	7.872	0.079	23.754	23.947	0.192
Commissioned Services	14.261	14.339	0.079	42.079	41.861	(0.218)
Continuing healthcare	4.200	4.212	0.012	14.624	14.697	0.073
Drugs / Prescribing	12.523	12.535	0.013	37.627	37.723	0.096
Establishment expenses	0.711	0.709	(0.003)	2.558	2.431	(0.128)
General supplies & services	0.642	0.711	0.069	1.952	2.119	0.168
Other non pay	4.792	4.275	(0.517)	13.439	12.959	(0.479)
Premises & fixed plant	1.839	1.885	0.046	8.197	8.089	(0.108)
Primary Care Contractors	11.193	11.199	0.006	33.737	33.741	0.004
Total £m	57.955	57.738	(0.217)	177.966	177.567	(0.399)

LTA Commissioner Performance

The UHB spends circa £160m commissioning healthcare services for its population through contracts with WHSSC, LHBs and Velindre. A favourable Month 3 variance of £0.302m is shown in Table 14 and is largely driven by the UHBs performance on contracts, including:

- Underspend and slippage on investments within the WHSSC ICP provision, although there are a number of recognised risks alongside the specialised commissioning plan that may present in-year, including the impact of ongoing negotiations between WHSSC and NHSE over the impact of HRGv4+;;
- Lower than anticipated NICE cancer drugs expenditure with Velindre, although subject to implementation timelines this is projected to growth through 2018/19;
- Continued under performance in ABMU recovered at an enhanced marginal rate.

Table 14: Month 3 LTA Commissioner Performance

	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	121.156	30.274	30.156	(0.118)
Velindre	16.406	4.231	4.093	(0.137)
LHBs	21.130	5.087	4.921	(0.166)
Other / NCAs	2.352	0.698	0.818	0.120
	161.045	40.289	39.988	(0.302)

Financial Performance of Clinical Boards

Budgets are set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the three months to 30th June 2018 by Clinical Board is shown in Table 15.

Table 15: Financial Performance for the period ended 30th June 2018

Clinical Board	M2 Budget Variance £m	M3 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.061	0.043	(0.018)	0.16%
Children & Women	0.076	0.279	0.203	1.13%
Capital Estates & Facilities	0.034	0.173	0.139	1.11%
Dental	(0.039)	(0.016)	0.023	(0.32%)
Executives	(0.088)	(0.105)	(0.017)	(1.16%)
Medicine	0.256	0.386	0.130	1.35%
Mental Health	0.077	0.263	0.186	1.44%
PCIC	(0.089)	(0.033)	0.057	(0.04%)
Specialist	(0.012)	0.054	0.067	0.14%
Surgery	0.278	0.185	(0.093)	0.59%
Central Budgets	(0.063)	(0.632)	(0.569)	(1.33%)
SubTotal	0.491	0.599	0.108	0.19%
Planned Deficit	3.317	4.975	1.658	1.55%
Total	3.807	5.574	1.767	1.74%

A number of Clinical Boards continued to overspend against budgets at month 3. The largest in month overspend was in Women & Children where premium costs of providing medical cover remain and the shortfall against the savings plan target was responsible for £0.107m of the in month overspend. The in month overspend in mental health is largely due to a £0.116m overspend on nursing and a further £0.066m overspend on high cost out of area placements. The main pressures in Medicine were in nursing with a £0.483m cumulative overspend reflecting the cost of covering vacancies (circa 100 wte Band6/5 vacancies), a high level of sickness and specialising.

Savings Programme

The UHB has agreed a 3% recurrent savings target of £25.3m and a further 1% non-recurrent savings targets of £8.4m for delegated budget holders.

At month 3 the UHB Clinical Boards had identified £29.165m of green and amber schemes against the £33.780m delegated savings target. All Clinical Boards are still required to prioritise the identification and implementation of savings schemes as a matter of urgency to ensure that Clinical Boards meet their delegated targets.

Table 16: Progress against the 2018/19 Savings Programme at Month 3

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	33.780	33.780	0.000

In addition to the improvement against the delegated savings target a further £0.295m of non recurrent opportunities have been identified in respect of the £9.266m further financial improvement required to take the total of identified schemes to £7.775m leaving a further £1.491m to be identified.

If the £1.491m unidentified Financial Improvement Target were profiled into the reported position in 1/12ths, the Financial position at Month 3 would be £0.497m worse than reported.

Underlying Financial Position

A key risk to the UHB is its c/f deficit from 2018/19 into 2019/20. The recurrent underlying deficit in 2017/18 b/f into 2018/19 was £49.0m. If the 2018/19 plan is successfully delivered this would reduce to £39.1m by the year end. This is shown in Table 17.

Table 17: Summary of Underlying Financial Position

	2018/19 Plan £m	Forecast Position @ Month 2	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	49.000	0.000	49.000
Income	(23.958)	4.000	(19.958)
Cost pressures less mitigating actions	37.904		37.904
Less CIPs (includes £4.481m income generation & NR technical opportunities)	(33.780)	8.445	(25.335)
Unallocated Reserves (Positive Value)	(2.550)		(2.550)
Other mitigating actions required to deliver the financial improvement target	(6.716)	6.716	0.000
Deficit £m	19.900	19.161	39.061

Key points to note in the forecast underlying position are:

- The UHB has received £4m non recurrent income from Welsh Government in recognition of 2017/18 financial performance;
- The 1% non-recurrent savings target included in the plan of £8.445m;
- Of the £9.266m Financial Improvement Target, £2.550m has been identified recurrently through cost avoidance of Welsh Risk Pool costs (£0.550m) and

curtailing spend on investments (£2.0m) leaving a further £6.716m to find. Of this the UHB has identified £4.930m non recurrent opportunities and this leaves £1.786m which remains unidentified.

If no further progress was made against the recurrent CIP target, the UHB would have a carried forward underlying deficit of £39.7m being £39.1m identified in Table 17 and the shortfall on the FYE of recurrent savings schemes of £0.6m identified in Appendix 1.

Balance Sheet

The opening balances reflect the amounts brought forward from the 2017/18 Annual Accounts approved by the UHB Board on May 31st 2018.

The in year decrease in the carrying value of property, plant & equipment is due to in year depreciation charges being higher than in year spend on capital projects.

The increase in the carrying value of Inventory held is due to a bulk stock order to take advantage of a significant supplier discount. The stock will be utilised over the remainder of the financial year.

Overall trade debtors have increased by £8.8m since the start of the year in part due to a £3m increase in NHS & Non NHS prepayments which historically are higher at the start of the year due to a significant number prepayments against of maintenance agreements that run from April to March. Another £4.8m relates to an increase in amounts due from the Welsh Risk Pool in respect of amounts due re clinical negligence claims.

The value of Trade and other payables has fallen by around £48.1m since the start of the year due to a £13m reduction in capital creditors and the cash settlement of clinical negligence claims and year end commissioner risk sharing liabilities with WHSCC and other LHB's. The reduction in the number of creditors held has made a positive impacted on the UHB's public sector payment compliance performance.

Cash Flow Forecast

The closing cash balance for the month is lower than anticipated largely due to accounts payable spend being higher than expected.

The UHB estimates that it will require the following level of cash support in 2018/19:

- (i) Strategic Cash Assistance £19.900m
- (ii) Capital Working Balance Cash £5.192m
- (iii) Revenue Working Balance Cash £3.699m

The working balances cash requirements reflect resource that was allocated to the UHB in 2017/18 that was not drawn down as cash. The UHB is currently examining how the level of cash support required may be mitigated via management actions.

A reconciliation of the opening and closing cash position reported is shown below in Table 18.

Table 18: Forecast movement in cash position 2018/19

Description	£m
Opening Cash balance	1.856
Working balances arising	(8.891)
Management Actions (managing suppliers)	tbc
Forecast Deficit	(19.900)
Approved Cash Assistance & Working Balances Cash	tbc
Forecast Cash Deficit £m	(26.935)

Public Sector Payment Compliance

The UHB's cumulative performance to the end of June is 94.2%. This is an improvement of 0.1% in month and is also significantly better than the cumulative rate achieved for the same period in 2017/18 (89.4%). Improvements are expected due to the introduction of a no P.O. no Pay policy.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of June 2018 is summarised in Table 19.

Table 19: Progress against Capital Resource Limit @ June 2018

	£m
Planned Capital Expenditure at month 3	2.987
Actual net expenditure against CRL at month 3	3.251
Variance against planned Capital Expenditure at month 3	0.264

Capital progress to date remains slow with net spend to the end of June accounting for 9% of the UHB's approved CRL. The reported net spend to the end of June is £0.264m above the planned spend profile and year end expenditure is expected to be within the Capital Resource Limit. Planned spends for the year reflect the latest CRL received from Welsh Government dated 9th May 2018.

Financial Risks

The UHB's forecast year end position of a £19.900m deficit and the key risks to be managed in delivery of the plan are:

- Management of budget pressures
- Delivering identified savings;
- Delivery of £1.5m further mitigating actions to deliver financial improvement target.

These risks are diminishing as further progress is being made on the plan.

Key Concerns and Recovery Actions

At month 3, the key concerns and challenges are set out below:

1. Concern - Delivery of a 3% recurrent and a 1% non-recurrent savings target of £25.3m and £8.4m respectively.

Action - The UHB has identified corporate opportunities to cover the gap against the devolved saving target. In addition, all budget holders are still required to prioritise the identification and implementation of schemes as a matter of urgency to ensure that Clinical Boards meet their delegated targets. Until this is achieved, measures to curtail expenditure to ensure a balanced budget position each month need to be actioned.

2. Concern - Delivery of the £9.3m financial improvement target;

Action – the UHB has identified opportunities to deliver £7.8m of this target leaving £1.5m to find. Additional work is being undertaken to consider further options to fully deliver this target.

3. Concern - Managing within current budgets.

Action – At month 3 there are net operational overspends of £0.6m. Overspending Clinical Boards will need to provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

4. Concern - Managing down the underlying deficit.

Action - a greater focus on recurrent savings supporting the continued reduction in the underlying deficit.

CONCLUSION

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The UHB currently has a one year financial plan for 2018/19 which delivers a deficit of £19.9m. To deliver this the UHB needs to deliver £33.8m savings and identify mitigating actions to deliver a further £9.3m financial improvement. The UHB has made further progress against these requirements and now has a fully established savings plan and has also identified £7.775m financial improvement with a further £1.491m to find. The UHB is confident that this will be achieved over the next few months. The delivery of this further financial improvement required and the management of operational pressures are now the key risks in the delivery of the financial plan and will remain an area of focus until these are managed.

The reported financial position for the first three months is a deficit of £5.573m. This is made up of a budget plan deficit of £4.975m and an adverse variance against plan of £0.598m.

Appendix 1

Month 3 In-Year Effect

Clinical Board	18-19 4% Target	Granular Identified Green	Identified Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	6,600	6,586	292	6,878	4.17	150	-278
Capital Estates and Facilities	2,580	1,731	759	2,490	3.86	133	90
Medicine	3,754	1,998	1,457	3,455	3.68	531	299
Specialist Services	4,038	2,571	1,115	3,686	3.65	678	352
Surgery	4,714	3,561	457	4,018	3.41	1,525	697
CD&T	3,442	1,821	976	2,797	3.25	866	645
Mental Health	2,940	1,765	496	2,261	3.08	270	679
Children & Women	3,550	1,205	1,304	2,508	2.83	1,118	1,042
Corporate Execs	1,362	819	23	842	2.47	318	520
Dental	800	209	22	231	1.16	84	569
Total	33,780	22,266	6,899	29,165	3.45	5,673	4,615

2018-19 Full Year Effect

Clinical Board	18-19 3% Target	Granular Identified Green	Identified Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	4,950	5,472	352	5,824	3.53	524	-874
Capital Estates and Facilities	1,935	864	1,145	2,009	3.11	380	-74
Medicine	2,816	1,555	2,307	3,862	4.12	724	-1,047
Specialist Services	3,029	1,625	1,052	2,677	2.65	888	352
Surgery	3,536	2,690	546	3,236	2.75	2,790	300
CD&T	2,582	918	1,733	2,651	3.08	1,053	-69
Mental Health	2,205	1,176	416	1,592	2.17	270	613
Children & Women	2,663	847	1,438	2,285	2.58	1,576	377
Corporate Execs	1,022	495	13	507	1.49	324	514
Dental	600	94	0	94	0.47	110	506
Total	25,335	15,736	9,001	24,737	2.93	8,639	598

Appendix 2

BALANCE SHEET AS AT 30th JUNE 2018

	Opening Balance 1 st April 2018	Closing Balance 30 th June 2018
	£'000	£'000
Non-Current Assets		
Property, plant and equipment	657,424	653,887
Intangible assets	2,245	2,166
Trade and other receivables	57,469	49,244
Other financial assets		
Non-Current Assets sub total	717,138	705,297
Current Assets		
Inventories	15,697	17,867
Trade and other receivables	166,189	183,228
Other financial assets	0	0
Cash and cash equivalents	1,856	1,696
Non-current assets classified as held for sale	0	0
Current Assets sub total	183,742	202,791
TOTAL ASSETS	900,880	908,088
Current Liabilities		
Trade and other payables	180,290	132,296
Other financial liabilities	0	0
Provisions	120,512	137,432
Current Liabilities sub total	300,802	269,728
NET ASSETS LESS CURRENT LIABILITIES	600,078	638,360
Non-Current Liabilities		
Trade and other payables	9,635	9,492
Other financial liabilities	0	0
Provisions	60,471	46,286
Non-Current Liabilities sub total	70,106	55,778
TOTAL ASSETS EMPLOYED	529,972	582,582
FINANCED BY:		
Taxpayers' Equity		
General Fund	417,207	469,816
Revaluation Reserve	112,765	112,766
Total Taxpayers' Equity	529,972	582,582

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

Appendix 3

CASH FLOW FORECAST AS AT 30th JUNE 2018

	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)	86,045	81,620	90,750	58,820	82,920	65,314	71,969	78,824	75,469	65,114	74,669	39,132	870,646
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,590	1,380	1,540	1,650	1,560	1,560	1,560	1,560	1,560	1,560	2,258	19,378
WG Revenue Funding - Other (e.g. invoices)	3,850	3,165	2,366	2,366	2,366	2,366	2,366	2,366	2,366	4,538	2,366	4,538	35,019
WG Capital Funding - Cash Limit	8,000	6,000	1,500	1,600	7,200	3,200	3,200	3,000	2,399	0	0	0	36,099
Sale of Assets	0	0	0	208	0	0	0	0	0	0	0	0	208
Income from other Welsh NHS Organisations	32,230	31,149	46,893	34,660	37,254	27,911	30,895	37,874	32,846	25,960	31,229	36,257	405,158
Other - (Specify in narrative)	8,139	5,359	5,198	6,614	6,141	6,035	5,720	5,586	5,339	5,610	5,990	7,314	73,045
TOTAL RECEIPTS	139,864	128,883	148,087	105,808	137,531	106,386	115,710	129,210	119,979	102,782	115,814	89,499	1,439,553
PAYMENTS													
Primary Care Services : General Medical Services	5,267	4,164	8,167	4,379	4,274	7,082	4,274	4,274	7,082	4,274	4,274	7,082	64,593
Primary Care Services : Pharmacy Services	134	135	123	106	125	125	125	125	250	500	250	250	2,248
Primary Care Services : Prescribed Drugs & Appliances	7,008	7,632	15,311	0	15,110	0	7,555	15,110	7,555	0	7,555	7,555	90,391
Primary Care Services : General Dental Services	1,755	1,800	1,766	1,974	1,825	1,825	1,825	1,825	1,825	1,825	1,825	1,825	21,895
Non Cash Limited Payments	1,958	2,086	2,111	2,057	2,065	2,065	2,065	2,065	2,065	2,065	2,065	2,065	24,732
Salaries and Wages	47,471	47,804	47,732	47,641	47,964	47,664	47,845	47,991	47,712	47,977	48,274	48,156	574,231
Non Pay Expenditure	54,604	51,324	57,727	42,755	44,478	39,774	39,851	40,013	40,476	40,776	40,496	42,479	534,753
Capital Payment	12,496	1,679	1,935	1,562	6,862	3,209	3,237	2,970	2,508	2,312	2,175	554	41,499
Other items (Specify in narrative)	8,721	8,960	17,124	3,008	14,835	4,628	8,900	14,835	10,563	2,965	8,900	10,563	114,002
TOTAL PAYMENTS	139,414	125,584	151,996	103,482	137,538	106,372	115,677	129,208	120,036	102,694	115,814	120,529	1,468,344
Net cash inflow/outflow	450	3,299	(3,909)	2,326	(7)	14	33	2	(57)	88	0	(31,030)	
Balance b/f	1,856	2,306	5,605	1,696	4,022	4,015	4,029	4,062	4,064	4,007	4,095	4,095	
Balance c/f	2,306	5,605	1,696	4,022	4,015	4,029	4,062	4,064	4,007	4,095	4,095	(26,935)	

PROGRESS AGAINST CRL AS AT 30th JUNE 2018

CARING FOR PEOPLE KEEPING PEOPLE WELL

Workforce Key Performance Indicators May 2018

Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	Comparison with Previous Month	2018-19 target	Notes
1. Sickness Absence Rate	5.07%	5.12%	4.56%	↑ 0.01%	4.60%	YTD is 12-month cumulative rate
1a. Sickness Absence Rate (12-Months ago comparator)	4.87%	4.89%	4.53%	↑ 0.01%	4.20%	All data here relates to 2017-18, for comparative purposes
2. Job Plan Compliance	50.80%	50.15%	50.15%	↑ 1.16%	85.00%	Compliance - a recorded job plan in ESR with a review having taken place within the last 12 months.
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.29%	6.29%	↓ 0.09%	Reduction	Excludes junior medical staff in training
4. Pay Bill Over/Underspend	-0.43%	-0.04%	-0.23%	↑ 0.59%	Underspend	YTD is April-18 to current month, value shown is the amount of over/underspend as a % of budget
5. Variable Pay Rate	8.06%	8.46%	8.49%	↑ 0.37%	No target	YTD is April-18 to current month, value shown is variable pay as a % of pay bill
6. Establishment (Budget) WTE	13554.74		13834.54	↑ 177.57 WTE		
7. Actual (Contracted) WTE	12738.43		12717.21	↓ 57.61 WTE		
8. Fire Safety Mandatory Training Rate	65.32%	66.68%	66.68%	↓ 0.30%	85.00%	
9. PADR Rate	57.19%	59.54%	59.54%	↑ 0.88%	85.00%	

Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
<ul style="list-style-type: none"> Nurse Recruitment: The May 2018 nurse vacancy rate at Band 5 was 15.35% (301 vacancies), up by 5.24% from May 2017. Turnover has fallen by 0.54% over the same period to 12.12%. There has been a net decrease of 50 wte fewer in post, and 109 wte more vacancies than a year ago. Nurse Workforce Sustainability Plan being implemented to further progress this position. Medical Recruitment: As at end of May 2018 there are 36.00 WTE hard-to-fill vacancies, 5 WTE of which are consultant posts. This represents 2.56% of the M&D workforce. Specific workforce plans are being developed to address hard-to-fill medical posts. PADR: All managers/ reviewers now have the responsibility to record their staffs PADRs electronically via ESR. Enhanced reviewer training has recently taken place which provides reviewers/ line managers with an introduction to coaching and MBTI and how these are beneficial skills to use for the PADR. The document for recording PADRs has been updated and now incorporates the revised values and behaviours framework. A video has been developed to promote the benefits of an effective PADR which will be launched shortly. 	<ul style="list-style-type: none"> Surgery:

<ul style="list-style-type: none"> • Statutory and Mandatory Training: Mandatory May (classroom based training) has taken place with 422 staff attending the fire module and around 300 attending the other modules. Dates for September and November are currently being set up. LED is working with subject matter experts to finalise a targeted training needs analysis for mandatory training, to be uploaded into ESR. As ESR self-service is fully deployed, over 300 managers have received training on how to view their compliance records and complete the e-learning modules as required. User guides are also currently being updated. • Staff Engagement: The All Wales Staff Survey will be launched on 11th June 2018 for 6 weeks. 100% of staff will be invited to complete the survey which will be accessible via a variety of options i.e. ESR self-service, personal invite via email, web link, request for paper, over telephone direct with Quality Health. The communications plan has commenced with updates happening via CAVNews, via posters, twitter and facebook. It is anticipated the results will be available early September and presented to Board end September/ early October. A Values board has been put up in the UHB main corridor and further information/ promotional packs are in the process of being distributed widely. Values based recruitment training is being implement with further training dates being circulated and bookings being taken. To date this process is evaluating well. 	<ul style="list-style-type: none"> • Surgery:
<p>Recruitment</p> <ul style="list-style-type: none"> • Medicine: A member of the Medicine Clinical Board attended the RCN Congress in Belfast as part of the representation for the NHS Wales Train Work Live campaign. Expressions of Interest were taken from 100s of delegates and attendees at the event and are being allocated to the relevant health boards by Shared Services. All potential applicants to the Medicine Clinical Board will be invited to submit an application. • Medicine: Representatives of the Medicine Clinical Board attended the HSJ event in Cardiff in May. 2 applicants were interviewed and offered posts in Medicine at the event and have since submitted applications. A further 11 potential candidates submitted their contact details and have since been invited to apply for posts within Medicine. • Medicine: The Medicine Clinical Board is fully supporting the showcase event on 23rd June ahead of the introduction of Student Streamlining and all directorates will 	

1. Sickness Rate (12- Month Cumulative)

	WTE	Target	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
Capital, Estates & Facilities		7.05%	7.25%	7.18%	7.36%	7.56%	7.56%	7.61%	7.60%	7.83%	7.99%	7.96%	7.88%	7.83%	7.61%	> 0.5% Off Target
CDT		3.68%	3.74%	3.73%	3.75%	3.77%	3.77%	3.80%	3.75%	3.81%	3.83%	3.86%	3.96%	4.09%	4.08%	< 0.5% Off Target
Children & Women		4.30%	4.47%	4.50%	4.40%	4.40%	4.47%	4.52%	4.49%	4.59%	4.66%	4.70%	4.74%	4.78%	4.79%	Below / On Target
Corporate		2.59%	2.52%	2.54%	2.51%	2.46%	2.48%	2.40%	2.42%	2.41%	2.55%	2.58%	2.71%	2.88%	3.01%	
Dental		3.39%	3.92%	3.84%	3.88%	3.82%	3.86%	3.81%	3.70%	3.64%	3.50%	3.49%	3.54%	3.77%	3.82%	
Medicine		5.16%	5.50%	5.47%	5.49%	5.57%	5.62%	5.63%	5.49%	5.49%	5.53%	5.63%	5.75%	5.74%	5.79%	
Mental Health		6.09%	6.45%	6.39%	6.35%	6.33%	6.34%	6.40%	6.56%	6.70%	6.84%	6.84%	6.81%	6.76%	6.66%	
PCIC		4.67%	5.24%	5.10%	5.05%	5.05%	4.98%	4.94%	4.96%	5.15%	5.28%	5.38%	5.19%	5.18%	5.28%	
Specialist Services		4.12%	4.62%	4.57%	4.48%	4.43%	4.45%	4.34%	4.28%	4.35%	4.40%	4.40%	4.52%	4.57%	4.69%	
Surgical Services		4.42%	4.81%	4.81%	4.72%	4.78%	4.83%	4.85%	4.78%	4.89%	4.93%	4.96%	4.90%	4.91%	4.94%	
uHB		4.60%	4.89%	4.86%	4.84%	4.86%	4.89%	4.89%	4.86%	4.94%	5.01%	5.04%	5.07%	5.11%	5.12%	

3. Voluntary Resignation Turnover Rate (12-Month WTE, excluding junior medical staff)

	Average WTE	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
Dental		2.53%	2.28%	2.58%	2.55%	3.27%	3.15%	3.27%	3.09%	2.54%	2.38%	2.73%	3.10%	2.95%	Under 7%, Over 9%
Capital, Estates & Facilities		3.49%	3.28%	3.43%	3.65%	3.73%	4.21%	4.35%	4.46%	4.74%	4.37%	4.20%	4.07%	3.86%	7.0% - 9.0%
Mental Health		6.30%	6.35%	6.07%	6.10%	6.46%	5.74%	5.70%	5.51%	5.62%	5.55%	5.72%	5.60%	5.18%	
Children & Women		5.51%	5.74%	5.86%	5.90%	5.95%	5.50%	5.73%	5.46%	5.39%	5.29%	5.64%	5.72%	5.58%	
Corporate		6.58%	6.42%	6.03%	6.73%	6.63%	7.07%	6.71%	7.14%	7.13%	6.77%	6.51%	6.22%	5.90%	
Surgical Services		6.33%	6.13%	5.99%	5.93%	6.03%	6.09%	5.92%	5.63%	5.80%	5.62%	5.92%	5.99%	6.00%	
Medicine		6.84%	7.22%	6.91%	7.19%	6.77%	7.20%	7.22%	7.14%	6.81%	6.91%	7.02%	6.79%	6.77%	
Specialist Services		6.65%	6.52%	6.50%	6.51%	6.80%	6.84%	7.28%	6.96%	6.46%	6.66%	6.96%	7.09%	6.92%	
CDT		6.20%	6.42%	6.68%	6.81%	6.85%	6.63%	6.46%	6.81%	6.68%	7.04%	6.98%	7.40%	7.48%	
PCIC		9.92%	9.32%	9.39%	9.63%	10.23%	10.90%	10.86%	10.86%	9.99%	10.22%	10.37%	10.37%	10.63%	
uHB		6.14%	6.15%	6.13%	6.25%	6.35%	6.36%	6.38%	6.33%	6.19%	6.20%	6.34%	6.38%	6.29%	

Note:

6 & 7. uHB Staffing Position

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Change since March 18
Worked WTE	12916.46	12980.06	12867.64	12893.14	12937.81	12896.59	12897.38	13038.92	12977.01	12997.31	13035.00	13049.31	12991.99	12996.03	-53.28
Establishment WTE	13294.15	13287.50	13375.98	13485.23	13520.24	13554.61	13519.36	13510.43	13517.18	13474.49	13514.62	13554.74	13656.97	13834.54	279.80
Actual (Contracted) WTE	12585.67	12551.70	12557.24	12591.86	12579.02	12710.07	12684.55	12771.19	12830.08	12800.43	12789.43	12738.43	12774.81	12717.21	-21.22

2. Job Plans Compliance - % Consultants and SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
PCIC	9	0.00%	90.91%	100.00%	100.00%	90.91%	70.00%	70.00%	70.00%	70.00%	70.00%	77.78%	100.00%	100.00%	88.89%
Dental	54	9.26%	1.72%	30.51%	39.66%	38.60%	42.11%	73.68%	73.68%	76.79%	79.63%	77.78%	74.07%	70.91%	72.22%
Surgical Services	187	1.60%	10.53%	11.05%	10.47%	9.42%	8.95%	10.05%	11.64%	24.74%	23.94%	71.96%	71.28%	70.21%	70.05%
Children & Women	110	4.55%	42.45%	61.32%	67.92%	60.75%	62.96%	66.67%	66.04%	61.68%	57.41%	54.21%	53.27%	52.78%	50.91%
Specialist Services	104	3.85%	26.17%	28.30%	42.06%	42.06%	38.53%	40.54%	38.39%	33.04%	33.63%	30.09%	32.74%	31.03%	42.31%
Medicine	105	5.71%	15.24%	15.24%	15.24%	28.85%	31.43%	43.40%	43.40%	41.12%	39.62%	44.23%	45.28%	42.86%	40.95%
Mental Health	46	6.52%	61.11%	63.64%	58.49%	58.82%	55.10%	52.08%	43.75%	40.43%	35.42%	28.57%	22.45%	18.37%	17.39%
CDT	61	0.00%	66.13%	66.10%	36.21%	35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%
Capital, Estates & Facilities															
Corporate															
uHB	676	3.85%	27.99%	33.91%	34.54%	35.04%	34.59%	40.03%	39.22%	40.90%	39.71%	51.31%	50.80%	48.99%	50.15%

Source - ESR

Under 75%
75% - 85%
Over 85%

Note:

'Headcount' above shows the number of consultant and SAS doctors (both uHB contracted and honorary) by Clinical Board for the current reporting month. These are contractually required to have a job plan, which should be reviewed every 12 months. The '% with No Recorded Plan' shows the percentage (at the current month) of the Consultant and SAS doctors for whom no job plan has been recorded in ESR. The 12-month trend shows the percentage of consultant and SAS doctors for whom a record of the job plan having been signed off in the past 12 months has been recorded in ESR.

Job Plans Compliance - % Consultants with Reviewed Job Plans

	Headcount	% With No Recorded Plan	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
PCIC	7	0.00%	100.00%	100.00%	100.00%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Dental	20	0.00%	5.00%	52.38%	76.19%	76.19%	80.95%	90.48%	90.48%	95.24%	100.00%	95.24%	90.00%	85.00%	95.00%
Surgical Services	180	1.11%	10.93%	11.48%	10.87%	9.78%	9.29%	10.44%	12.09%	25.14%	24.31%	74.18%	73.48%	72.38%	72.22%
Children & Women	91	4.40%	50.57%	73.56%	76.74%	67.05%	69.66%	70.79%	70.11%	64.77%	60.23%	55.06%	56.18%	52.81%	50.55%
Medicine	86	6.98%	17.24%	17.05%	17.05%	33.33%	36.36%	50.56%	50.00%	47.19%	45.45%	51.16%	52.27%	49.43%	47.67%
Specialist Services	93	3.23%	28.13%	30.53%	45.83%	45.83%	41.84%	44.00%	43.00%	37.00%	37.62%	33.66%	34.31%	32.38%	45.16%
Mental Health	28	10.71%	63.33%	63.33%	61.29%	58.06%	53.33%	53.33%	46.67%	41.38%	36.67%	25.81%	16.67%	23.33%	25.00%
CDT	61	0.00%	66.13%	66.10%	36.21%	35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%
Capital, Estates & Facilities															
Corporate															
uHB	566	3.00%	30.42%	35.85%	36.32%	36.78%	36.68%	40.17%	39.69%	41.45%	40.31%	53.89%	53.02%	51.21%	53.36%

Job Plans Compliance - % SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Dental	34	14.71%	0.00%	18.42%	18.92%	16.67%	19.44%	63.89%	63.89%	65.71%	66.67%	66.67%	64.71%	62.86%	58.82%
Children & Women	19	5.26%	5.26%	5.26%	30.00%	31.58%	31.58%	47.37%	47.37%	47.37%	45.00%	50.00%	38.89%	52.63%	52.63%
PCIC	2	0.00%	75.00%	100.00%	100.00%	100.00%	25.00%	25.00%	25.00%	25.00%	25.00%	33.33%	100.00%	100.00%	50.00%
Specialist Services	11	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	0.00%	8.33%	8.33%	0.00%	18.18%	18.18%	18.18%
Surgical Services	7	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	14.29%	0.00%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%
Medicine	19	5.26%	5.56%	5.88%	5.88%	5.88%	5.88%	5.88%	11.11%	11.11%	11.11%	11.11%	11.11%	11.11%	10.53%
Mental Health	18	0.00%	58.33%	64.00%	54.55%	60.00%	57.89%	50.00%	38.89%	38.89%	33.33%	33.33%	31.58%	10.53%	5.56%
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	110	8.18%	16.53%	24.79%	26.27%	26.32%	23.89%	39.29%	36.84%	38.05%	36.61%	37.61%	39.09%	37.50%	33.64%

4. Pay Bill Over/Underspend (Year-to-Date from April)

	Budget	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	April-18 to Date (£)
PCIC	£31,776,011	-3.56%	-3.24%	-2.75%	-3.07%	-3.13%	-2.99%	-2.85%	-2.57%	-2.67%	-2.68%	-2.02%	-4.27%	-3.12%	-£166,220
Dental	£16,992,555	-0.23%	0.21%	0.32%	0.12%	-0.15%	0.09%	0.04%	0.08%	0.06%	0.17%	0.10%	-3.13%	-2.09%	-£59,428
Specialist Services	£84,207,669	-1.40%	-1.49%	-1.25%	-0.90%	-0.83%	-0.93%	-0.85%	-0.97%	-0.94%	-0.79%	-0.89%	-1.87%	-1.96%	-£277,084
CDT	£81,987,487	-0.12%	-0.16%	-0.13%	-0.40%	-0.66%	-0.73%	-0.71%	-0.44%	-0.46%	-0.48%	-0.40%	-0.29%	-0.45%	-£63,048
Surgical Services	£90,927,699	-1.14%	-1.56%	-1.64%	-1.38%	-1.47%	-1.42%	-1.36%	-1.56%	-1.88%	-1.90%	-1.78%	1.08%	0.09%	£13,275
Children & Women	£78,330,148	-0.36%	-0.29%	-0.31%	-0.13%	-0.06%	0.15%	0.40%	0.55%	0.45%	0.49%	0.50%	0.37%	0.30%	£39,069
Corporate	£30,421,782	-1.28%	-0.63%	-3.36%	-0.42%	-1.07%	-0.97%	-0.90%	-0.95%	-0.91%	-0.89%	-1.58%	1.25%	0.86%	£44,470
Capital, Estates & Facilities	£28,395,275	-3.26%	-1.39%	-0.29%	0.28%	0.27%	-0.08%	-0.22%	-0.26%	-0.11%	-0.22%	0.04%	2.51%	0.90%	£42,644
Mental Health	£50,813,728	-0.93%	-0.58%	-0.77%	-0.64%	-0.60%	-0.51%	-0.69%	-0.81%	-0.94%	-1.02%	-0.86%	1.68%	1.20%	£102,200
Medicine	£79,164,932	2.19%	2.14%	2.18%	2.12%	2.15%	2.04%	2.14%	1.97%	1.88%	1.79%	1.76%	1.64%	2.07%	£284,910
uHB	£583,455,771	-0.60%	-0.51%	-0.55%	-0.30%	-0.41%	-0.40%	-0.34%	-0.35%	-0.44%	-0.44%	-0.43%	0.16%	-0.04%	-£36,991

Over Budget
Under Budget

Note:

The pay budget for May 2018 was £49,679,620 and the pay bill was £49,564,922. This represents an underspend of £114,698. For the financial year 2018-19 the 12-month pay budget is £583,455,771.

5. Variable Pay Rate (Year-to-Date from April)

	Budget	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	No Target
Corporate	£30,421,782	2.37%	2.39%	2.15%	2.38%	2.74%	2.69%	2.67%	2.60%	2.53%	2.52%	2.53%	2.84%	2.48%	
Dental	£16,992,555	1.82%	2.00%	2.17%	2.51%	2.46%	2.45%	2.51%	2.47%	2.56%	2.75%	2.84%	2.32%	2.79%	
PCIC	£31,776,011	3.74%	4.28%	4.34%	4.65%	4.40%	4.21%	3.65%	3.75%	3.79%	3.88%	3.98%	3.23%	3.62%	
Children & Women	£78,330,148	4.49%	4.60%	4.44%	4.39%	4.59%	4.63%	4.73%	4.69%	4.64%	4.68%	5.04%	4.41%	4.68%	
CDT	£81,987,487	4.66%	4.84%	4.79%	4.72%	4.65%	4.55%	4.54%	4.51%	4.56%	4.71%	5.00%	5.30%	5.46%	
Capital, Estates & Facilities	£28,395,275	5.48%	5.88%	5.54%	5.75%	5.57%	5.40%	5.27%	5.10%	5.28%	5.25%	5.50%	5.49%	6.30%	
Specialist Services	£84,207,669	7.28%	7.30%	7.40%	7.52%	7.58%	7.47%	7.53%	7.46%	7.47%	7.54%	7.98%	7.73%	7.78%	
Surgical Services	£90,927,699	8.89%	8.79%	8.87%	8.96%	9.01%	8.99%	8.99%	8.87%	8.91%	9.13%	9.43%	9.58%	9.44%	
Mental Health	£50,813,728	9.86%	9.64%	9.50%	9.57%	9.78%	10.10%	10.16%	10.16%	10.21%	10.30%	10.55%	10.56%	10.97%	
Medicine	£79,164,932	16.83%	15.51%	15.85%	16.01%	15.93%	15.85%	16.13%	16.05%	16.09%	16.22%	16.60%	18.90%	18.37%	
uHB	£583,455,771	7.79%	7.65%	7.67%	7.76%	7.78%	7.75%	7.72%	7.66%	7.70%	7.81%	8.06%	8.43%	8.46%	

Note:

The matrix above shows variable pay represented as a percentage of total pay bill. The percentage of spend on variable pay is 0.67% higher than for May 2017. The proportion of the paybill attributable to bank and agency for May 2018 (5.66%) is 0.74% higher than for May 2017.

Medicine: Nursing Bank, Agency and Overtime continues to be driven by the vacancy position, the requirement to cover significant sickness and the use of specialising. In addition to this temporary for substantive wards cover has been employed since the start of the calendar year to support the additional ward and beds open for winter. The additional beds closed from the 11th May and this is reflected in the reduced expenditure in month on the totality of the 3 pay types. It is worth noting that outside of costs associated with the winter plan actual temporary cover expenditure increased in May.

Extra sessions reduced in month which will also be reflective of the ceasing of some of the winter plans, however internal locums costs increased and staff flow remained static reflecting ongoing junior doctor gaps within both internal medicine and EU and the extension of some winter plans until early June to include additional medical support within AU and the medical outlier team.

WLI expenditure in month reflects an increase in RTT related sessions that are fully funded.

Mental Health: The cumulative variable pay expenditure within MH CB is mainly driven by nursing bank and agency expenditure. The high usage is due to the need to cover nursing vacancies, sickness and continued high acuity levels which has resulted in a greater requirement of specialising and close observations.

This variable expenditure on Qualified Nursing, mainly agency is higher than previous months due to the backfilling of staff to cover a ward that was using staff to special one patient on a Medical Ward in UHW for 2 weeks in April and 2.5 weeks in May. The HCSWs is usually higher than the other staff groups as they do cover the majority of the requirements of the specialising and close observations of patients with Mental Health needs.

The medical variable pay is made up of both locums and Staff flow and is due to the requirement to fill/backfill vacancies, largely within the Community Mental Health Teams. The medical variable pay has seen a decrease in Staff flow costs within May with internal locum and locum pay remaining steady.

Surgical Services: The variable pay in M2 continues to be driven primarily by Agency, Bank and overtime usage. The mix of which has fluctuated from M1, however this is variable due to both demand and supply of the sources of cover to support vacancies, sickness, specialising of patients etc and the need to support additional capacity and supernumerary nurses. At month 2, these three types of pay are attributable for 52% of the total cumulative variable pay expenditure.

In addition expenditure on Locums, staff flow, WLI and extra sessions is being driven by the ongoing need to cover vacant junior medical posts, sickness and the usage of WLI's to support RTT. At Month 2, these four types of pay are attributable for 44% of the total cumulative variable pay expenditure – with on-call accounting for the remaining 4%.

Statutory and Mandatory Training Rate (12- Month Cumulative)

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Dental	565		71.61%	73.16%	74.67%	80.81%	85.34%	87.59%	87.92%	88.84%	88.94%	89.21%	88.70%	88.46%
Corporate	796		67.11%	68.72%	71.04%	72.00%	75.06%	78.00%	78.51%	79.37%	81.03%	81.46%	81.93%	81.86%
CDT	2359		73.42%	75.65%	77.57%	78.91%	79.80%	80.33%	80.10%	80.28%	80.51%	80.18%	79.03%	80.86%
Children & Women	2103		60.56%	61.95%	64.55%	64.92%	66.32%	70.53%	71.65%	73.94%	76.33%	77.07%	80.78%	79.12%
PCIC	901		61.23%	61.48%	63.37%	65.89%	69.20%	71.52%	72.24%	71.99%	73.24%	74.12%	75.92%	76.48%
Mental Health	1414		56.95%	58.24%	59.53%	61.02%	61.32%	63.14%	64.06%	66.31%	68.33%	69.59%	72.29%	74.24%
Specialist Services	1817		59.22%	60.07%	61.54%	60.99%	62.72%	64.96%	65.56%	67.09%	68.25%	68.44%	69.14%	70.13%
Medicine	1819		49.74%	49.43%	50.98%	52.76%	55.85%	60.93%	62.65%	65.63%	67.46%	67.52%	68.71%	69.93%
Surgical Services	1997		49.25%	50.52%	52.27%	53.02%	55.04%	57.32%	59.49%	59.81%	60.27%	61.21%	62.71%	64.71%
Capital, Estates & Facilities	1227		52.24%	54.64%	55.72%	57.17%	58.31%	60.15%	63.58%	64.30%	66.43%	65.04%	62.42%	61.05%
uHB	14998		59.30%	60.56%	62.36%	63.55%	65.43%	68.00%	69.14%	70.41%	71.73%	72.04%	73.01%	73.67%

Under 75%
75% - 85%
Over 85%

8. Statutory and Mandatory Training Rate (12- Month Cumulative) by Topic

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Equality	14998		68.63%	69.33%	70.46%	70.93%	72.01%	74.01%	75.26%	75.78%	76.54%	76.81%	77.83%	78.69%
Fire	14998		48.85%	50.87%	52.99%	54.16%	57.47%	60.63%	61.57%	63.37%	64.74%	65.32%	66.98%	66.68%
Health & Safety	14998		69.52%	70.53%	72.31%	73.35%	74.64%	76.75%	78.01%	78.81%	79.67%	80.22%	80.56%	81.79%
IPC	14998		71.11%	71.64%	73.39%	74.14%	75.17%	76.97%	78.17%	78.87%	79.48%	79.82%	80.50%	82.24%
Information Governance	14998		57.59%	59.77%	62.94%	64.60%	67.08%	69.77%	70.54%	71.16%	71.45%	70.69%	70.33%	68.20%
Manual Handling	14998		61.82%	62.36%	62.95%	63.55%	64.77%	66.76%	67.63%	67.43%	69.15%	69.13%	69.13%	69.61%
Resuscitation	14998		28.54%	30.13%	32.47%	35.58%	40.28%	44.46%	45.46%	50.67%	53.91%	53.87%	56.81%	59.28%
Safeguarding Adults	14998		61.68%	63.37%	65.20%	66.23%	67.20%	69.61%	71.11%	72.11%	73.59%	74.39%	75.62%	76.20%
Safeguarding Children	14998		62.66%	63.84%	65.37%	66.34%	67.57%	70.48%	71.70%	72.67%	73.91%	74.52%	75.50%	75.95%
Violence & Aggression	14998		62.64%	63.75%	65.49%	66.62%	68.11%	70.56%	71.97%	73.27%	74.81%	75.58%	76.79%	78.08%

Under 75%
75% - 85%
Over 85%

Learning compliance data was migrated from the Learning@NHS Wales system into ESR between March and June 2017, as a part of the transition to the use of ESR as the recording database for learning compliance, which was why no compliance data was available. Staff compliance is now directly recorded in ESR as soon as statutory or mandatory e-learning is undertaken.

All staff (i.e. inclusive of junior medical staff in training) are expected to achieve and maintain compliance. Staff are being measured individually against 13 subjects (Dementia Awareness, Mental Capacity Act and Violence Against Women, Domestic Abuse and Sexual Violence have been added to the list of topics) but the Health Board compliance is calculated for the 10 subjects as listed.

9. Combined PADR and Medical Appraisal Rate (12- Month Cumulative)

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
PCIC	828	71.07%	73.98%	73.97%		73.85%	78.16%	80.95%	77.91%	75.90%	74.22%	68.60%	71.20%	74.88%	Under 75%
Dental	458	69.69%	66.60%	70.11%		50.00%	55.11%	66.96%	68.94%	71.05%	70.11%	66.81%	68.12%	73.36%	75% - 85%
Specialist Services	1709	64.23%	64.54%	66.49%		61.01%	61.45%	68.43%	66.21%	65.57%	65.40%	62.46%	63.28%	64.54%	Over 85%
Children & Women	1957	60.92%	60.30%	59.31%		51.44%	54.90%	64.43%	64.32%	66.58%	67.64%	60.74%	55.79%	63.52%	
Medicine	1709	52.87%	53.83%	54.78%		49.37%	47.76%	58.39%	58.94%	62.79%	62.92%	57.85%	60.00%	60.68%	
Mental Health	1360	52.10%	50.47%	51.81%		48.07%	50.15%	52.27%	49.21%	50.04%	49.70%	50.80%	57.53%	59.93%	
CDT	2251	69.15%	69.04%	68.65%		65.77%	64.97%	65.64%	63.96%	63.24%	60.92%	56.19%	63.27%	54.46%	
Capital, Estates & Facilities	1197	42.68%	29.98%	22.94%		22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%	
Corporate	769	60.35%	59.78%	58.00%		55.31%	56.48%	57.29%	57.41%	57.16%	53.40%	52.56%	52.21%	52.67%	
Surgical Services	1803	47.08%	46.51%	49.63%		49.70%	49.15%	57.83%	55.68%	53.20%	51.39%	48.07%	50.31%	52.08%	
uHB	14041	58.34%	57.12%	57.18%		53.15%	54.12%	60.03%	60.32%	61.14%	59.40%	57.19%	58.66%	59.54%	

Note:

There was no combined PADR and medical appraisal rate for August 2017, due to complications with an upgrade to the Medical Appraisal Recording System (MARS).

9a. Medical Appraisal Rate

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
Corporate	1	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Under 75%
PCIC	8	72.73%	90.91%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	75% - 85%
CDT	72	92.75%	94.03%	92.65%		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	84.72%	86.11%	84.72%	Over 85%
Mental Health	61	80.30%	81.82%	78.13%		73.77%	73.02%	73.77%	73.77%	73.33%	75.41%	75.00%	78.33%	80.33%	
Surgical Services	223	81.82%	81.90%	83.19%		80.44%	79.65%	81.61%	81.17%	79.28%	78.73%	78.03%	78.57%	79.82%	
Specialist Services	160	74.83%	73.86%	75.66%		70.51%	70.70%	73.46%	73.29%	75.32%	76.28%	76.58%	76.10%	76.25%	
Children & Women	144	62.42%	83.33%	89.47%		79.31%	79.66%	83.48%	82.50%	84.17%	79.69%	71.23%	68.92%	70.83%	
Medicine	163	66.88%	70.13%	73.03%		67.74%	66.46%	69.43%	70.20%	71.52%	71.05%	67.90%	67.90%	69.33%	
Dental	48	76.09%	67.35%	72.92%		72.92%	72.92%	72.92%	71.43%	65.96%	63.83%	65.22%	62.50%	64.58%	
Capital, Estates & Facilities															
uHB	880	75.06%	78.75%	80.86%		76.01%	75.70%	77.86%	77.71%	77.65%	76.83%	74.66%	74.49%	75.45%	

9a i. Consultant Medical Appraisal Rate

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
Corporate	1	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Under 75%
PCIC	6	71.43%	85.71%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75% - 85%
Mental Health	33	91.67%	91.67%	86.84%		85.71%	88.57%	87.88%	87.88%	81.25%	84.38%	81.82%	87.88%	93.94%	Over 85%
Medicine	97	78.35%	80.61%	83.51%		82.47%	82.47%	87.63%	86.60%	85.57%	84.38%	85.57%	85.57%	87.63%	
Surgical Services	190	90.53%	90.05%	89.06%		87.56%	86.53%	88.48%	87.89%	85.26%	85.11%	85.19%	86.32%	86.84%	
CDT	71	92.75%	94.03%	92.65%		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	85.92%	87.32%	85.92%	
Specialist Services	118	82.73%	82.73%	82.73%		81.43%	82.30%	84.35%	84.21%	85.09%	83.33%	82.20%	84.75%	84.75%	
Children & Women	93	80.22%	85.88%	90.59%		82.35%	83.53%	86.75%	87.88%	91.67%	87.50%	81.72%	77.42%	78.49%	
Dental	37	81.58%	75.00%	80.00%		80.00%	80.00%	80.00%	82.05%	75.68%	72.97%	72.97%	72.97%	72.97%	
Capital, Estates & Facilities															
uHB	646	85.45%	86.30%	87.13%		84.53%	84.87%	86.99%	86.81%	85.78%	84.52%	83.57%	84.21%	84.98%	

9a ii. SAS Medical Appraisal Rate

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
Children & Women	17	72.22%	88.24%	94.12%		88.24%	88.24%	88.24%	88.24%	82.35%	82.35%	88.89%	88.89%	88.24%	Under 75%
Surgical Services	5	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	80.00%	80.00%	75% - 85%
Mental Health	21	75.00%	79.17%	71.43%		70.00%	70.00%	75.00%	70.00%	75.00%	76.19%	76.19%	76.19%	76.19%	Over 85%
Specialist Services	11	72.73%	63.64%	72.73%		63.64%	63.64%	66.67%	66.67%	66.67%	75.00%	72.73%	63.64%	72.73%	
Medicine	18	82.35%	82.35%	82.35%		82.35%	82.35%	82.35%	82.35%	82.35%	82.35%	77.78%	72.22%	72.22%	
PCIC	2	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	
Dental	11	50.00%	33.33%	37.50%		37.50%	37.50%	37.50%	30.00%	30.00%	30.00%	33.33%	27.27%	36.36%	
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	85	75.58%	76.74%	78.05%		75.31%	75.31%	76.83%	73.81%	73.81%	75.00%	75.00%	70.93%	71.76%	

9a iii. Clinical Fellow Medical Appraisal Rate

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
Medicine	26	52.38%	54.55%	52.38%		30.43%	28.00%	24.00%	25.00%	37.50%	40.00%	38.46%	42.31%	46.15%	Under 75%
Specialist Services	29	46.15%	46.43%	51.85%		36.67%	36.67%	40.63%	40.63%	43.33%	51.85%	51.85%	42.86%	41.38%	75% - 85%
Children & Women	23	19.23%	50.00%	62.50%		55.56%	66.67%	77.78%	66.67%	72.73%	53.85%	28.57%	28.57%	34.78%	Over 85%
Surgical Services	24	32.26%	35.48%	46.67%		20.83%	24.00%	25.00%	25.00%	25.00%	28.57%	29.17%	29.17%	33.33%	
Capital, Estates & Facilities															
CDT															
Corporate															
Dental															
Mental Health															
PCIC															
uHB	102	36.54%	44.94%	51.16%		32.56%	33.71%	35.56%	35.87%	40.45%	43.02%	37.76%	36.36%	39.22%	

9a iv. Other Medical Appraisal Rate

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	
Specialist Services	2	50.00%	50.00%	50.00%		0.00%	0.00%	33.33%	33.37%	50.00%	50.00%	100.00%	100.00%	100.00%	Under 75%
Children & Women	11	14.29%	75.00%	100.00%		40.00%	28.57%	33.33%	33.33%	25.00%	33.33%	42.86%	50.00%	54.55%	75% - 85%
Mental Health	7	33.33%	33.33%	40.00%		16.67%	12.50%	12.50%	25.00%	37.50%	37.50%	33.33%	33.33%	28.57%	Over 85%
Surgical Services	4	40.00%	40.00%	60.00%		66.67%	66.67%	66.67%	75.00%	100.00%	100.00%	40.00%	20.00%	25.00%	
Medicine	22	10.53%	17.65%	29.41%		22.22%	21.05%	22.22%	15.38%	15.38%	13.33%	14.29%	14.29%	13.64%	
CDT	1											0.00%	0.00%	0.00%	
Capital, Estates & Facilities															
Corporate															
Dental															
PCIC		0.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	0.00%				
uHB	47	20.41%	35.14%	47.22%		28.57%	24.39%	28.21%	31.43%	34.29%	32.43%	30.61%	31.37%	29.79%	

9b. Non-Medical PADR Rate

	Headcount	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
PCIC	820	71.00%	73.22%	72.89%	72.92%	73.54%	77.90%	80.72%	77.64%	75.61%	73.97%	68.31%	70.92%	74.76%
Dental	410	68.24%	66.43%	69.45%	68.10%	47.80%	53.40%	66.25%	68.64%	71.64%	70.83%	66.99%	68.78%	74.39%
Specialist Services	1549	63.47%	63.87%	65.83%	66.71%	60.14%	60.60%	67.88%	65.47%	64.57%	64.26%	61.04%	61.97%	63.33%
Children & Women	1813	60.83%	58.94%	57.55%	57.13%	49.77%	53.38%	63.15%	63.11%	65.43%	66.81%	59.91%	54.90%	62.93%
Medicine	1546	51.91%	52.72%	53.52%	53.25%	47.67%	46.01%	57.24%	57.85%	61.94%	62.23%	56.83%	59.18%	59.77%
Mental Health	1299	50.75%	49.02%	50.63%	49.22%	46.88%	49.04%	51.19%	48.03%	48.92%	48.46%	49.69%	56.57%	58.97%
CDT	2179	68.49%	68.35%	68.01%	67.74%	65.09%	64.21%	64.86%	63.15%	62.44%	60.11%	55.28%	62.37%	53.46%
Capital, Estates & Facilities	1197	42.68%	29.98%	22.94%	21.20%	22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%
Corporate	768	60.25%	59.68%	57.97%	59.50%	55.26%	56.43%	57.24%	57.36%	57.11%	53.34%	52.50%	52.15%	52.60%
Surgical Services	1580	42.95%	42.26%	45.59%	49.44%	45.87%	45.39%	54.43%	52.13%	49.52%	47.43%	43.94%	46.28%	48.16%
uHB	13161	57.37%	55.86%	55.82%	56.04%	51.77%	52.80%	58.85%	59.21%	60.09%	59.40%	56.06%	57.60%	58.48%

Under 75%
75% - 85%
Over 85%

661.8788628
271.625
1051.518594
1144.885714
884.9019346
665.0024691
1413.405405
363.3573201
439.5658915
859.9743261
7745.090206

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT	
Name of Meeting : Local Partnership Forum Date of Meeting : 22 August 2018	
Executive Lead : Executive Nurse Director	
Author : Assistant Director Patient Safety and Quality - 029 2184 6117 Assistant Director Patient Experience - 029 2184 6108	
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" elements of the Health Board's Strategy.	
Financial impact: There are significant potential financial implications associated with this work in relation to clinical negligence claims.	
Quality, Safety, Patient Experience impact: The work outlined within this paper reflects the significant activity taking place to improve patient safety and experience leading to improved quality and care outcomes for patients.	
Health and Care Standard Number 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.3, 6.3	
CRAF Reference Number 5.1, 5.1.5, 5.6, 5.7	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

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

The Local Partnership Forum is asked to:

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

SITUATION

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from May to end of June 2018.

BACKGROUND

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

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

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

ASSESSMENT

The following areas remain an area where the UHB will need to maintain a continued focus for patient safety quality and experience.

Compliance with Human Tissue Act (HTA) – The Board will note that a further breach of the HTA has been reported as an SI to WG. The Corrective Action Preventative Action (CAPA) plan as provided by the HTA has been completed. The UHB had agreed to audit the entire post mortem block and slide archive, an action that was not been specifically mandated. This was recognised by the HTA as good practice and a significant undertaking by the UHB. The UHB continues to work closely with the HTA and they have indicated that they are pleased with the standard of our work. The UHB is currently awaiting confirmation of a follow up CAPA visit by the HTA.

Timely closure of serious incidents – Increased reporting of pressure damage has impacted on the UHB's capacity to maintain the good work that has been achieved to date on the closure of the number of SIs open with WG. Significant progress in closing the backlog of serious incidents that remain open with WG had been made over the last two years (reducing the numbers open from 169 open in March 2017 with 65% breaching to 83 open in March 2018 with 49% breaching). These numbers are now demonstrating an upward trend with 104 incidents currently open with WG (with 44% breaching).

The Patient Safety team has revised the closure targets for Clinical Boards to address this increasing trend. We have also been in discussions with WG on the current arrangements for the reporting of all pressure damage. We have requested that we only report healthcare acquired damage that was avoidable.

It is anticipated that WG will issue guidance in the next few weeks in relation to the Prevention, management and reporting of pressure damage and they have indicated that this will include the retrospective reporting of pressure damage once it has been established that it was healthcare acquired and avoidable. This will make a significant difference to the volume that is currently being reported and would help us direct time and support to clinical areas where improvement is required. This will also assist with the timely completion of closure forms.

Pressure damage – Currently about 50% of our reported SIs relate to pressure damage. However we remain an outlier in comparison with peers across Wales, in relation to the identification and reporting of pressure damage of patients using our community services. The UHB is working closely with WG, as previously stated, to understand the process of reporting pressure damage in community settings and how we compare with peers. Our next meeting with WG colleagues is scheduled for the end of July 2018. However, the UHB continues to support WG to review and revise the definitions of SI reporting so that there is greater clarity for UHBs. We are hopeful that WG will issue guidance in the next few weeks in relation to the Prevention, management and reporting of pressure damage. This should support improved benchmarking in the future.

Never Events – one of the priority areas within the Quality, Safety and Improvement Framework 2017-2020 is the avoidance of never events. In previous reports to Board we have received information on a number of Never Events in the Dental Clinical Board. These relate to wrong tooth extraction or wrong site surgery.

We have benchmarked with data from other centres across the UK, and while numbers are not high, the Dental Clinical Board has the highest number of Never Events since January 2016 reporting 6 such events, with Newcastle reporting 5. Manchester University Dental Hospital and Glasgow Dental School have not reported any Never Events during this period.

It is clear that across the UK, students are often involved in Never Events and this is demonstrated in Cardiff; it also corresponds with an identified theme in relation to the supervision of students. The poor condition of teeth is also a significant factor in the Never Events that have happened in Cardiff (making the task challenging) as is changes to the treatment plan/scheduling of the list.

The Board should be advised that The Dental Clinical Board are continuing to focus on implementation of National Safety Standards for Invasive Procedures (NatSSIPs) with support of the Patient Safety team. Support is also being provided by the Deputy Chief Dental Officer from WG.

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

May – June 2018

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During May and June 2018, 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"> An apparent delayed follow up of a child under the care of the Children's Hospital for Wales is under investigation.
	1	<ul style="list-style-type: none"> A baby required admission to the Neonatal Unit following a difficult Ventouse delivery, following which a clavicle fracture was diagnosed.
	1	<ul style="list-style-type: none"> The unexpected death of a child on Paediatric Critical Care has been reported and the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Clinical Diagnostics and Therapeutics	1	<ul style="list-style-type: none"> A breach in consent process in Cellular Pathology was identified which required reporting to the Human Tissue Authority (HTA).
Dental	1	<ul style="list-style-type: none"> An apparent delayed follow up of a patient with an oral lesion is under investigation.
Executive Nurse	2	<ul style="list-style-type: none"> Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	13	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
	5	<ul style="list-style-type: none"> Falls where the patient sustained significant injury.
	1	<ul style="list-style-type: none"> A significant medication error in a child has been reported.
	1	<ul style="list-style-type: none"> Patients delayed in having diagnostic or surveillance procedures in Gastroenterology.

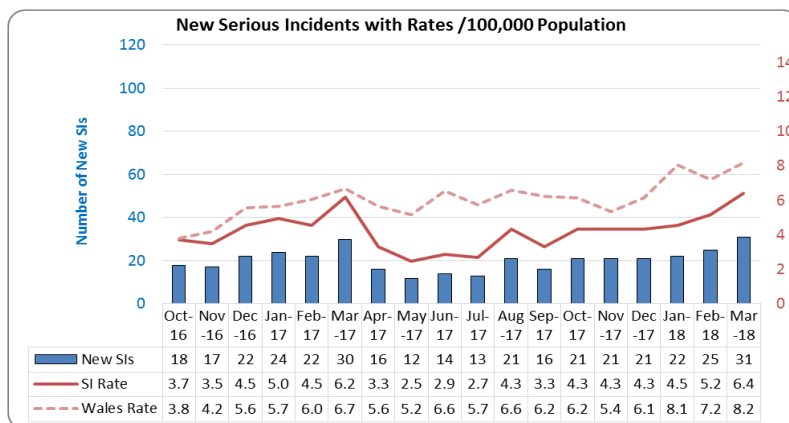
Mental Health	6	<ul style="list-style-type: none"> Unexpected deaths of patients known to Mental Health services, including Addictions services.
	1	<ul style="list-style-type: none"> A significant incidents of self-harm was reported involving a patient receiving in-patient care in Hafan Y Coed.
Primary Care & Intermediate Care	2	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
Specialist	1	<ul style="list-style-type: none"> An unexpected death of a patient has been reported to the Coroner following an apparent incident of self-harm.
	1	<ul style="list-style-type: none"> An increased incidence of Pneumocystis Jirovecii pneumonia was reported to Welsh Government and Welsh Health Specialised Services Committee.
	3	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
Surgery	4	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
Total	45	

No Surprises		
Clinical Board	Number	Description
Miscellaneous	1	<ul style="list-style-type: none"> An altercation between two members of the public in Health Board property, resulting in injury to one party, was reported.
Total		

How do we compare to our Peers?

An updated six-monthly feedback report was received in June 2018 from Welsh Government for the period October 2017 – March 2018.

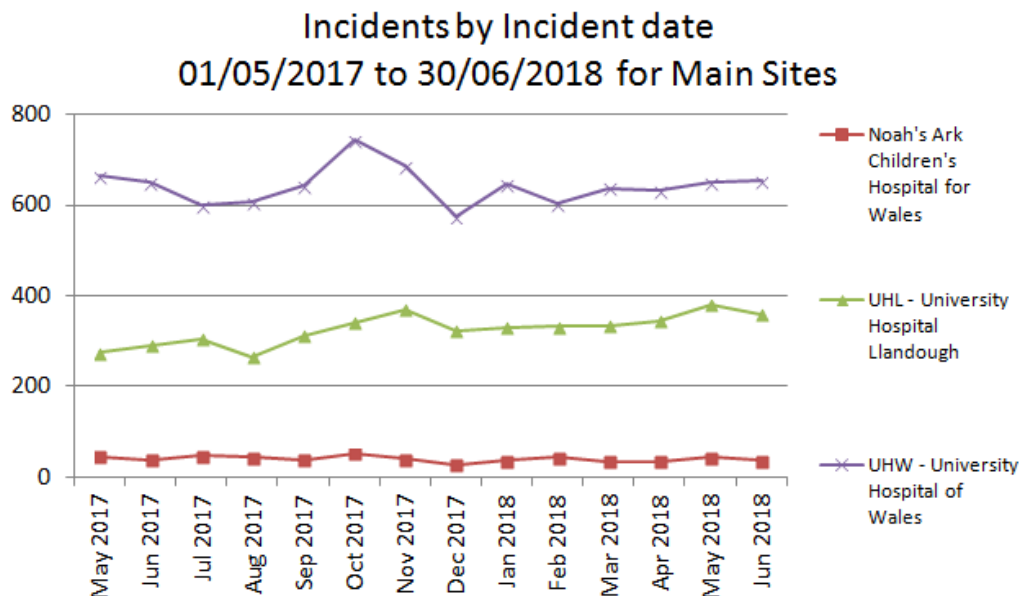
The following diagram indicates the reporting rate for Serious Incidents per 100,000 population, compared to the Wales rate. It is evident from the information provided by Welsh Government that the UHB is reporting fewer Serious Incidents than other NHS Wales organisations.



The Board can be assured that there is open and transparent reporting of all known serious incidents as soon as they are reported and considered to meet the definition for reporting to Welsh Government. It is likely that the difference is due to the lower reporting of community based pressure damage. This is an area that the UHB is currently addressing as previously described. The UHB will continue to monitor significant adverse events reported via the electronic incident reporting system in order to ensure that incidents are appropriately reviewed and reported onwards where necessary.

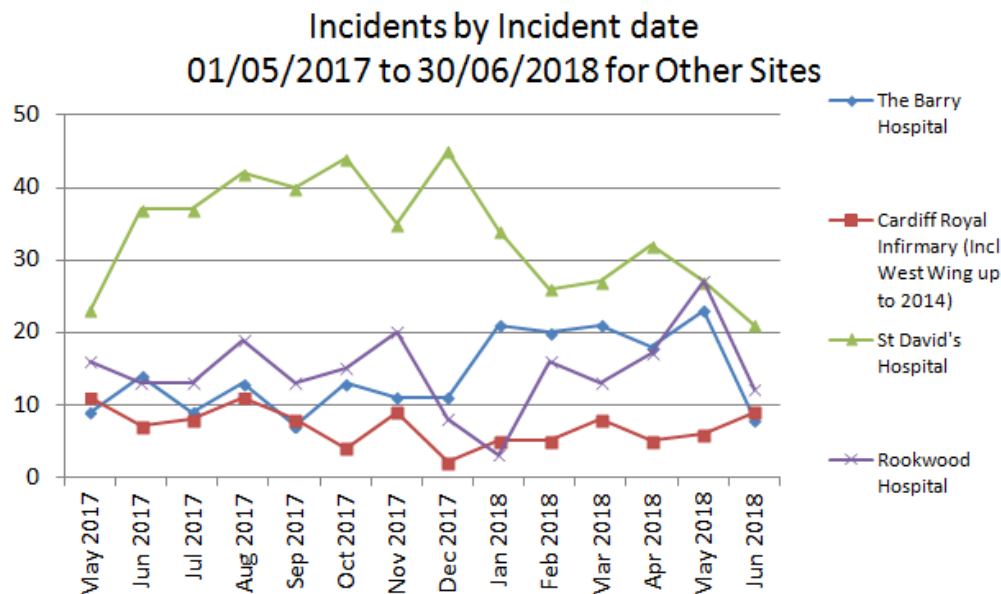
Welsh Government advised that the UHB is generally reporting onwards to them in a timely manner. They have asked that the UHB continues to respond promptly to significant adverse events and continues to provide high quality closure forms. They have also asked for continued focus on timely closure of Serious Incidents.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites between May 2017 and June 2018. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites.



The following graph demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites between May 2017 and June 2018. The lower volume of incidents reported reflects the size and activity levels at the sites.

In November 2017, the Board was advised of an unexpected increase in falls at St David's Hospital. The Medicine Clinical Board have been monitoring the situation and the Board should be advised that this has now improved and there has been a steady reduction evident over the last 3 months from 20 falls in April 2018, 13 in May and 11 in June 2018. One of the falls in June 2018 was classified as serious incident and is currently under investigation.



Never Events

All Wales position

As highlighted, an updated six-monthly feedback report was received in June 2018 from Welsh Government for the period October 2017 – March 2018. It provided information about Never Events in NHS Wales.

In this period, 15 Never Events were reported across NHS Wales. Four of these were reported by the UHB. The table below depicts the incidents reported across NHS Wales.

	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Wrong route administration of medication	0	0	0	0	1	1
Transfusion or transplantation of ABO-incompatible blood components or organs	1	0	0	0	0	0
Retained foreign object post-procedure	1	0	0	0	1	2
Wrong implant/prosthesis	0	1	1	1	1	0
Wrong site surgery	0	1	1	0	0	2
Total	2	2	2	1	3	5

The four Never Event incidents reported by the UHB include:

- A blood transfusion administered to an incorrect patient. The blood was fortunately not ABO-incompatible and so no adverse outcome related to the transfusion occurred. Although the incident was outside of the Never Event definition, the UHB reported the matter to Welsh Government as a Serious Incident in line with our duty of candour. Welsh Government subsequently indicated that the incident would be managed as a Never Event.
- An incorrect tooth extraction occurred. This has previously been reported to Board to outline the incidents that have occurred and the investigation findings as there was concern regarding the number of events reported.

A thematic review and benchmarking exercise has been undertaken and this together with actions being taken has been described earlier in the paper.

- An incident occurred whereby a small amount of medication intended for intrathecal use was administered intravenously. The long awaited

manufacturers' solution to this clinical risk is well recognised with publication of previous patient safety solutions. An implementation programme for new connectors with the aim of reducing the risk of mis-connection is scheduled to take place in 2018. A local task and finish group has been working alongside the national programme to effect the necessary introduction of new devices in the UHB.

- A patient had surgery for a complex pelvic injury. A screw was found to have been placed in the right posterior ilium instead of the left posterior ilium. The incident is in closing stages of investigation but it is known that patient re-positioning was required during the surgery which may have contributed to surgical site confusion. The incident reinforces the importance of embedding NatSSIPs during invasive procedures.

What are we doing about it?

A number of actions are outlined alongside the four Never Events described above.

The Delivery Unit is working with the Deputy Chief Dental Officer to provide further advice and support to the UHB regarding dental Never Events which is welcomed.

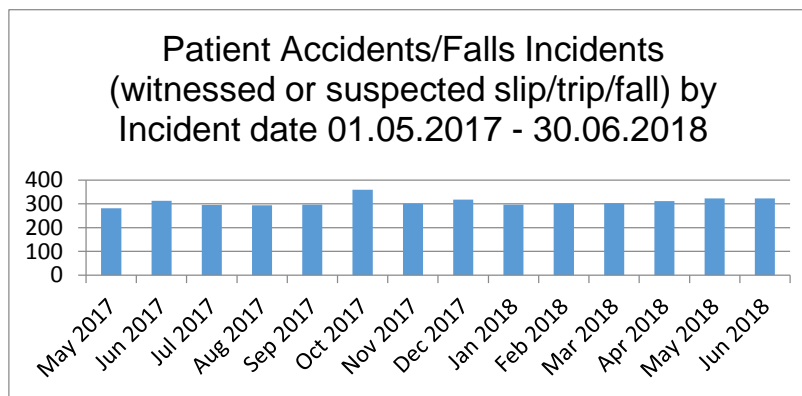
The UHB continues to focus on the implementation of NatSSIPs as a key driver in the reduction of never events related to interventional procedures.

The Patient Safety Team will be undertaking an exercise to assess the robustness of controls in place to reduce all known never events across the UHB. An associated risk assessment will help prioritise any further improvement work that is identified and this will be presented to the special October 2018 meeting of the Quality, Safety and Experience Committee which focuses on SIs and Never Events.

Patient Falls

How are we doing?

Patient falls continue to be a frequently reported patient safety incident. The following table indicates the number of patient accidents/falls reported between May 2017 and June 2018.



The majority of falls continue to result in no significant injury to patients.

An increase in the number of falls resulting in significant injury was identified in the last report to Board with 14 incidents reported to Welsh Government. In the current reporting timeframe, five such incidents have been reported as Serious Incidents. Four of them occurred in June 2018; they all occurred on different wards.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

A Falls Prevention strategy is currently in development. This is being overseen by the UHB Falls Delivery Group. It will be a multi-disciplinary, multi-agency strategy which will focus primarily on community falls prevention strategies but will also address current educational requirements for the prevention and management of in-patient falls.

The UHB participated in a Falls Alliance workshop in July 2018 for falls prevention in the community. The output from the session will be used in further development of the strategy. The Patient Safety team and Falls implementation lead will continue to support the alliancing approach to deliver this transformational piece of work

A project under the auspices of the Leading Improvements in Patient Safety (LIPS) programme is progressing well. The project is utilising simulation training to support clinical staff in patient management following a fall. Initial feedback is very encouraging and the sessions have already identified areas for learning across the UHB.

The Falls Strategy Implementation Lead has commenced a project to promote collaborative working between the UHB, Cardiff University and local primary schools to provide intergenerational falls awareness sessions for community-dwelling residents. This has also been well evaluated in the pilot phase.

Regulation 28 reports

No Regulation 28 reports were issued to the UHB by Her Majesty's Coroner in the current reporting timeframe.

The Coroner did however write to the UHB in May 2018 following the inquest into the death of a patient at the University Hospital of Wales in January 2018. The gentleman had been admitted under the care of Urology. Treatment was instigated for the urological problem but several days later, the patient developed neurological symptoms and a cerebral infarct was identified. The patient sadly died following this event. Investigation identified issues with prescription of the patient's anticoagulation medication. The Surgery Clinical Board developed an action plan to reduce likelihood of repetition of such an incident. The Coroner wrote to the UHB to seek further progress made in that respect. The letter was shared with Welsh Government as part of the closure process and they have subsequently closed the incident. An internal safety notice has also been circulated in the UHB by the Patient Safety Team.

Outcomes of internal and external inspection processes

How are we doing?

Internal observations of care

Eighteen unannounced internal inspections were undertaken during May and June 2018. These were undertaken across five Clinical Boards. , All 18 inspections were undertaken as part of the planned programme of unannounced inspections.

The inspections continue to provide a positive picture of staff delivering care in a professional and dignified manner within calm, organised environments; evidence of the UHB values and behaviours being displayed by staff are seen across all areas. The key findings are reported back to the clinical area at the time of the inspections and a written report is submitted to the Director of Nursing for that Clinical Board; of note, what is considered good practice in one area, may be an area requiring improvement in another.

Key findings for May and June have highlighted:

- Continued improvement with medicines management, although fridge temperature checks are not always recorded consistently.
- Good leadership and team working continues to be observed during the inspection process, evidenced by calm, organised ward areas, good communication between staff groups and positive comments from both staff and patients.
- There continues to be a variation in the standard of completion of documentation, although there have been improvements observed for this time period:
 - comprehensive completion of risk assessments have been seen in all areas
 - excellent examples of evaluation of care seen

- individualisation or absence of care plans continues to be an issue for some areas
- Further examples of patient identifiable data (PID) being left unattended have been seen, e.g. patient treatment plans with full PID left unattended in an open, accessible room; book containing PID left in corridor.
- Delay in maintenance requests being addressed continues to be a concern for ward staff.
- Lack of available storage within areas continues to be issue. Whilst staff make the best use of the space available to them, lack of storage may compromise effective cleaning and can pose a falls risk e.g. when equipment is stored in corridors.
- Excellent interaction between staff and patients observed, with patients complimentary about the care they received.

What are we doing about it?

A monthly report detailing all findings relating to medicines management continues to be provided to the Nurse Advisor for Medicines Management.

The issue of fridge temperatures has been discussed by the Medication Safety group, as it is a common finding in both internal and external inspections. The Consultant Pharmacist with responsibility for Medication Safety has undertaken a failure modes –effect analysis (FMEA) on the cold chain process and is now establishing a task and finish group to take forward phase 2 of the cold chain work across secondary care. It is anticipated that this will be taken forward as part of the September 2018 LIPS cohort.

In terms of documentation, WG have funded a national project to standardise and digitalise nursing assessment documentation across all UHBs in Wales. Cardiff and Vale UHB have appointed to the e-digitalisation project post to lead this across the organisation. This will help reduce variability across different organisations and will provide compliance with key information requirements.

Discussion takes place with the nurse in charge at the time of the inspection with regards to issues identified relating to medicines management, record keeping and the safe storage of PID. This continues to be monitored and work undertaken with the Information Governance team and Clinical Boards to raise awareness.

Positive areas identified during the inspection process are fed back to the nurse in charge during feedback at the end of the inspection.

Monthly reports of the findings of inspections are provided as part of the Clinical Board Directors of Nursing Professional Nursing review with the Executive Nurse Director.

External inspections

There have been no unannounced visits by Healthcare Inspectorate Wales during this period.

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.

How are we doing?

Real Time

The patient satisfaction scores from the National Surveys distributed across the UHB during May was **91%**.

The number of routine 'real time' paper surveys completed each month across our Clinical Boards during May was **971**.

The qualitative comments received are generally positive, with the following information shared:

This is the first time I have had to stay in hospital in many years. I had heard horror stories from people who had stayed and expected the worst. How wrong I was. I am so amazed how professional and compassionate all staff are at UHW. They are all a credit to their profession. I felt I was the most important patient they had there. I would like to thank everyone on behalf of my family for taking such care of me.

Excellent treatment, gave me back my life, my confidence, friends, a reason to live again.

The staff involved in my care have been absolutely fantastic. I cannot fault the care I have received from the nurses, healthcare's and doctors. I have had days where I felt rubbish and days where I've felt good and the nurses have done everything they could to help me. I would like to say thank you to the nurses who have given me amazing care and respected my privacy when I've needed it most.

During June within the '2 minutes of your time' survey, food was raised numerous times.

There were comments in relation to:

- Limited consideration of vegetarian options – this was discussed with Operational Services staff and one of the Managers visited the patient the following day, sharing the 'a la carte' vegetarian menu with him.
- Kosher options requested – Operational Services and Dietetics colleagues contacted the ward and advised that Kosher meals are available at Hafan y Coed, UHW and at UHL. Dieticians are now highlighting awareness with ward staff to ensure special dietary purposes are flagged at admission.

As a Health Board we are aware that Nutrition and Hydration are fundamental to wellbeing and recovery and to action issues raised within real time inevitably enhances the patient's experience.

It is anticipated that during the Autumn the Model Ward initiative will recommence on East 2 and A4 and start on East 8 and C6. The initial pilot demonstrated effective collaboration between Nursing, Therapies, Operational Service and the Patient Experience team; with positive outcomes for staff as well as patients.

Patient Experience Activity in primary care

A focus of the implementation of the Patient Experience framework for 2018/19 was to undertake more engagement within primary care as to date, much of the focus has been within secondary care. It is pleasing to report that we have commenced some work in various quadrants of the framework that have a primary care focus. There is an increased awareness within primary care of the need to implement suitable feedback systems to promote better understanding of what it feels like to be a patient using our services.

- As a consequence, the North and West Locality within Primary Care have had their inaugural 'Patient Experience Group' meeting. The purpose of the group is that the business units i.e. District Nursing, CRT, Local Authority etc within the locality review how they can improve the way they capture the patient experience. It is anticipated that the working group will raise the profile of the importance of listening and ultimately improving the way care is delivered.
- Within primary care a 'Happy or Not Kiosk' has been in situ in Tongwynlais Dental Practice, with some fantastic results. During a six-week period there were 1,121 responses; of those 95% of them noted excellent or very good care as illustrated:



- A survey kiosk has also been placed in a health centre with a bespoke survey design and the centre will receive weekly reports.

Retrospective

The patient story to Board for this meeting, represents some detail about how it feels to be waiting on a routine patient waiting list and the impact upon quality of life indicators.

An aim of the Patient Experience framework is to proactively engage with patients/ groups to understand their experience. In the September Board paper we will advise of the work being undertaken with people who are deaf to improve their access and use of our services.

The Inflammatory Bowel Disease Service has undertaken a bespoke survey to understand their patients experience of their service. The information will be analysed and shared in a future paper.

Proactive and Reactive

During Carers week 2018 members of the Patient Experience Team, along with Cardiff Adult Social Services, Solace and Carers Wales, hosted four information events. The Patient Experience Team were also invited to participate in two community events in the Cardiff area.

Throughout the week we were able to engage with 93 carers providing them with information and support as well as signposting to local organisations who are able to support carers in their role.

A comprehensive communications plan was also developed. This included regular tweets and Facebook messages throughout the week, news stories which were themed around carers and a thank you message from Executive Nurse Director, Ruth Walker.

The Patient Experience team proactively sought feedback whilst at the Stroke Rehabilitation Centre at University Hospital Llandough during the 'Carer drop –in evening'. This is an area where we have had previous concerns and it is part of the proactive strategy of the Medicine Clinical Board working with the Patient Experience Team to actively seek views. During the evening, discussions with carers occurred and twenty surveys were distributed and freepost envelopes were provided for anonymous feedback to be returned.

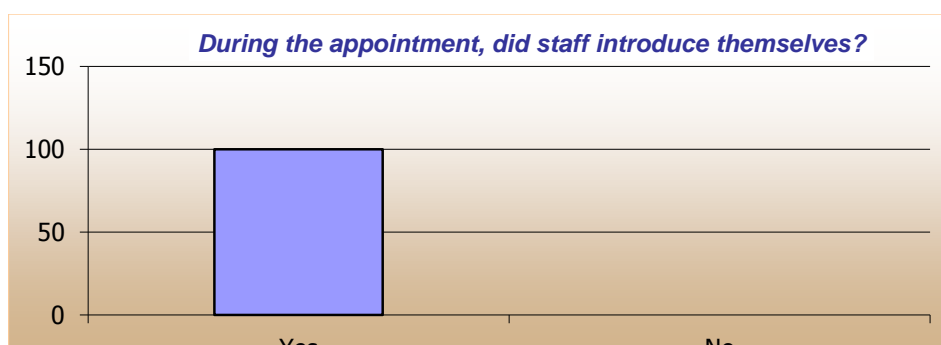


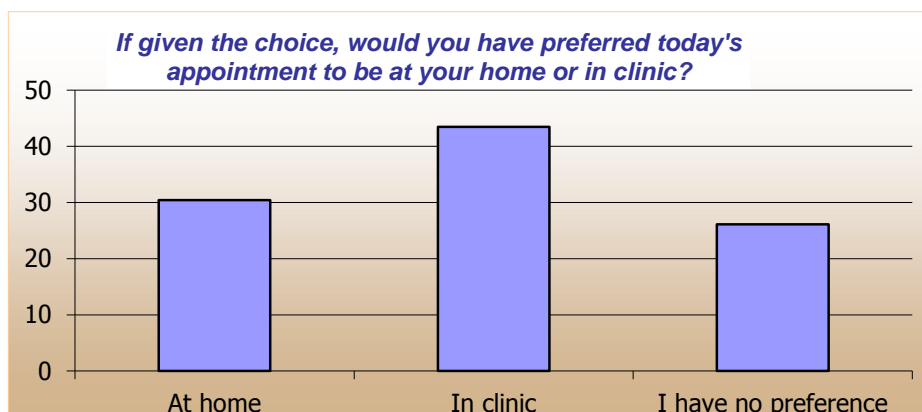
The feedback will be analysed and reported in due course.

In Primary Care a proactive survey was designed onto a tablet for the community Acute Response Team (ART). This survey was commenced in late February with an interim report recently provided to PCIC. Overwhelmingly all qualitative comments were positive, particularly in relation to staff:

First class service by helpful, professional and friendly staff

The quantitative results were also positive, with 100% of staff introducing themselves to their patients.





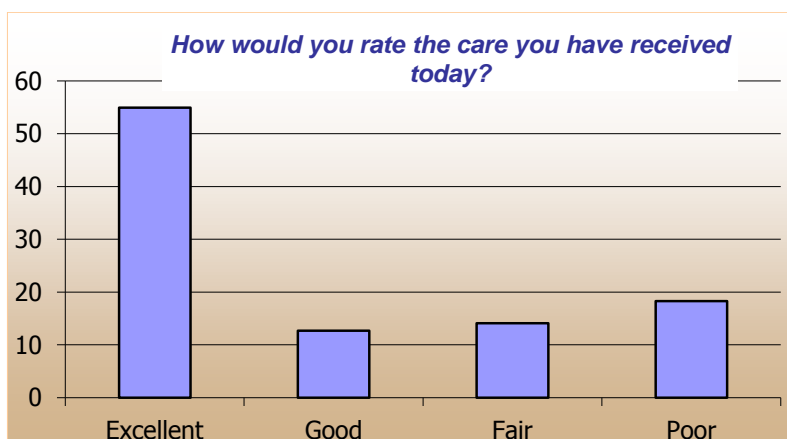
Interestingly a higher percentage of people stated that they would have preferred care in the Clinic. This feedback requires further analysis and review and this will be undertaken.

Ward Feedback Kiosks



The Kiosks have been in the MEAU (Medical Emergency Assessment Unit) at University Hospital Llandough and EU (Emergency Unit) at University Hospital of Wales.

Overall information is positive about the care received.



Some of the comments received were both positive and negative: the negative themes related to the environment in particular the overall cleanliness and the excessive waiting times.

The Clinical Board is receiving regular reports and has already commenced action in relation to some of the environmental issues. We will further analyse the data to theme the comments and review patient experience in relation to waiting times. The Lead Nurse for Patient Experience will undertake some in depth analysis of daily patient experience aligned to the Performance times. This will be reported back to the Board in the September report.

Balancing

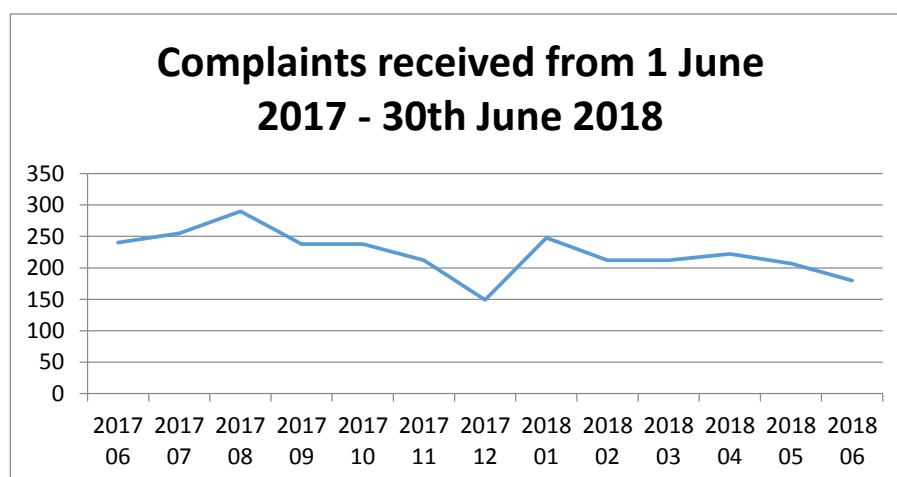
Complaints

Between 1st June 2017 and 30th June 2018, the Health Board has received 2,903 complaints, of which 60% were managed through our informal process, with less than 2% being converted to a formal complaint.

The highest number of concerns, 877 in total, related to concerns raised primarily relating to clinical diagnosis and treatment. Concerns regarding waiting times and cancellation of appointments/admission have decreased, with, 675 concerns received in this period, followed by 570 concerns raised regarding various Communication issues. Surgery Clinical Board continue to receive the highest number of formal and informal concerns; in total, they received 950 concerns, however, 71% of their concerns were managed via the informal process. It is noticeable that the number of concerns received in relation to ophthalmology waiting times and cancellations has decreased. The Surgery Clinical Board has undertaken some focused work upon reduction of waiting times and minimizing cancellations. They provided an update presentation to the June Quality, Safety and Experience Committee.

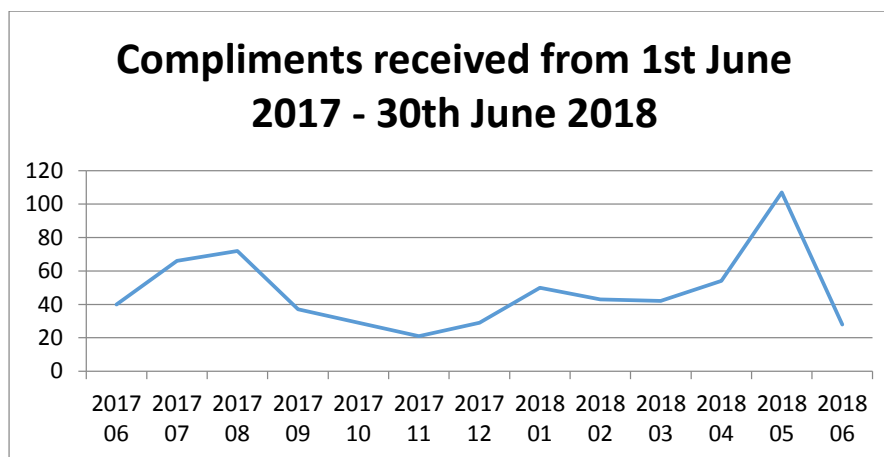
The Clinical Boards have shown a commitment to working with the Concerns Team to maintain the improvement in the 30-day response times, meeting weekly to discuss all active concerns. The latest overall Health Board performance in response to 30-day concerns is 75%, which is an increase in comparison to 72% reported previously. The aim for 2018/ 19 is to achieve and sustain a response time of 80%

During May and June, the Health Board received 397 complaints, 54% of those were managed through the informal process, and the overall informal response time is 98%. The percentage of concerns managed via the informal route has decreased, however on review of a sample of concerns the choice of management seemed appropriate and proportionate to the issues raised.



Compliments

During the period 1st June 2017 - 30th June 2018, the Health Board received 618 compliments. Medicine Clinical Board continues to receive the highest number of compliments, in particular for the Emergency Unit. The increase in the May figures is attributable to several wards sending in batches of thank you cards which were added en masse to the system.



How do we compare to our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing?

All complaints and patient feedback provide us with an opportunity to make changes to improve services. The following are examples of action that the UHB has taken following concerns raised by patients and their families:

You Said	We Did
Communication issues with one of the medical team	Discussed with the Doctor and Manager. Will ensure they acknowledge the services user's experience at their next appointment
Unable to call for help if I needed it because buzzer did not work – staff did check on me regularly though	Call bell replaced with new working bell reported on wall unit and fixed.
Need a bit more time for discussion with nurses	Staff agreed to provide daily feedback to patient – in line with their preference
Concerns raised regarding prioritising and booking arrangements for Neuro clinic.	All comments were received and taken seriously and reflected on, as a result the prioritisation and booking processes for the Joint 45 clinic will be reviewed.

What actions will be taken by the University Health Board (UHB) to ensure that it is as easy as possible to find a location of outpatient appointments? Audiology Clinic.	The Health Board has a specific 'Way Finding' group, which is tasked with ensuring better information and directions for patients and visitors attending our departments. A request has been made to this group to review the current signage to and by the clinic, to provide options for improvement and make the changes necessary.
--	--

An inability to contact the Booking Centre whilst present in UHW.	The Help Desk Team have a list of direct line contact numbers, which should avoid patients in attendance having to contact the main Booking Centre.
Concerns raised regarding a clinical room in the EPAU looking like a store room so did not feel that it was appropriate.	Apologies given that stock was visible. Curtain has now been hung and is pulled around the area in the room where stock is stored and the environment has been improved for the benefit of patients.
Staff seemed unaware of Elhers Danlers Syndrome.	Senior Nurse (CAVOC) is conducting training sessions with the staff to raise awareness.
Patient was not aware that she had DNA'd appointment – not advised and no further appointment offered for six monthly review. T/O outpatients.	Now a system is in place that routinely informs patients that they have missed their review appointment.
Missed referral to hand clinic.	The Service has now been streamlined to help ensure this does not happen again.

PERFORMANCE REPORT	
Name of Meeting : Local Partnership Forum	Date of Meeting : 22 Aug 2018
Executive Lead : Director of Public Health	
Authors : Members of the Performance and Information Department (tel 029 20745602)	
Caring for People, Keeping People Well: This report underpins the integrity value of the Health Board's Strategy, providing transparency on our progress in delivering our duties to our resident population and patients and clients who rely on us to provide clinically and cost effective care.	
Financial impact: The achievement of the efficiency and productivity targets will deliver savings to support the financial position	
Quality, Safety, Patient Experience impact : The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement	
Health and Care Standard 1 – Governance Leadership and Accountability	
CRAF Reference No 6 - Resources	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

REASONABLE ASSURANCE is provided by:

- the fact that the UHB is making progress in delivering our Operational Delivery Plan for 2018/9 by achieving compliance with 22 of its 66 performance measures.

The Local Partnership Forum is asked to:

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

SITUATION

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

BACKGROUND

The UHB is presently compliant with 22 of its 66 performance measures (May =19/65, March 2018=18/60) and is making satisfactory progress towards delivering a further 26 (May 2018 = 23, March 2018 = 23).

Since the last report three measures have improved to green:

#32 – The proportion of patients who had a nutrition score completed and appropriate action taken within 24 hours of admission improved to 96% in May from 93% in March.

#36b – Plans have been produced and evaluated which will deliver the 3% recurrent savings target

#36c – Plans have been produced and evaluated which will deliver the 1% non-recurrent savings target

Four measures have improved from red to amber:

#34 – 95% of hand hygiene audits undertaken in May showed that practice was compliant with the Welsh Health Organisation's guidance.

#37a – 94.2% of invoices are now being paid within 30 days, an increase from 92.4% at the start of the year, but still below the 95% expected standard

#53 – 91% of patients were admitted, discharged or transferred within 4 hours of their arrival at the UHB's Emergency Unit, an improvement on the 80% performance level observed in April.

#61 – The proportion of ambulance handovers within 15 minutes and 60 minutes improved from 42% and 83% in April, to 64% and 95% respectively in June.

A deterioration in the UHB's performance was noted for 1 measure:

#62 – The number of non mental health patients whose transfer of care was delayed increased in June to 47, from 32 at the end of the financial year. The number of patients whose transfer was delayed who are on a mental health pathway has fallen to 4, from 9 in April and 14 at the end of the year.

There are now 18 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	7	12	2	13.5/20
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	12	8	10	16/30
Improving culture	1	3	5	2.5/9
Total	22	26	18	35/66

ASSESSMENT

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



**GIG
CYMRU
NHS
WALES**

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

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

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

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

Figure 2. A timeline of the study.

ASSESSMENT

1) MORTALITY

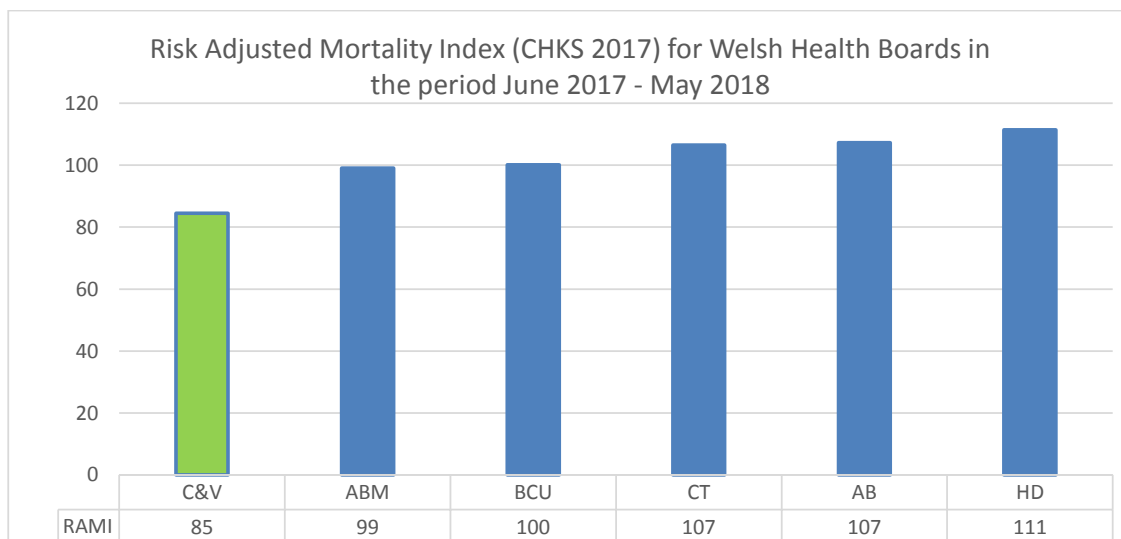
How are we doing?

Latest data from CHKS indicates that Cardiff and Vale UHB has the lowest risk adjusted mortality rates and crude mortality rates in Wales. The UHB's Risk Adjusted Mortality Index score for the 12 months up to May-18 is 85 (UK mean is c.100) and the UHB's crude mortality rate is 1.5%. As shown below the UHB's crude mortality rate has been stationary since January 2015.



How do we compare with our peers?

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



Risks

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

What are we doing?

The UHB continues to deliver on all recommendations made by Professor Stephen Palmer in his report on managing mortality in NHS Wales in July 2014. A detailed report on mortality is being considered by the management executive in May, to inform any changes to the ongoing programme of monitoring and management.

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

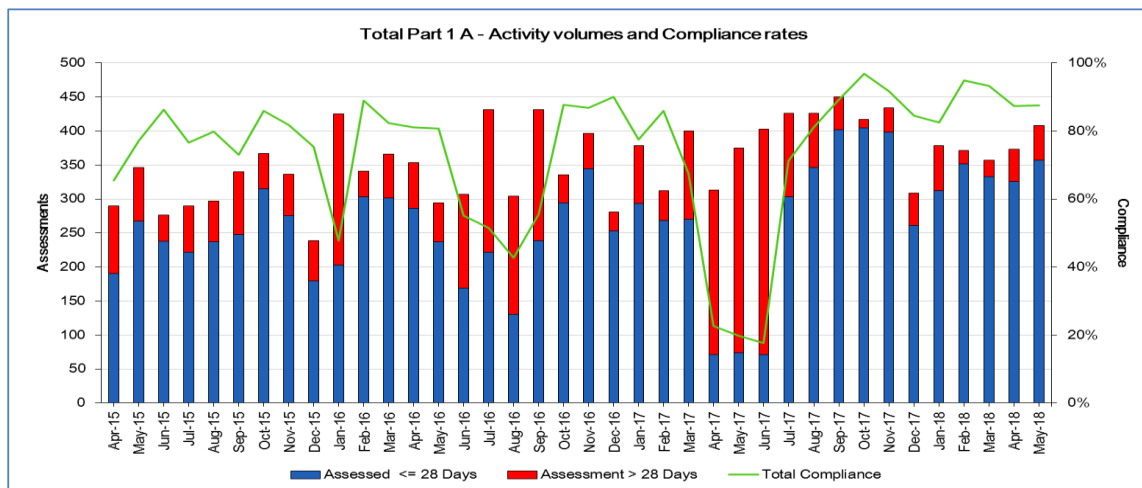
2) MENTAL HEALTH

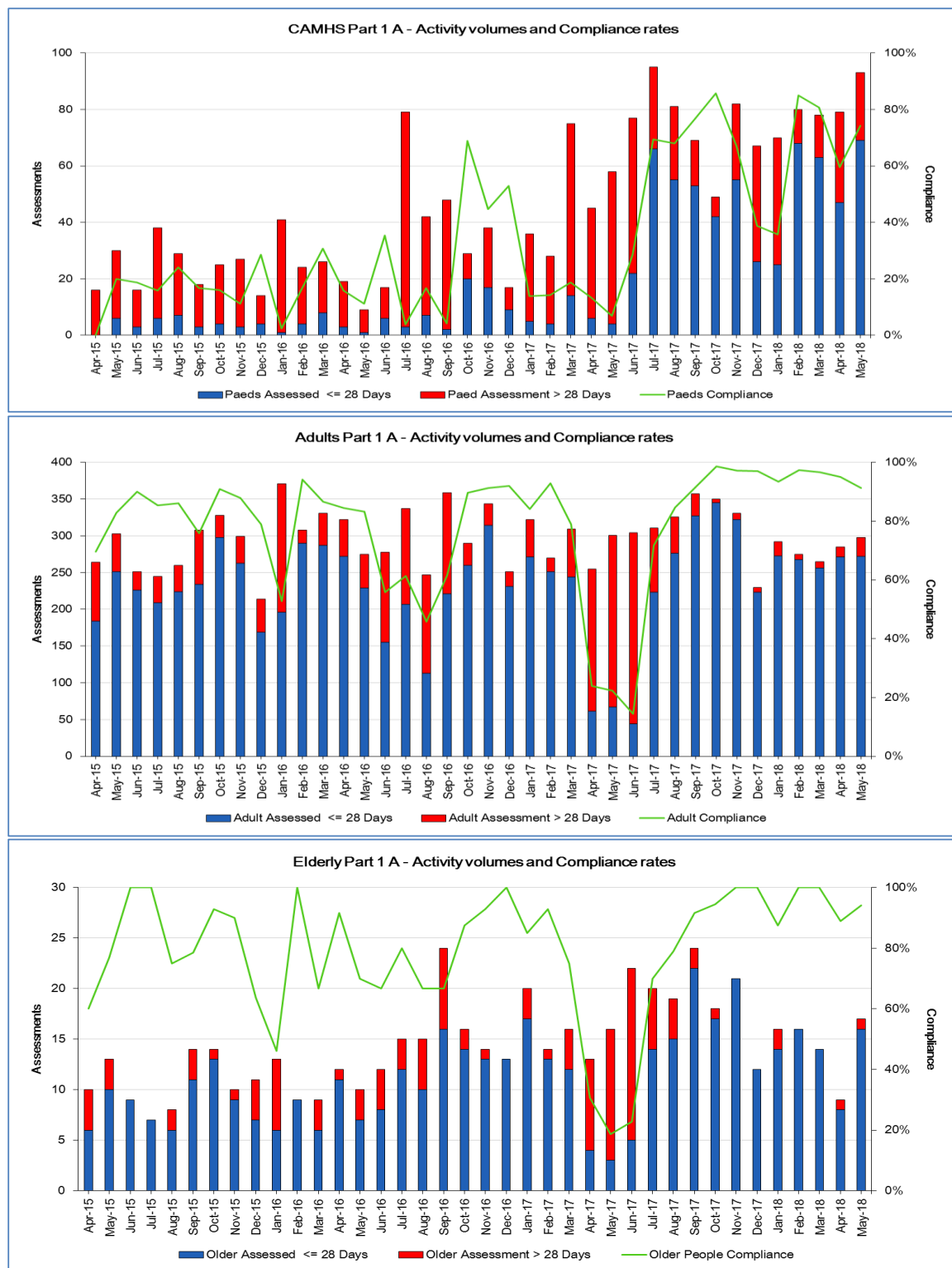
How are we doing?

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

Overall 88.5% of service users seen in May 2018 were assessed by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of referral, against the Welsh Government's minimum standard of 80%.

The adults and older people's services within the UHB were compliant with the Welsh Government's standard of 80%, whilst performance for children and adolescent service at 74%, was below the standard.





Part 1b: Overall 81% of service users started a therapeutic intervention following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 80%.

Part 2: Overall 84.0% of LHB residents had a valid Community Treatment Plan completed at the end of May. Performance in April and May fell below the standard of 90%.

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

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

How do we compare with our peers?

Whilst we are performing comparatively well for Part 1a of the measure, the deterioration in the UHB's level of performance in respect of delivering parts 1b and 2, has not been observed in other Health Boards.

April 2018	Part 1a	Part 1b	Part 2	Part 3
	Part 1a. % of assessments by the LPMHSS undertaken within 28 days from the receipt of the referral	Part 1b. % of Therapeutic Interventions started within 28 days following an assessment by the LPMHSS	% of residents with a valid CTP	% of residents sent their outcome assessment report within 10 days of their assessment.
Wales	82.4%	81.8%	89.3%	100.0%
ABM	84.1%	79.3%	90.0%	100.0%
AB	84.6%	83.9%	90.1%	100.0%
BCU	71.0%	73.4%	91.9%	100.0%
C&V	87.4%	76.5%	85.4%	100.0%
CTaf	82.4%	89.8%	83.6%	100.0%
HDda	94.9%	88.0%	93.4%	100.0%
Powys	83.0%	73.1%	92.0%	100.0%
Rank	2/7	5/7	6/7	-/7

What are the main areas of risk?

The ability of the Children and young people's Part 1 team to consistently achieve the target of 80% of children seen in less than 28 days is subject to major fluctuations of demand and the staffing capacity of a small team which cannot flex adequately at times of peak demand.

A further risk facing the board is associated with the delivery standard for part 1b: "commencement of therapy". The standard is not sensitive to the group-based model used by the organisation for providing many of the interventions, nor to the UHB's Solution Focused Brief Therapy approach, whereby effectively every session could be the practitioners last session with the patient and thus 'treatment' could be deemed to start at first contact, which the new rules from WG define as explicitly not counting as the first point of treatment

What actions are we taking?

Part 1a – Establishment of a 3 point plan to develop CAMHs services to ensure ongoing compliance:

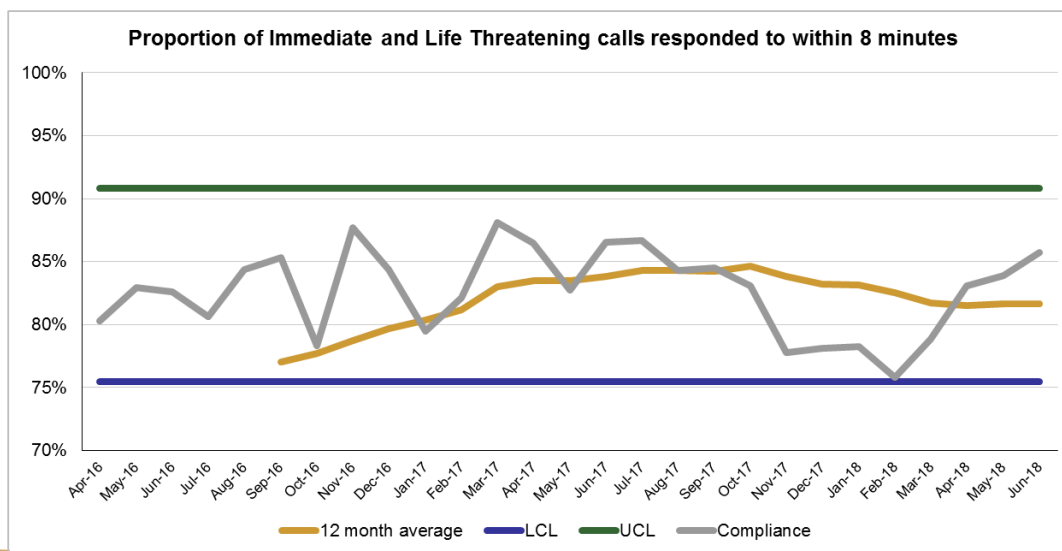
- A 'bridging' strategy has been put in place to 'front-load' the assessment pathway with senior staff. NB – since the reported position, weekly performance data indicates that we are now exceeding the 28 days assessment position.
- The second element to the plan is the development of a whole system model to provide access at the first point of contact in primary care and to develop the prevention agenda
- Thirdly, the latest 'Project dashboard' report for the repatriation of CAMHs specialist services for Cwm Taf remains on track.

Part 1b – The recent Matrix Cymru recommendations which have led to an extension of psychological therapy interventions has meant that a number of group therapies have been included. There are a number of conditions which are relatively rare and there is difficulty in securing a critical mass of patients to deliver the therapy within a 56 day cycle (28 day assessment, 28 day intervention). The UHB continues to strive to meet this target, along with opening discussions with WG officials on the practicalities of compliance.

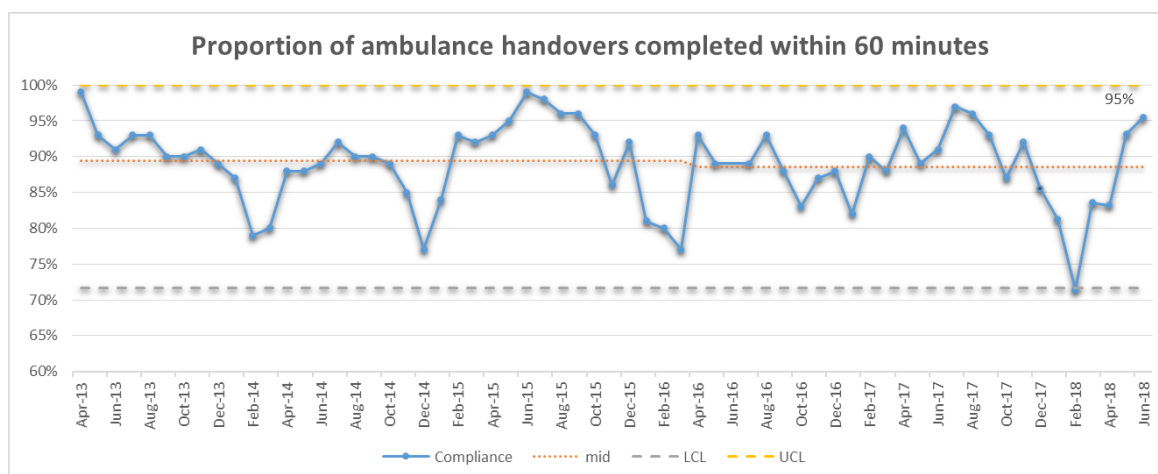
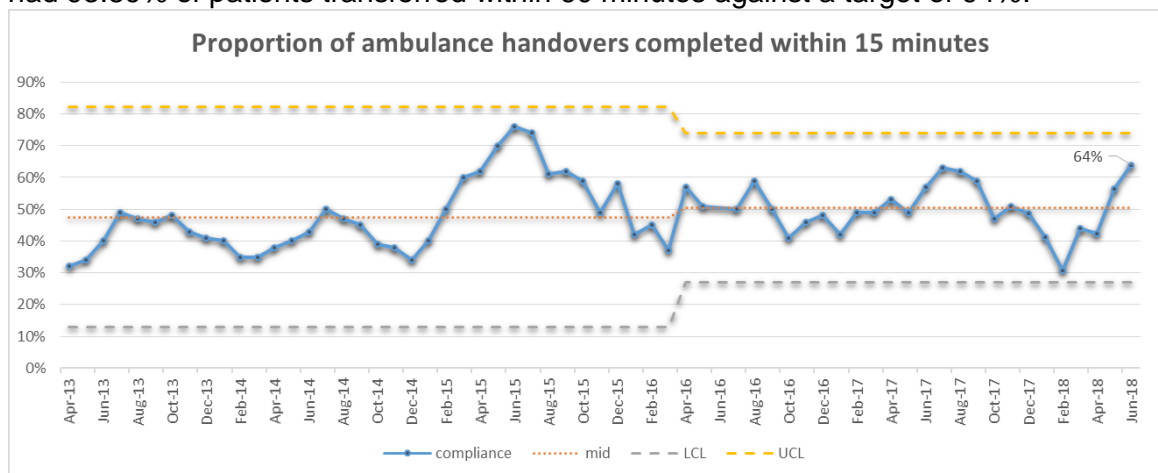
Part 2 – The drop in performance is related to doctor-led care planning. The Mental Health Clinical Board has introduced a process to ensure the psychiatrist's case-mix is commensurate with the level of need. This will improve access and stream patients to the appropriate level of support.

3) UNSCHEDULED CARE

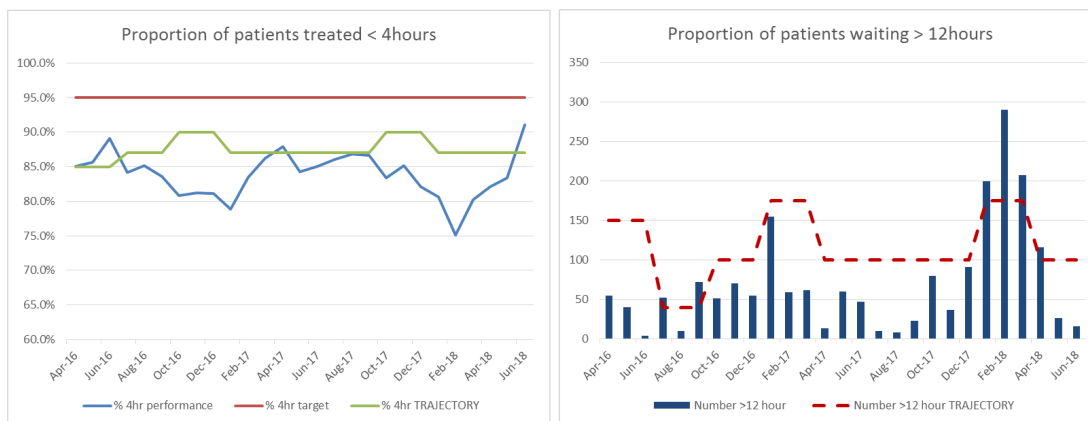
The proportion of immediate and life threatening calls responded to within 8 minutes was 85% in June, in line with the 12 month average of 82%, and above the Welsh Government target of 65%.



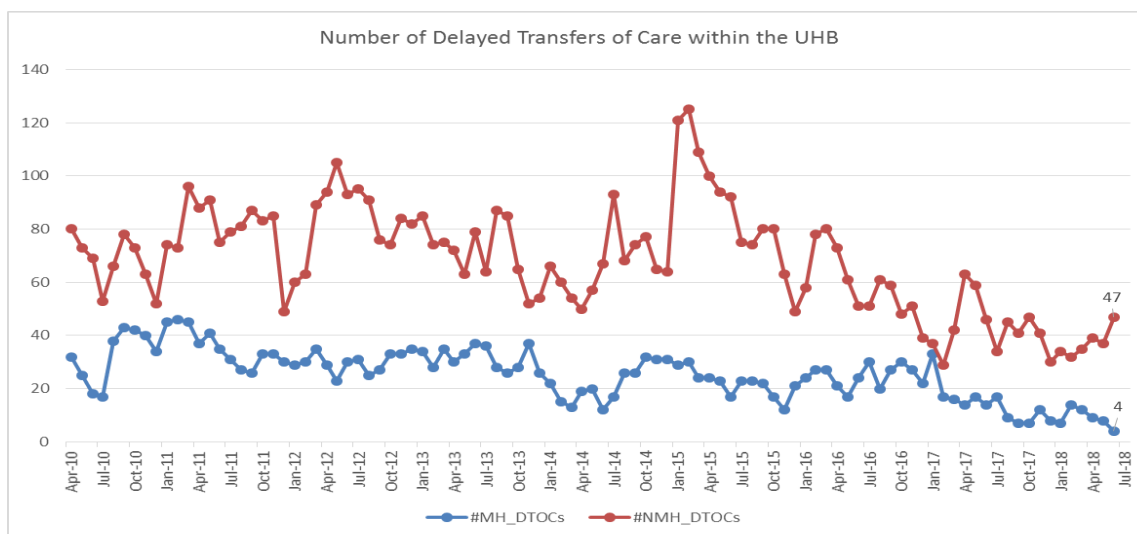
In respect of ambulance handovers, 64% of patients were handed over within 15 minutes and 95% of patients handed over within an hour. The WG minimum standard is 60% within 15 minutes, and 100% within 60 minutes. Overall, the UHB had 93.89% of patients transferred within 60 minutes against a target of 94%.



The proportion of patients admitted, discharged or transferred within 4 hours rose in June to 91%, below the WG target of 95% but exceeding the UHB's IMTP trajectory of 87%. The number of patients waiting in excess of 12 hours reduced to 16, which is below the IMTP trajectory of 100 but above WG's standard of zero. These figures exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.



At the June 2018 census point, the UHB recorded that 51 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1465 in the month, equating to 51 beds per day. This marginal increase is similar to seasonal trends.



How do we compare with our peers?

The latest performance data available indicates that C&V performs within or better than the Welsh average for WAST response, handover and Emergency department treatment times.

Month	May-18	May-18	May-18	May-18
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	79%	624	77.2%	452
AB	80%	331	76.3%	239
BCU	75%	1039	75.3%	498
C&V	83%	26	83.9%	171
CT	92%	100	75.4%	3
HD	83%	707	66.0%	165
C&V Rank	2=/6	1/6	1/6	3/6

The UHB remains ranked 4th for delayed transfers of care of patients aged over 75 years overall in Wales for non-Mental Health, and 3rd for its Mental Health rate.

12 months to Apr-18	HB	ABM	AB	BCU	C&V	CT	HD	Pow	C&V Rank
No. of DTOCS per 10000 popn	Non Mental Health (age 75+)	125	191	151	142	113	97	185	4/7
	Mental Health (All ages)	6.2	1.4	3.2	2.4	2.9	2.2	3.7	3/6

What are the main areas of risk?

Delivery of high quality, safe care in EU requires the availability of sufficiently trained clinical decision makers to meet demand 24 hours a day, 7 days a week and sufficient capacity within the department to assess and treat patients. The ability to recruit staff and for patients to be transferred up to a ward or the assessment units as and when their care requires it, remain the two key risks.

Patients whose care pathways are delayed are not receiving the most effective, safest care. There is an opportunity cost of a bed and its associated resources being used sub optimally, as other patients requiring that capacity are delayed, potentially requiring them to also be treated sub-optimally.

What actions are we taking?

After the difficult winter period, it was noted that the drop in the UHB's escalation levels was not commensurate with an improvement in patient access times. A specific piece of work was, therefore, initiated to improve access times and reset performance – as follows:

The approach that has contributed to recent performance improvement continues. This entails an enhanced focus on 4 hour and 12 hour waits and ambulance delays through EU 2-hourly 'huddles'. This has been augmented by enhanced Executive Director support and in the out of hours period by increased focus from the Senior Manager on Call and Executive on-call.

The development and implementation of a Summer Plan to improve the unscheduled care system is also underway – which leads into our Winter Plan. There are a number of improvement initiatives - namely around improving primary care resilience, front door processes, reducing in-hospital length of stay and developing domiciliary based initiatives for expediting discharges. One of the key enablers is securing support for a live information system.

The winter planning process for 2018-19 has already been initiated and we are using the learning from last winter to inform this year's plan. As with previous years, the plan is being developed with our partners and on a whole systems basis.

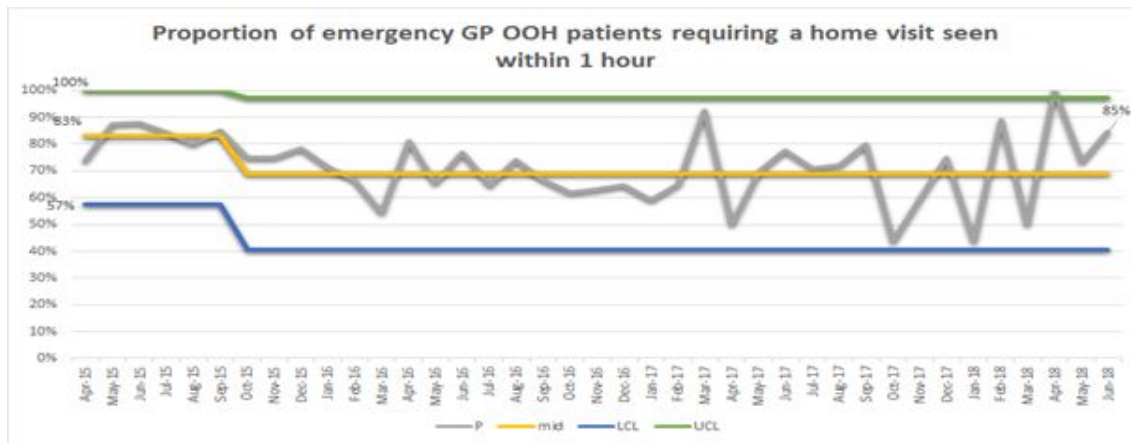
4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

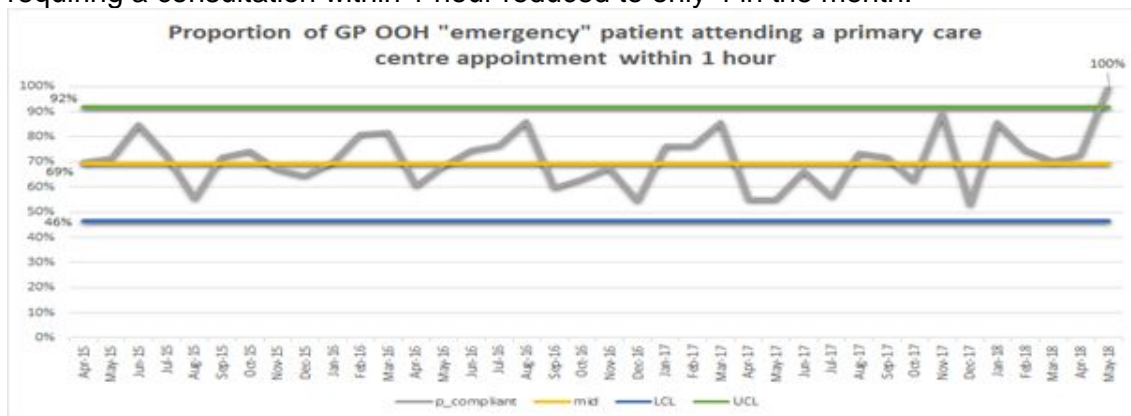
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. Performance has steadily improved in all areas since February. Nine of the standards were achieved in June, with the proportion of primary care attendances for emergency consults provided in one hour indicator increasing to 100% as demand fell to 4.

			Total Contacts= 9715			Total Contacts= 8623		
			Total Clinical Contacts Recorded on			Total Clinical Contacts Recorded on		
			Adastral = 8516			Adastral = 7447		
			May-18			Jun-18		
Standard	Description	Target	Total	Result	Score	Total	Result	Score
Telephone Services								
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	8804	7885	90%	7744	7054	91%
		100% ans. in 120 seconds	8804	8290	94%	7744	7369	95%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	8804	171	2%	7744	111	1%
Handling	% of calls recording the correct patient demographic information	100% Correct	8804	8804	100%	7744	7744	100%
Telephone Triage Services								
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2324	1772	76%	2036	1686	83%
	Longest time to triage an urgent call	Longest time		409			513	
	Average of the 10 longest times to triage an urgent call	Average time		323			357	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	4244	3485	82%	3814	3341	88%
	Longest time to triage a routine call	Longest time		909			715	
	Average of the 10 longest times to triage a routine call	Average time		638			479	
Immediate Life Threatening (ILT) Conditions								
Referral	Number of life threatening conditions identified	100% within 3 minutes	187	187	100%	158	158	100%
Home Visiting								
Home Visits	The number and percentage of home visits	No target	8516	876	7%	7447	810	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	15	11	73%	13	11	85%
	The number of face to face contacts within two hours	100% seen within two hours	15	15	100%	13	13	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	185	148	80%	197	171	87%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	375	288	77%	300	247	82%
Primary Care Centre Appointments								
PCC	The number and percentage of PCC attendances	No target	8516	2497	29%	7447	2358	32%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	11	8	73%	4	4	100%
	The number of face to face contacts within two hours	100% seen within two hours	11	11	100%	4	4	100%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	258	216	84%	258	224	87%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2305	2270	98%	2096	2060	98%
Transmissions								
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	9392	9392	100%	8398	8398	100%
Other Data								
Outcomes	The number of calls ending in telephone advice	No target	8516	2356	28%	7447	2072	28%
	The number of calls advised to contact their GP within 24hrs	No target	8516	2814	33%	7447	842	11%
Referrals OUT	The number of referrals to the Emergency Department	No target	8516	574	7%	7447	485	7%
	The number of referrals to WAST	No target	8516	77	1%	7447	171	2%
	The number of referrals for direct admission	No target	8516	398	5%	7447	226	3%
Referrals IN	The number of referrals from the Emergency Department	No target	8516	37	0.4%	7447	485	6.5%
	The number of referrals from WAST	No target	8516	156	2%	7447	154	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4564	3870	85%	4178	3602	86%
Complaints/Incidents								
Complaints	Total number of complaints received & number upheld	No target		4			2	
Compliments	Total number of compliments received	Volume only		2			7	
Significant Events	Total number of significant events recorded	Volume only		0			0	
Serious Incidents	Total number of serious incidents recognised	Volume only		0			0	

The proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour had previously been fluctuating wildly, between limits of 41% and 97%. Discrete performance in June was 85%, compared with the Welsh Government’s delivery standard of 75%.



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” was 100% in June, as the number of patients triaged as requiring a consultation within 1 hour reduced to only 4 in the month.



How do we compare with our peers?

Welsh Government have chosen to publish comparative data for 2 of the indicators relating to the timeliness of urgent triage and the timeliness of consultations for urgent patients. The UHB’s relative performance is shown below for April 2018.

Apr-18	ABM	AB	BC	C&V	CT	HD	Pow	C&V Rank
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	83%	87%	69%	75%	66%	66%	88%	4/7
% very urgent patients seen <= 60 mins following clinical assessment	50%	74%	100%	91%	77%	100%	86%	3/7

What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 20 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at certain times of the week and the subsequent reliance on bank staff, who provide less certainty as to their availability.

What actions are we taking?

A process to look at changing the skill mix and rostering of the multi-disciplinary team providing the service is well advanced. Notable progress to report:

- A Paediatric Advanced Nurse Practitioner and 2 triage nurse with backgrounds in Paediatrics have been recruited. The advanced nurse practitioner has a split role supporting both GP sustainability in hours, and the GP out of hours service.
- A 3 month pilot to examine the potential to use clinical practitioners including those with a paramedic background to complement the capacity to provide home visits has commenced, and will be evaluated in September.
- Demand capacity analysis at a case mix level to support skill mix developments has been completed and assumptions in regards to competencies in the model are being tested.

5) STROKE

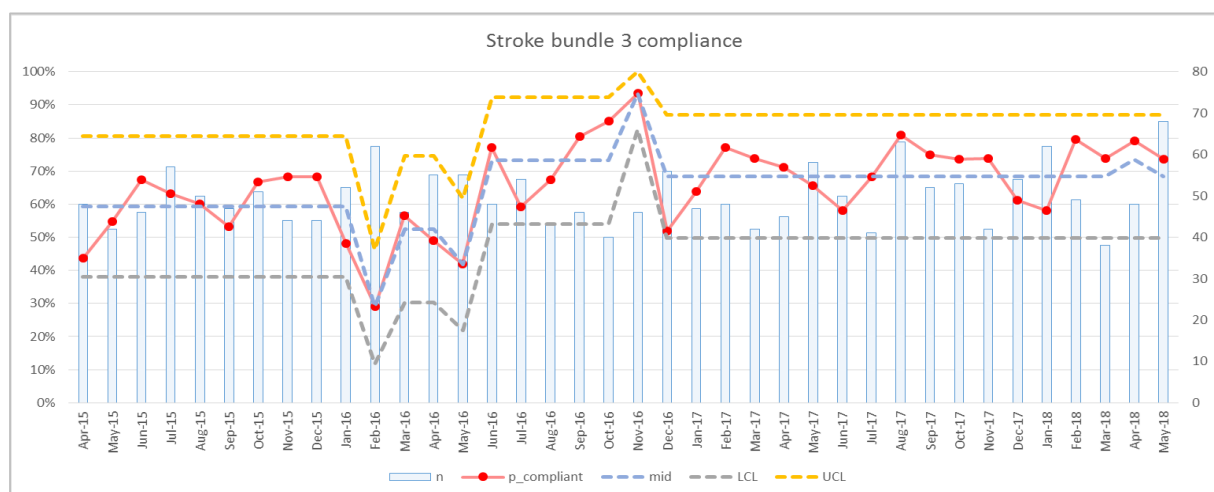
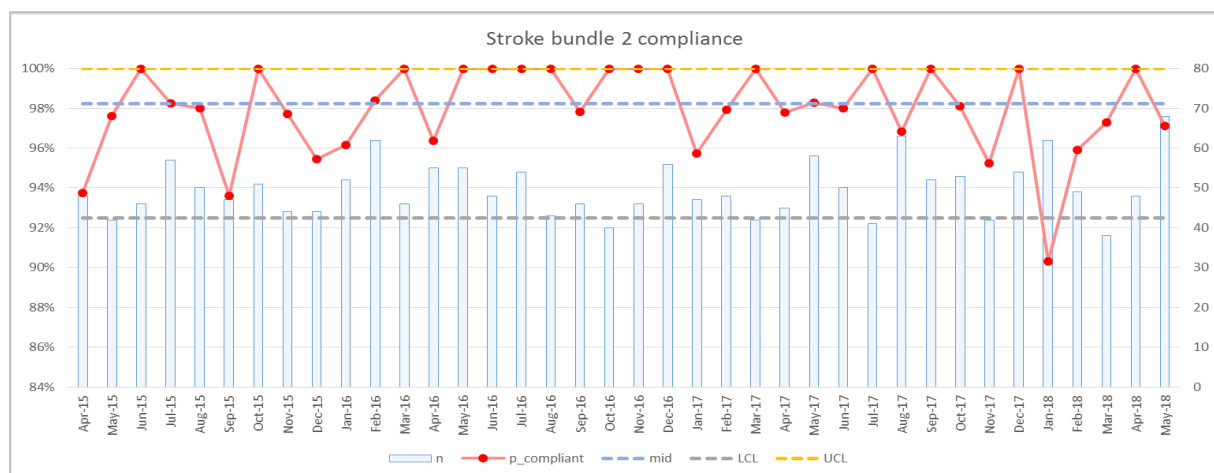
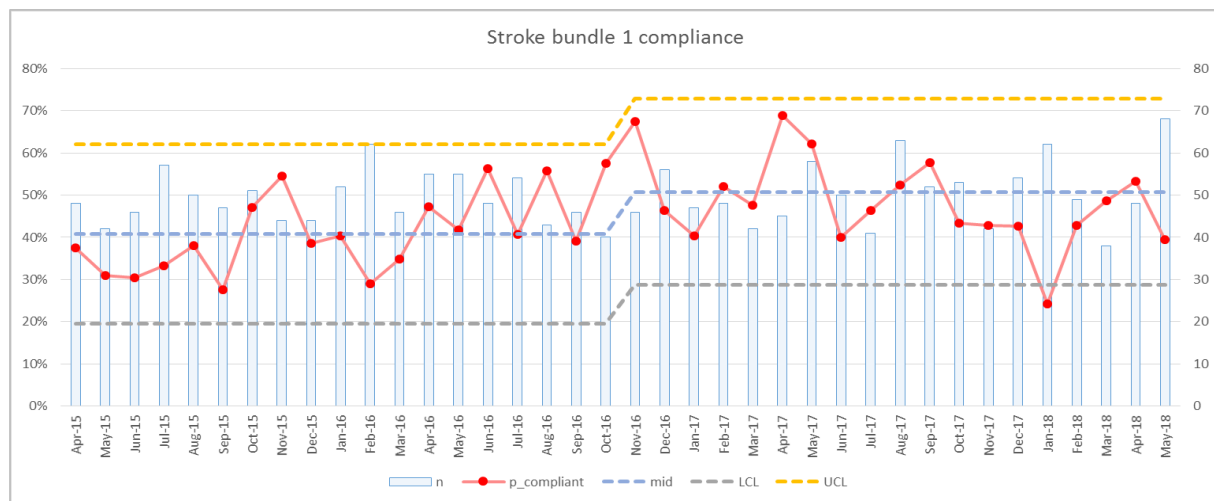
How are we doing?

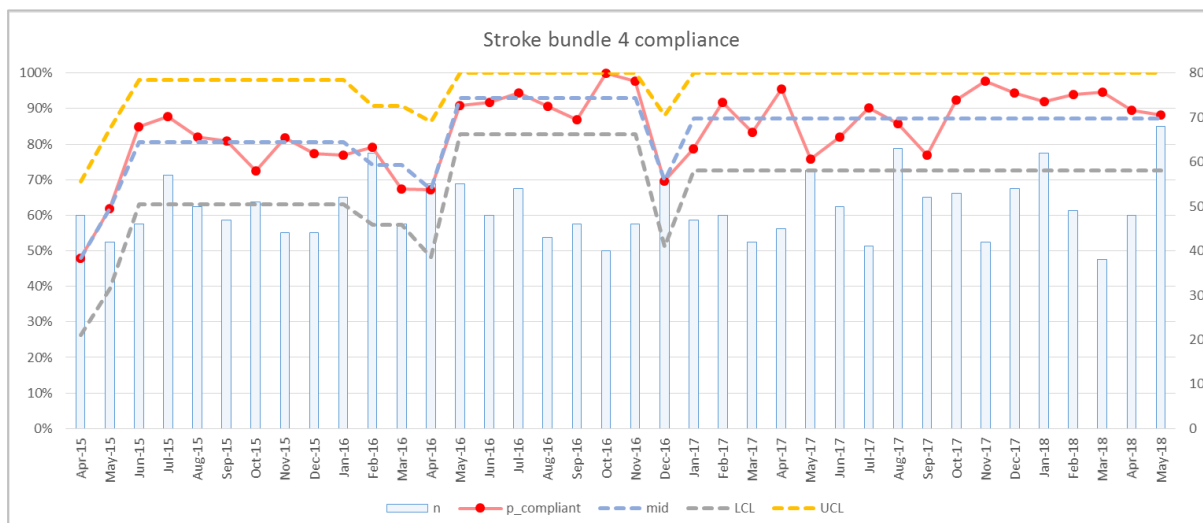
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other. The UHB is presently meeting two out of the four standards.

WG benchmarking standard		IMTP trajectory	UHB in Jun-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	39.4%
12 Hour QIM	CT Scan within 12 hours	97%	97.1%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	83.8%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	10.0%

Trends in performance in delivering the full bundles are shown below. These indicate that the significant deterioration in performance observed in January has been managed and performance is improving back to the process mean:





How do we compare with our peers?

The latest available benchmarking data across Wales indicates that all Health Boards are facing challenges in providing direct admission to the acute stroke ward and thrombolysis within 45 minutes on a sustainable basis. Overall the UHB's performance is second best after that of Hywel Dda.

In April 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	35%	43%	37%	52%	49%	60%	2/6
CT scan <12h	94%	98%	98%	100%	100%	99%	1=/6
Assessed by a stroke consultant <24h	84%	98%	80%	92%	60%	96%	3/6
Thrombolysis door to needle (<=45min)	0%	25%	23%	44%	0%	50%	2/6

What are the main areas of risk?

These are the latest QIMs which are considered to be significant factors in improving health outcomes when delivered. As such failure to achieve them may have an adverse impact on patient care.

The greater operational challenges to delivery are:

- Inability to transfer patients to the acute stroke unit, where the stroke multi-disciplinary team is based, has a detrimental impact on provision of each of the later bundles, in particular clinical assessment within 24 hours.

What actions are we taking?

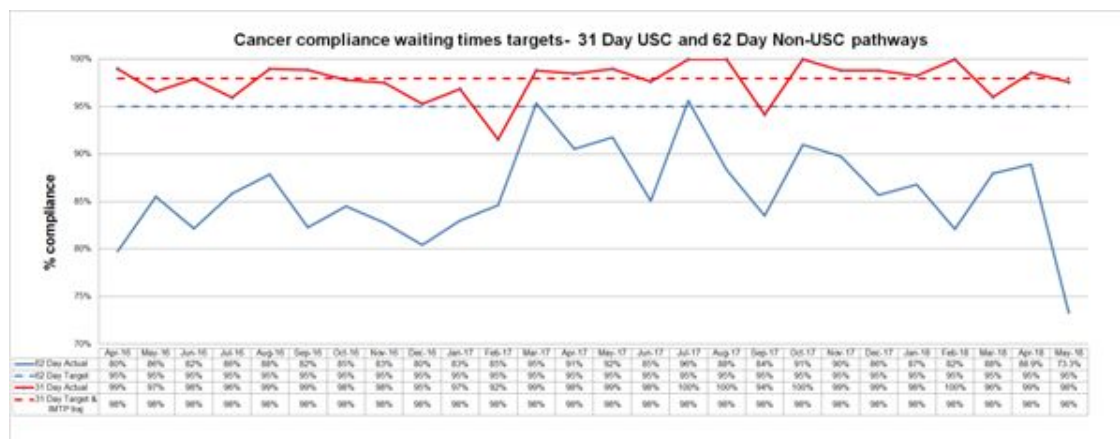
Recognising the need to improve performance, the Chief Operating Officer is leading a Stroke implementation review meeting by way of escalation. The next Performance report will cover the outcome of this meeting, including the anticipated performance improvement as a result of the actions agreed.

6) CANCER

How are we doing?

97.6% of cancer patients on the 31 day pathway were treated within the standard in May 2018, with 1 Lower Gastrointestinal, 1 Brain/CNS and 1 Haematological patient waiting in excess of 31 days. Performance over the last 12 months has been consistent in fluctuating around the 98.5% level, above the Welsh Government's minimum standard.

Reported performance against the USC 62 day target in May 2018 was 73.3%, below the UHB's IMTP trajectory for quarter 1 of 92%. There were 24 breaches in month, of which 5 were GI; 2 haematology; 5 breast; 10 Urology and 2 Lung.



The UHB continues to prepare for the implementation of the 'single cancer pathway'. In line with Welsh Government requirements, the UHB has been submitting a shadow report on SCP performance – with the latest report submitted in May for April data. The Health Board reported 94% compliance including application of suspensions and a 63% compliance without suspensions. It should be noted, however, that this is not a true reflection of ongoing SCP performance – as the requirement for the initial months was to only include patients joining the pathway after January 2018 – and reporting requirements are not fully finalised.

How do we compare with our peers?

In April 2018, the UHB was 1 of 5 Health Boards compliant with the 98% delivery standard for the 31 day non-USC pathway. No health boards delivered the 95% 62 day USC standard.

April 2018	ABM	AB	BCU	C&V	CT	HD	Wales	C&V Rank
Non USC	92.4%	99.3%	98.0%	98.6%	99.3%	98.1%	97.5%	3/6
USC	85.5%	77.4%	91.2%	82.8%	88.9%	89.8%	90.0%	5/6

What are the main areas of risk?

- We are suffering a setback in our 62 day cancer performance. The reasons primarily relate to a delayed impact of a loss of radiology capacity as a result of the severe weather in March combined with an exceptional rise in urgent suspected cancer referrals – particularly urology and GI. April on April there was a 68% increase in urology referrals and a 40% increase in GI.
- Whilst there have been some short-term issues in capacity for patients on the urology pathway (as outlined above), GI continues to be the single biggest issue for the UHB. Whilst the issues are fully understood, these are multi-factorial. Actions to address these are being progressed through the GI Cancer Improvement Group.
- We continue to treat patients in turn or according to their clinical priority but remain aware that our backlog of untreated patients waiting > 62 days fluctuates and remains too high. The UHB needs to further reduce the backlog across all tumour sites to be assured of continuous improvement and achieving the levels of performance set out in our IMTP.

What actions are we taking?

- Extraordinary meetings, chaired by the Chief Operating Officer, with Clinical Board Directors of Operations to agree and monitor actions to improve performance by individual tumour sites continues on a weekly basis
- The UHB has reviewed current MDT processes with a view to standardisation across tumour sites and communication has been issued to all MDT chairs regarding expectations.
- Tracking and expedite of patients has been strengthened across the whole pathway, through a cross-Clinical Board tracking meeting and more frequent reporting. This includes clearer escalation routes to expedite blockages in systems
- Endoscopy capacity continues to be prioritised for USC referrals but we are also taking measures to increase capacity (for all categories of patients) to improve access times. Specifically, the UHB is near completion of a procurement process to 'insource' endoscopy activity at weekends. It is anticipated that this will commence in August 2018.
- Pathway redesign project in GI led by the Medical Director and supported by

CSI continues. The issues are multi-factorial with a range of improvement cycles underway, including: refined endoscopy referral process; Pilot initiative to provide CT colonograms on the same day as the colonoscopy in UHL; and inclusion of GI patients in Tentacle, the Health Board's cancer tracking system.

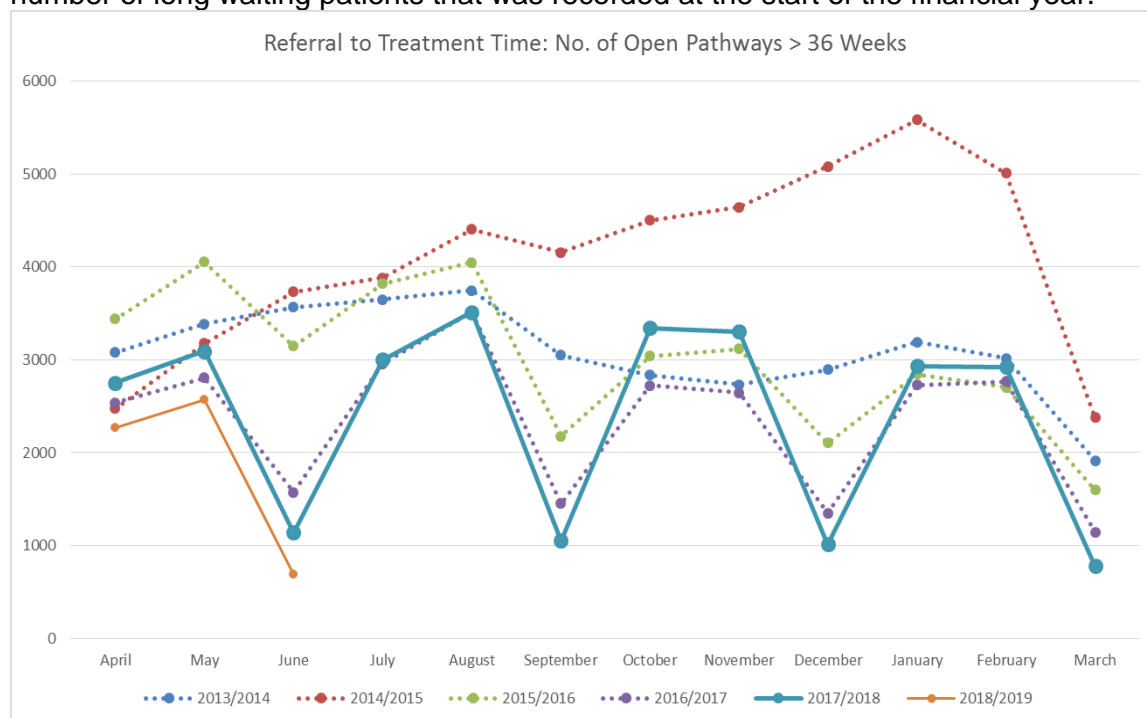
- The UHB continues to prepare for the implementation of the Single Cancer Pathway. This will be outlined in more detail at a Board Development Day, as agreed in the May Board.

7) ELECTIVE ACCESS

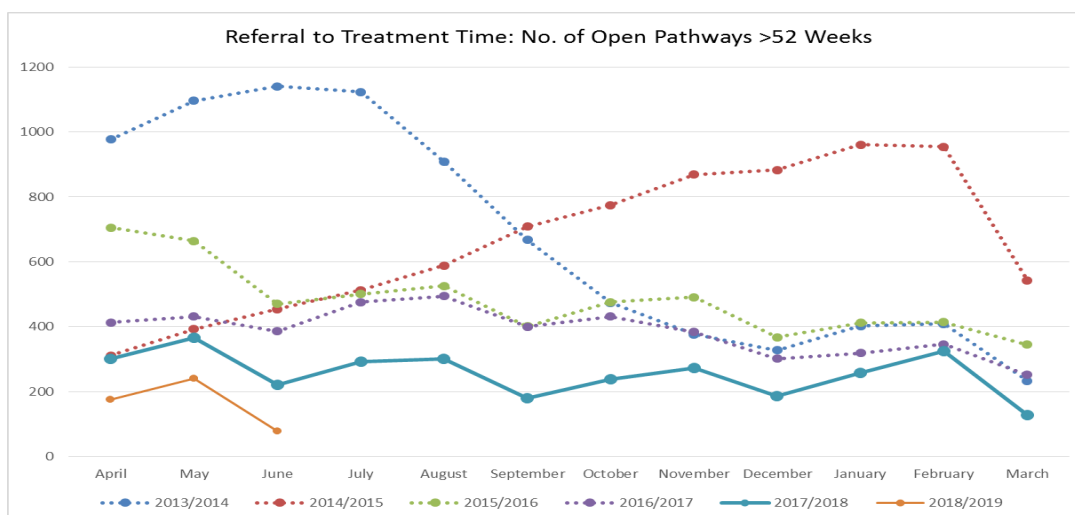
How are we doing?

There were 9523 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of June, equating to 87.1% of patients waiting under 26 weeks, against the IMTP trajectory of 86%.

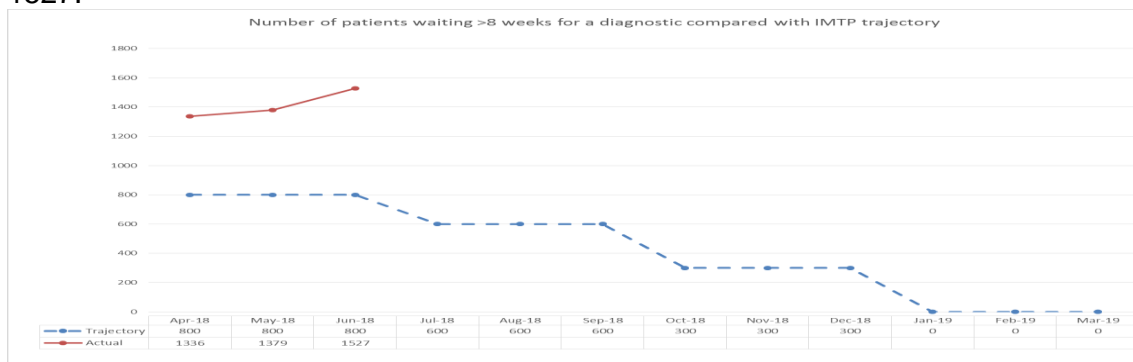
The number of patients waiting over 36 weeks reduced to 687 at the end of June, meeting the UHB's revised trajectory of 725. This is a one third reduction in the number of long waiting patients that was recorded at the start of the financial year.



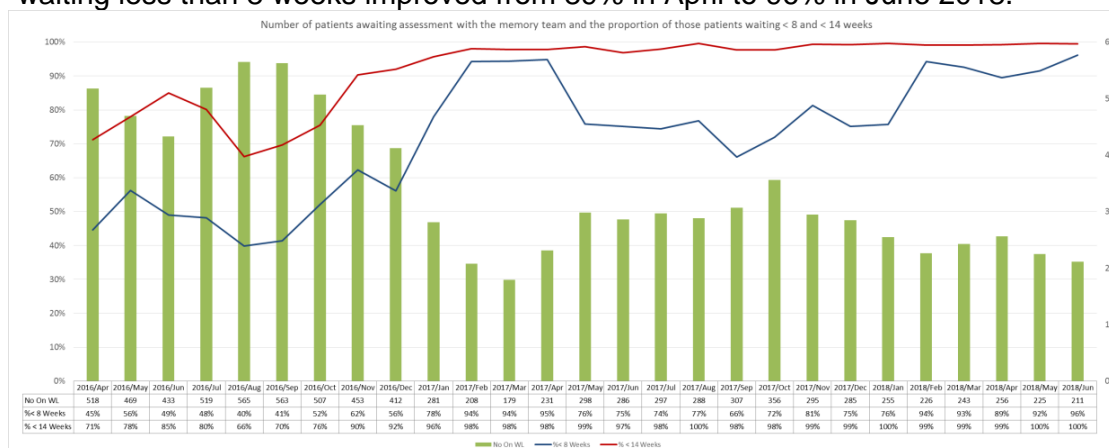
There has also been a significant decrease in the numbers of our longest waiting patients. With 79 patients waiting greater than 52 weeks at the end of June, a 50% reduction.



The Welsh Government have now included additional cardiac diagnostic services within the national performance framework, which was not factored in to the UHB's IMTP trajectory. As a consequence the Health Board is now reporting the number of patients waiting greater than 8 weeks for a diagnostic test at the end of June 2018 as 1527.



At the end of June 2018, 100% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks improved from 89% in April to 96% in June 2018.



How do we compare with our peers?

The All-Wales waiting time position at the end of April 2018, shown below, indicates that Cardiff & Vale ranked 5th for the proportion of patients waiting less than 26 weeks, 4th for the lowest number of patients waiting in excess of 36 weeks and 6th for the number of patients waiting in excess of 8 weeks for a diagnostic.

April 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks RTT	87.5%	87.8%	90.2%	84.6%	85.7%	92.4%	86.9%	5/6
N >36 weeks - RTT	14797	3398	986	6348	2266	74	1725	4/6
N >8 wks diagnostic	3488	702	320	817	1336	283	19	6/6

What are the main areas of risk and how are we mitigating them?

There are a number of areas of risk including:

- Demand increases and capacity gaps
- Physical theatre capacity and theatre staffing
- Reliance of external providers

As in previous years, the UHB is mitigating the risk through:

- Development and monitoring of demand and capacity plans as part of its established Planned Care planning cycle. This now includes a move to monthly cohort monitoring.
- Early decision making to smooth activity across the year and maximise opportunities for improvement

8) FINANCE

How are we doing?

The UHB considered a draft IMTP at its January 2018 Board Meeting. This was submitted to Welsh Government by the end of January 2018 but was not acceptable due to assumptions around additional funding. Following this the UHB revised its financial plan and consequently it was not in a position to submit an IMTP to Welsh Government for approval as it was significantly away from being financially balanced.

The requirement was therefore now to agree an acceptable one year Operational Plan with Welsh Government and the UHB wrote to Welsh Government setting out a revised 2018/19 position with a deficit of £29.2m. This was discussed at Targeted Intervention meetings and was not acceptable by Welsh Government.

The Health Board reconsidered its position at its March 2018 Board Meeting and following helpful dialogue with Welsh Government reduced its projected deficit to £19.9m. The Board accepted that it would need to work throughout the year to deliver this £9.3m financial improvement target. This decision had previously been shared with Welsh Government and on the 10th July the UHB submitted its one year operational plan to Welsh Government.

Reported month 3 position

At month 3 the UHB is reporting a deficit of £5.573m comprised of the following:

- £4.975m planned deficit (3/12th of £19.900m);
- £0.598m adverse variance against plan.

Income/Pay/Non Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Income	(105.314)	(105.098)	0.217	(320.844)	(319.919)	0.924
Pay	49.018	49.126	0.109	147.853	147.924	0.072
Non Pay	57.955	57.738	(0.217)	177.966	177.567	(0.399)
Variance to Draft Plan £m	1.658	1.767	0.108	4.975	5.573	0.598
Planned Deficit	(1.658)	0.000	1.658	(4.975)	0.000	4.975
Total £m	(0.000)	1.767	1.767	(0.000)	5.573	5.573

The £0.598m adverse variance against plan primarily relates to underperformance of £0.726m against patient activity related income targets and £0.758m overspends against nursing budgets offset by an underspend against non pay budgets. The key concern is within nursing budgets mainly in medicine, mental health and surgery where overspends have continued in month. This is driven by vacancies, sickness and specialing. Increased management attention is being directed to curtail nursing expenditure and this will be monitored by the Finance Committee and is included on its risk register.

Progress against savings targets

Progress against the devolved 3% recurrent and 1% non-recurrent savings targets at month 3 is detailed below:

Clinical Board	Recurrent			Non-Recurrent			Total CIP Shortfall
	18-19 3% recurrent	Identified Green & Amber	Identified Green & Amber	18-19 1% non-recurrent	Identified Green & Amber	Identified Green & Amber	
	£'000	£'000	%	£'000	£'000	%	
PCIC	4,950	5,200	105%	1,650	1,678	102%	-278
Capital Estates and Facilities	1,935	1,195	62%	645	1,295	201%	90
Medicine	2,816	2,403	85%	939	1,052	112%	299
Specialist Services	3,029	2,423	80%	1,010	1,263	125%	352
Surgery	3,536	2,876	81%	1,179	1,142	97%	697
CD&T	2,582	1,831	71%	861	966	112%	645
Mental Health	2,205	1,572	71%	735	689	94%	679
Children & Women	2,663	2,072	78%	888	436	49%	1,042
Corporate Execs	1,022	501	49%	341	341	100%	520
Dental	600	94	16%	200	137	69%	569
Total	25,335	20,167	80%	8,445	8,998	107%	4,615

The devolved CIP gap totalling **£4.615m** has now been profiled into the position in 1/10ths.

The gap in the devolved CIP is being offset by corporate opportunities.

Of the £9.3m financial improvement target, £1.491m remains unidentified.

Underlying deficit position: The underlying deficit position brought forward into 2018/19 was £49.0m. If the 2018/19 financial plan is fully delivered the forecast 2019/20 brought forward underlying deficit would be £39.1m.

Creditor payment compliance: Month 3 non-NHS Creditor payment compliance was 94.2% for June which is below the 95% target but significantly better than the cumulative rate achieved for the same period in 2017/18 (89.4%).

Remain within Capital expenditure resource limit: The UHB had an approved annual capital resource limit of £36.099m at the end of June. Capital expenditure at the end of June was £3.251m against a target of £2.987m and year end expenditure is expected to be within the Capital Resource Limit.

Cash: The UHB has a forecast cash deficit of £26.935m. Cash management plans will be developed if Welsh Government cash support is not provided. The UHB cash balance at the end of June was £1.696m.

What are our key areas of risk?

The key challenges for the UHB in delivering this plan will be:

- Delivery of a 3% recurrent and a 1% non-recurrent savings target of £25.3m and £8.4m respectively;
- Identification of opportunities to deliver the £9.3m financial improvement target;

- The management of operational cost pressures and financial risks within delegated budgets.
- Managing down the underlying deficit

What actions are we taking to improve?

Delivery of savings targets – The UHB has identified corporate opportunities to cover the gap against the devolved saving target. In addition, all budget holders are still required to prioritise the identification and implementation of schemes as a matter of urgency to ensure that Clinical Boards meet their delegated targets. Until this is achieved, measures to curtail expenditure to ensure a balanced budget position each month need to be actioned.

Delivery of financial improvement target - the UHB is undertaking further work to refine this plan and further options are being considered to manage the financial risks in delivering the improvement target.

Managing within current budgets - overspending Clinical Boards will need to provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

Managing down the underlying deficit – a greater focus on recurrent savings supporting the continued reduction in the underlying deficit.

RECOMMENDATION:

The Board is asked to **CONSIDER** UHB current performance and the actions being taken to improve performance.

**MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10:00
AM ON 11th JULY 2018
BOARD ROOM, DENTAL HOSPITAL, UHW**

Present:

Peter Hewin	BAOT/Unison Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Andrew Crook	Head of Workforce Governance (part of meeting)
Ffion Matthews	CSP
Jane Williams	Head of Workforce and OD
Judith Harrhy	Assistant Head of Workforce and OD
Julia Harper	Corporate Governance Manager
Sadie Williams	Assistant Head of Workforce and OD
Secretariat:	
Carol Falcon	PA to DDWOD & ADOD

EP SG 18/001 WELCOME AND INTRODUCTIONS

Mr Hewin welcomed everyone present to the meeting and introductions were made. It was noted that as the meeting was non quorate decisions could not be formally agreed, however the meeting would proceed for the purposes of exchanging information

EP SG 18/002 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ceri Bowen, Ceri Dolan, Jonathan Pritchard, Mathew Thomas, Pauline Williams, and Sian Rowlands.

EP SG 18/003 MINUTES OF THE PREVIOUS MEETING

The Employment Policies Sub Group **RECEIVED** the minutes of the meeting held on 8 November 2018 but could not be confirmed as accurate as the meeting was not quorate.

EP SG 18/004 MATTERS ARISING/ACTION LOG

The Employment Policies Sub Group **RECEIVED** the action log from the previous meeting.

EP SG 18/005 PAY DISCUSSIONS UPDATE

Mr Hewin updated the Group on some of the key points of the recent pay discussions.

He advised that the proposed the pay award/restructure of pay spines would replicate the English model in many ways. The remainder of the talks were around Terms & Conditions issues, particularly around sickness enhancements for unsocial hours. A compromise on this had been reached and had been put to the Cabinet Secretary for his agreement. It was agreed that a number of measures to reduce sickness would need be put into force; including potential fast tracking of treatment, redeployment, altered duties, and a full review of the sickness policy. Other anticipated changes were around the approach to flexible working, pay progression, and shared parental leave.

Mr Crook advised that in NHS England a number of tools and resources had been developed to help individuals understand the implications for them personally. He hoped that NHS Wales would replicate these as the proposed changes were complex and difficult to understand.

It was agreed that whilst awaiting further information on the national pay talks the PADR Policy, Shared Parental Leave Procedure and Flexible Working Policy should not be reviewed now and be parked. A review would also need to be undertaken on the All Wales Pay Progression Policy.

It was recognised that scoping work and modelling needed to be done around the proposed changes to Band 1 staff.

EPSG 18/006 INDUSTRIAL INJURY GUIDELINES

Mr Crook presented the revised Industrial Injury Guidelines and described the changes made. In particular he noted that the decision process had been expanded and an Appeal process included. It had also been made explicit that the Employee and the line manager should ideally complete the application form at the same time.

In light of pay talks it was agreed that the section on unsociable hours should be removed. It was also agreed that a statement should be added to reinforce that full completion was necessary in order to ensure that the panel could make an informed and full.

Mrs Harper suggested that although this document had historically been referred to as 'guidelines' it was in reality a Procedure and its title should be changed accordingly. The Group agreed that this was appropriate.

The EPSG members indicated that they were happy to support the approval of the revised Procedure subject to these changes being made.

ACTION Mr Crook

Mr Hewin agreed to share this at the next Staff Side meeting, and subject to their support, take Chair's Action with Dr Pressley to approve the Procedure. This would be ratified at the next quorate EPSG meeting.

ACTION: Mr Hewin/Dr Pressley

ACTION Secretariat Bring this back as an agenda item to the next meeting

**EPSG 18/007 RATIFICATION OF CHAIRS ACTION TAKEN TO APPROVE
THE RECRUITMENT AND SELECTION PROCEDURE**

This item could not be considered as the meeting was not quorate.

ACTION Secretariat Bring this back as an agenda item to the next meeting

**EPSG 18/008 REALLOCATION OF EMPLOYMENT POLICIES INTO
PROCEDURES and ROLL FORWARD OF FLEXIBLE
WORKING, WORKING TIMES AND PROFESSIONAL
REGISTRATION PROCEDURES**

Dr Pressley reminded the Group that the UHB in November 2017 the UHB changed the way we used 'policies' and procedures'. Previously we had documents which were called policies, but which actually contained both policy statements and procedural elements. In 2017 these were split into two separate documents and EPSG were given the authority to approve procedures/guidelines while policies still need to go to a Board Committee.

Dr Pressley suggested that a number of control documents currently referred to as 'policies' were in fact procedures as they described a mandatory process rather than a principle or statement of intent. She suggested that the Strategy and Engagement Committee should be asked to re-allocate these as procedures and asked EPSG for their support in this.

EPSG considered this and members present agreed that:

- The Strategy and Deliver Committee should be asked to re-allocate the Pre and Post Registration Nurse Placement Policy, Loyalty Award Policy and Fixed Term Contract Policy as Procedures
- The Professional Registration Policy was considered fit for purpose and that Strategy and Deliver Committee should be asked to approve it for a further three years, but as a Procedure
- The Working Times Policy should not be re-allocated as a Procedure without further discussion outside of the meeting
- Any work on the Flexible Working Policy should be put on hold while it was determined if a NHS Wales Policy was likely to be developed in light of the pay talks

All in attendance were happy with the 3 EHIA's which had been on the intranet for consultation

It was agreed that as the meeting was not quorate Mr Hewin would share this at the next Staff Side meeting, and subject to their support, take Chair's Action with Dr Pressley to agree these recommendations. This would be ratified at the next quorate EPSG meeting.

ACTION: Mr Hewin/Dr Pressley

ACTION: Secretariat Bring this back as an agenda item to the next meeting

EPSG 18/010 NHS WALES CAPABILITY POLICY

The Employment Policies Sub Group **RECEIVED** the NHS Wales Capability Policy. Dr Pressley advised that the process had been made more formal and that a third stage had been added. As usual, the UHB was required to adopt this Policy and it would be presented to the Strategy and Delivery Committee on 11 September.

ACTION: Dr Pressley

Mrs Harper suggested that it should be made clear on the front page of the policy that this was an All Wales Policy.

Dr Pressley advised that the HR Operations Team would be revising the standard templates and developing a training package. Mr Hewin indicated that staff representatives would like to be involved in this, but he understood that the work needed to be done in a timely fashion so that it could be launched at the same time as the UHB adopted the revised Policy

EPSG 18/011 POLICIES AND PROCEDURES DUE FOR REVIEW

The Employment Policy Sub Group received a list of the policies and procedures currently due or overdue for review. Dr Pressley noted that named staff representatives have been allocated to some of the documents to be reviewed but requested volunteers for the other items. Mr Hewin agreed to raise this at the next Staff Side meeting and feedback names to Dr Pressley.

Mrs Harper noted that some of the review dates were very overdue and asked if a risk assessment of the older ones had been carried out. Dr Pressley indicated that informal risk assessments were conducted by the Workforce Governance team on a regular basis.

EPSG 18/012 ANY OTHER BUSINESS

Mr Hewin expressed concern at the current guidance issued to staff on the use of mobile phones and social media. The current Social Media Guidance is IT focused rather than person focused and it was felt that the guidance was not keeping up with the present day and should be more localised. There is need for updated Guidance providing details of good practice and appropriate use of social media. The Mobile Phone policy is also a grey area now that new app technology is available which could mean employees would need to use their mobile phones in work.

It was believed that the Communications team may have some form of guidance which is not widely shared within the UHB. Other organisations with good Guidance are RCN and UNISON and these Guidance notes should be checked and some form of promotion undertaken. A Social Media reference group or similar should be looked into.

It was agreed that mixed messages were being given to staff and that the issue of social media, mobiles phones (including personally owned phones) and communication needed to be addressed as part of a wider discussion, but it was not

clear who owned this piece of work as there was overlap between Workforce and OD, IT and Telecommunications as well as the Communications team. Dr Pressley agreed to raise this with the Executive Director of Workforce and OD and ask him for a steer on how this should be progressed.

ACTION Dr Pressley

EPSP 18/013 DATE AND TIME OF NEXT MEETING

The next meeting would take place on Wednesday 12 September 2018 at 10:00 am (venue to be confirmed) n.b. the room would be available from 9:00 am for a staff representative pre-meeting.

DRAFT