

Bundle Public Board 26 September 2019

- 3.3 Minutes of the Public Meeting held on 25 July 2019 / Cofnodion y Cyfarfod Cyhoeddus ar 25 Gorffennaf 2019
Presenter: Chair
Unapproved Board Minutes 25 July 2019
- 3.4 Matters Arising & Table of Actions from the Meeting held on 25 July 2019 / Materion sy'n Codi a Thabl o Gamau Gweithredu o'r cyfarfod ar 25 Gorffennaf 2019
Presenter: Chair
Table of Actions from Health Board Meeting in Public held on 25 July 2019
- 3.5 Minutes of the AGM held on 30 July 2019 / Cofnodion y Cyfarfod Cyffredinol Blynyddol ar 30 Gorffennaf 2019
Presenter: Chair
Unapproved AGM Minutes 30 July 2019
- 3.6 Report of the Chair / Adroddiad y Cadeirydd
Presenter: Chair
Chair's Report SBAR September 2019
- 3.7 Report of the Chief Executive / Adroddiad y Prif Weithredwr
Presenter: Steve Moore
Chief Executive's Report September 2019
Appendix A - QI Framework Progress Report
Appendix A - Programme agenda QI Collaborative 2019
Appendix A - Project Teams Cohort 1
Appendix B - Register of Sealings September 2019
Appendix C - Consultation Report September 2019
- 3.8 Report of the Audit & Risk Assurance Committee / Adroddiad y Pwyllgor Archwilio a Sicrwydd Risg
Presenter: Paul Newman
ARAC Update Report September 2019
- 4.1 HDdUHB Director of Public Health Annual Report 2018/19 / Adroddiad Blynyddol Cyfarwyddwr Iechyd Cyhoeddus BIPHDd 2018/19
Presenter: Ros Jervis
SBAR DPH Annual Report September 2019
DPH Annual Report Final - English
DPH Annual Report Final - Welsh
- 4.2 Focus on Healthcare Services in Ceredigion / Canolbwyntio ar Wasanaethau Gofal Iechyd yng Ngheredigion
Presenter: Joe Teape
Focus on Healthcare Services in Ceredigion September 2019
- 4.3 Development of a New Chemotherapy Day Unit at Bronglais General Hospital / Datblygiad Uned Dydd Cemothorapy newydd yn Ysbyty Cyffredinol Bronglais
Presenter: Joe Teape
SBAR BGH Chemotherapy Day Unit
BGH CDU Business Case
Appendix 1 - Site Plans SOA and Ward Plans
Appendix 2 - Provisional Cost Estimate Development Approval Form
Appendix 3 - Project Programme
Appendix 4 - Charitable Funds Committee SBAR BGH CDU Fundraising Appeal
Appendix 5 - BGH CDU Project Group Draft Governance Arrangements
- 4.4 Inpatient Malnutrition Business Case / Achos Busnes Diffyg Maeth Cleifion Mewnol
Presenter: Alison Shakeshaft

SBAR Malnutrition Business Case September 2019

Appendix 1 - Making Malnutrition Matter Business Case July 2019

Appendix 2 - Integrated Impact Assessment

- 4.5 Major Trauma Network / Rhwydwaith Trawma Mawr
Presenter: Karen Miles
SBAR Major Trauma Network September 2019
Major trauma engagement report v1 3 16 Aug 2019
CHC Final MT Engagement Response Sept 2019 updated
CHC Steve Moore letter 28-03-18 re Major Trauma
CHC Major Trauma letter April 2019
- 4.6 Reconfiguration of Sexual Assault Referral Centres (SARCs) across South, Mid and West Wales / Ffurfweddiad Canolfannau Atgyfeirio Ymosodiadau Rhywiol (SARCs) ar draws y De, y Canolbarth a'r Gorllewin
Presenter: Mandy Rayani
SBAR Sexual Assault Referral Centres (SARCs) September 2019
SARCs Final Report v0.9
- 5.1 Report of the Quality, Safety & Experience Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad
Presenter: Professor John Gammon
QSEAC Update Report September 2019
- 5.2 Fragility of Mental Health Services / Breuder y Gwasanaethau Iechyd Meddwl
Presenter: Joe Teape
SBAR Fragility of Mental Health Services September 2019
- 5.3 HDdUHB Seasonal Influenza Plan 2019/20 / Cynllun Ffliw Tymhorol BIPHDd 2019/20
Presenter: Ros Jervis
SBAR Seasonal Influenza Plan September 2019
HDdUHB Influenza Plan 2019/20
- 5.4 Report of the Business Planning & Performance Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Cynllunio Busnes a Pherfformiad
Presenter: David Powell
BPPAC Update Report September 2019
- 5.4.1 HDdUHB Major Incident Plan 2019/20 / Cynllun Digwyddiad Mawr BIPHDd 2019/20
SBAR Major Incident Plan September 2019
HDdUHB Major Incident Plan 2019-20
- 5.5 Integrated Performance Assurance Report – Month 5 2019/20 / Adroddiad Sicrwydd Perfformiad Integredig – Mis 5 2019/20
Presenter: Karen Miles
SBAR IPAR Month 5 2019/20
IPAR Month 5 2019/20
Run Charts Month 5
Full Performance Summary Month 5
- 5.6 Strategic Equality Plan Annual Report 2018/19 / Adroddiad Blynyddol Cynllun Cydraddoldeb Strategol 2018/19
Presenter: Sarah Jennings
SBAR Strategic Equality Plan Annual Report September 2019
SEP Annual Report 2018/19
Appendix 1 - Population Equality Information
Annexe A - Workforce Equality Annual Report April 2018 - March 2019
Annexe B - W&ODSC SBAR Gender Pay Gap
- 5.7 Report of the Finance Committee / Adroddiad y Pwyllgor Cyllid
Presenter: Michael Hearty
Finance Committee Update Report September 2019
- 5.8 Finance/Turnaround Update – Month 5 2019/20 / Diweddariad Cyllid/Trawsffurfio – Mis 5 2019/20

Presenters: Huw Thomas/Andrew Carruthers

Finance and Turnaround Update Month 5 2019/20

- 6.1 Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau
SBAR Committee Update Reports September 2019
- 6.1.2 In-Committee Board / Bwrdd Y Pwyllgor
In-Committee Board Update Report September 2019
- 6.1.3 HDdUHB Advisory Groups / Grwpiau Cynghori BIPHDd
Stakeholder Reference Group Update Report September 2019
Appendix 1 - SRG ToRs V11
Staff Partnership Forum Update Report September 2019
- 6.2 HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd
HDdUHB Joint Committees and Collaboratives Update Report September 2019
Joint Committees and Collaboratives Update
- 6.3 Statutory Partnerships Update / Diweddariad ar Bartneriaethau Statudol
Statutory Partnerships Update September 2019
Appendix 1 - Proposal for Progressing Regional Collaboration
- 7.1 Healthcare Inspectorate Wales Annual Report 2018/19 / Arolygiaeth Gofal Iechyd Cymru Adroddiad Blynnyddol 2018/19
<https://hiw.org.uk/annual-report-2018-2019>
https://agic.org.uk/adroddiad-blynnyddol-2018-2019?_ga=2.184776812.417774606.1568037434-659732896.1561364017
HIW Annual Report 2018/2019 English
HIW Annual Report 2018/2019 Cymraeg
- 7.2 Board Annual Workplan / Cynllun Gwaith Blynnyddol Y Bwrdd
Board Work Programme 2019-20

**COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL
HEB EU CYMERADWYO/UNAPPROVED
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**

Date of Meeting:	9.30AM, THURSDAY 25TH JULY 2019
Venue:	PEMBROKESHIRE COUNTY COUNCIL, FREEMANS WAY, HAVERFORDWEST, PEMBROKESHIRE SA61 1TP

Present:	<p>Mrs Judith Hardisty, Interim Chair, Hywel Dda University Health Board Mr Paul Newman, Interim Vice-Chair, Hywel Dda University Health Board Mr Owen Burt, Independent Member Professor John Gammon, Independent Member Cllr. Simon Hancock, Independent Member Ms Anna Lewis, Independent Member Mr Mike Lewis, Independent Member Mr David Powell, Independent Member Ms Delyth Raynsford, Independent Member Mr Steve Moore, Chief Executive Mr Joe Teape, Deputy Chief Executive/Director of Operations Mrs Lisa Gostling, Director of Workforce & Organisational Development Dr Philip Kloer, Medical Director and Director of Clinical Strategy Mrs Karen Miles, Director of Planning, Performance & Commissioning Ms Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Director of Therapies & Health Science Mr Huw Thomas, Director of Finance</p>
In Attendance:	<p>Mrs Joanne Wilson, Board Secretary Mr Michael Hearty, Associate Member Ms Jill Paterson, Director of Primary Care, Community & Long Term Care Ms Sarah Jennings, Director of Partnerships and Corporate Services Mr Andrew Carruthers, Turnaround Director Dr Kerry Donovan, Chair, Healthcare Professionals Forum Mr Mansell Bennett, Chair, Hywel Dda Community Health Council Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council Dr Owen Cox, Chair, Local Medical Committee Mrs Libby Ryan-Davies, Strategic Programme Director (part) Ms Melanie Evans, Head of Learning Disabilities & Older Adult Mental Health (part) Ms Laura Andrews, Professional Lead for Learning Disabilities Nursing (part) Mr James Dash, Pembrokeshire People First (part) Ms Angie Edwards, Carmarthenshire People First (part) Mr James Tyler, West Wales Regional Partnership Board (part) Ms Sian Jones, Pembrokeshire People First (part) Ms Elaine Lorton, County Director Pembrokeshire (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

PM(19)112	PUBLIC FORUM	
	The Interim Chair, Mrs Judith Hardisty, welcomed everyone to the meeting. Mrs Hardisty advised of two questions received from one member of the public for the Public Forum section of the meeting, indicating that copies of the questions and the responses had been	

	provided to members of the public present and to Board Members. These would also be published on the University Health Board website and a formal letter of response provided.	JH
PM(19)113	INTRODUCTIONS & APOLOGIES FOR ABSENCE Mrs Hardisty thanked Pembrokeshire County Council for hosting today's Board meeting. Members were advised that the patient story has been scheduled for later on the agenda to facilitate the Board signing up to the Learning Disabilities Charter, which will be formally launched at the Pembrokeshire Show in August 2019. Apologies for absence were received from: <ul style="list-style-type: none"> • Mrs Ros Jervis, Director of Public Health • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services • Ms Hilary Jones, Chair, Stakeholder Reference Group 	
PM(19)114	DECLARATION OF INTERESTS No declarations of interest were made.	
PM(19)115	MINUTES OF THE PUBLIC MEETING HELD ON 29TH MAY 2019 RESOLVED – that the minutes of the meeting held on 29 th May 2019 be approved as a correct record.	
PM(19)116	MINUTES OF THE PUBLIC MEETING HELD ON 30TH MAY 2019 RESOLVED – that the minutes of the meeting held on 30 th May 2019 be approved as a correct record.	
PM(19)117	MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 30TH MAY 2019 An update was provided on the table of actions from the Public Board meeting held on 30 th May 2019. In terms of matters arising: PM(19)98 – Whilst welcoming the update on Hospital Acquired Thrombosis (HAT), Professor John Gammon enquired how the planned work will be monitored through Board or its committees. Mrs Mandy Rayani advised that she is working on development of a quality dashboard and that thrombosis will be a key metric within this dashboard. The Thrombosis Group monitor episodes of HAT and would escalate concerns to the Operational Quality, Safety & Experience Sub-Committee and thence to the Quality, Safety & Experience Assurance Committee (QSEAC).	
PM(19)118	REPORT OF THE CHAIR Mrs Hardisty introduced her report on relevant matters undertaken as Chair of Hywel Dda University Health Board (HDdUHB) since the previous Board meeting. Mrs Hardisty drew attention to those members of staff nominated for Employee or Team of the Month awards and thanked Independent Member (IM) colleagues who have assisted in presenting these. The awards are well received and it is a pleasure for Mrs Hardisty and other IMs to visit staff in their place of work. Mrs Hardisty also highlighted the appointment of Miss Maria Battle to the role of Chair of HDdUHB from 19 th August 2019. Miss Battle has served as	

	Chair of Cardiff & Vale UHB, and will be joining HDdUHB having been a resident of Pembrokeshire for many years. Finally, Mrs Hardisty thanked both IMs and the Executive Team for the support provided to her as Interim Chair and indicated that she was looking forward to returning to her substantive role of Vice-Chair.	
	The Board SUPPORTED the work engaged in by the Chair since the previous meeting and NOTED the topical areas of interest.	

PM(19)119	REPORT OF THE CHIEF EXECUTIVE	
	<p>Mr Steve Moore presented his report on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board since the previous meeting. Mr Moore drew attention in particular to the 'This is Me' Conference held on 4th July 2019, expressing gratitude for the involvement of Swansea Bay UHB. The conference had included a number of inspirational and human stories of inclusion and diversity and represented a significant milestone. Mr Moore thanked Ms Sarah Jennings, and in particular Mrs Rhian Evans and her team for their contribution and looked forward to similar events in the future. Inclusion is a hallmark of HDdUHB as an organisation, and this is being recognised by launch of the Diversity and Inclusion Innovation Fund, to support projects which will promote equality, diversity and inclusion. Mr Moore drew Members' attention to the update on the Wales Trauma Network and engagement around this topic. The report also includes an update on year-end discussions with Welsh Government at the Joint Executive Team (JET) meeting. Referencing page 3, and information around Adult Thoracic Surgery services, Mr Moore reported that since this update, the UHB had received a letter from the Welsh Health Specialised Services Committee (WHSSC), the contents of which will require ratification by the Board.</p> <p>Mrs Joanne Wilson advised that this letter will need to be shared with Board Members and the Hywel Dda Community Health Council (CHC) for comment. The letter is requesting the UHB's 'unconditional approval' for a single Adult Thoracic Surgery Centre based at Morriston Hospital, Swansea. Since it is not appropriate to make such a decision today, and the next Public Board meeting is not until September 2019; it is suggested that, subject to circulating the letter as outlined above, authority for approval is delegated to the Interim Chair and Chief Executive. Moving on through the report to the Cross Hands Health & Well-being Project, Mr Moore highlighted the request that the Interim Chair and Chief Executive be delegated authority for approval of the Outline Business Case. Members' attention was also drawn to the various activities which HDdUHB has participated in at Welsh Government level, detailed on page 4. Also on page 4 is an update regarding midwifery services in Pembrokeshire. Mr Moore emphasised that the changes being made will not alter the basis of the midwifery-led unit; these are to improve continuity of care. The UHB has discussed the changes with local politicians, and will continue to monitor this situation. Mr Moore reiterated that no service changes are being proposed. Concluding his report, Mr Moore thanked Mrs Hardisty for her contribution as Interim Chair and stated that it had been a pleasure working with her in this capacity.</p>	

	<p>With regards to Thoracic Surgery, and recognising that Members have not yet seen the document in question; Dr Philip Kloer suggested that it is difficult, as a general principle, to give 'unconditional approval', as there are various conditions which the UHB would want and expect. Much depends on what 'unconditional' actually refers to. Mrs Wilson noted all Board Members would be given the opportunity to comment on the letter and papers with this being included within the response to WHSCC. Mr David Powell noted the update regarding Brexit and suggested that in light of recent political events, a 'No Deal Brexit' is potentially even more likely. Mr Powell enquired regarding the actions being taken locally and regionally in preparation for such an occurrence. Mr Moore advised that a great deal of preparation was undertaken at both a local and national level for the anticipated March 2019 Brexit date and would expect that this work would be further progressed/escalated in preparation for October 2019. Members were reminded that Mrs Ros Jervis is the UHB lead on Brexit. Cllr. Simon Hancock welcomed the assurances around midwifery services in Pembrokeshire, and concurred with Mr Moore's comments regarding the 'This is Me' Conference. Cllr. Hancock stated that this was probably the best conference of this type he had attended, with high quality content and presentations. Cllr. Hancock added his thanks and congratulations to Ms Jennings and her team. In considering the report's recommendations, it was agreed that a statement would be added regarding the intention to circulate for comment information on Adult Thoracic Surgery services, to facilitate delegation of authority to the Interim Chair and Chief Executive.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the Register of Sealings since the previous report on 30th May 2019; • NOTED the status report for Consultation Documents received/ responded to; • AGREED that, subject to circulation of the documentation issued by WHSCC, approval (or otherwise) of proposals relating to Adult Thoracic Surgery services be delegated to the Interim Chair and Chief Executive; • AGREED that approval of the Outline Business Case (OBC) for the Cross Hands Health & Well-being Project be delegated to the Interim Chair and Chief Executive following discussion at the Executive Team and Finance Committee. 	<p>JH/SM</p> <p>JH/SM</p>
PM(19)120	<p>REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE</p> <p>Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, outlined the ARAC update report, noting that this covers two meetings. The first of these, on 29th May 2019, had focused on year-end documentation, which had included the HDdUHB Annual Report, being presented as the next agenda item. Particular matters of concern had included a lack of capital investment identified during discussion of an Internal Audit (IA) report on National Standards for Cleaning, with Mr Newman understanding that there is a current backlog in maintenance work amounting to approximately £65m. ARAC had also received an update in relation to Operating Theatres, and the significant amount of work being undertaken in this area. Members had been much assured by the approach taken by the management team, and their commitment to addressing the issues involved. A further update is expected at the</p>	

	<p>next meeting. Mr Newman drew Members' attention to discussions regarding the Nurse Staffing Levels (Wales) Act, and concerns around the potential impact on the UHB as requirements are rolled-out, in view of ongoing staffing issues and challenges. This matter will be further reviewed by ARAC in six months. The Committee had also considered a Limited Assurance IA report on the topic of Personal Appraisal Development Review (PADR). Whilst Members had been assured by the response to the findings by management, it was emphasised that PADRs are an important mechanism by which the organisation recognises and values its staff, and must be regarded as such. At its meeting on 25th June 2019, ARAC received an update from colleagues in the Post Payment Verification (PPV) team, during which concerns were expressed regarding the PPV error rates, particularly in those practices which are being revisited. Following discussion, it had been agreed that the Director of Finance would examine this matter in more detail. Mr Newman concluded his report by advising that the Wales Audit Office Review of Operational Quality & Safety Arrangements would be revisited in more detail at the next meeting.</p> <p>Referencing the National Standards for Cleaning IA report, Mr Mike Lewis advised that he had recently attended a meeting of the Capital, Estates & IM&T Sub-Committee, where the issue of spikes of infection, potentially as a result of estate issues had been discussed. Mr Lewis requested assurance that actions were being taken to address this matter. Mrs Rayani stated that she is attending a meeting next week to discuss quality issues at Withybush General Hospital (WGH), which will include consideration of cleaning and infection rates. This situation has occurred previously, and Mrs Rayani believes she has an understanding of the underlying issue; however, will be able to report back fully and formally to the next meeting of QSEAC. Members were also informed that the UHB is engaging with colleagues from Public Health Wales to establish how it can drive down infection rates in both hospital and community settings.</p> <p>The Board NOTED the ARAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	MR
PM(19)121	<p>HDdUHB ANNUAL REPORT 2018/19</p> <p>Mr Moore introduced the HDdUHB Annual Report 2018/19, advising that this has been signed off by ARAC, and thanking Mrs Wilson and her team for their work in preparing the document.</p> <p>Ms Alison Shakeshaft stated that an error relating to her title on page 38 has been reported, and Mrs Wilson advised that this is being rectified in the online version of the Annual Report by the Communications team. Members were reminded that the Annual Report will be presented to the HDdUHB Annual General Meeting on 30th July 2019.</p> <p>The Board DISCUSSED and APPROVED the HDdUHB Annual Report 2018/19, incorporating the approved annual accounts and accountability report.</p>	
PM(19)122	<p>MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE ANNUAL REPORT 2018/19</p>	

	<p>Mr Newman presented the Mental Health Legislation Assurance Committee (MHLAC) Annual Report for 2018/19, suggesting that this represents a fair summary of the work undertaken by the Committee.</p> <p>Referencing the Mental Health (Wales) Measure compliance rates on page 4 of the report, Ms Anna Lewis was pleased to note that these are broadly positive. Ms Lewis enquired, however, whether the quality of compliance with the measure forms part of any discussion. Mr Joe Teape confirmed that this is the case, recognising that this is one of the key challenges facing MHLAC; to go beyond Mental Health legislation and measures, rather than simply meet requirements. To this end, Members of MHLAC have suggested that 'deep dives' into certain topics be conducted, and Mr Teape is drawing up a workplan of such topics. Professor Gammon, referencing Part Four of the measure, provision of independent advocate, enquired regarding the circumstances whereby these are not offered to patients. Mr Teape suggested that there will be various reasons for this, including staff capacity, and offered to provide a report to the next meeting of MHLAC. Mr Lewis noted information regarding the two unannounced Healthcare Inspectorate Wales (HIW) visits, and suggested that the Board should acknowledge that the findings of these were largely positive. Mrs Rayani agreed, welcoming the fact that HIW had recognised in particular the positive nature of interactions observed between staff and patients.</p> <p>The Board ENDORSED the Mental Health Legislation Assurance Committee Annual Report for 2018/19.</p>	<p>JT</p>
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<p>PM(19)123</p>	<p>HEALTH AND CARE STRATEGY DELIVERY – UPDATE ON ESTABLISHMENT OF PORTFOLIO OF PROGRAMMES</p> <p>Dr Kloer introduced the Health & Care Strategy Delivery Update report, reminding Members that programme initiation and scoping documents had been agreed at the March 2019 Board meeting, and further detail requested. The update attempts to provide this information, although there are aspects which still require further attention. The report includes two appendices; a strategy document focusing on Bronglais General Hospital (BGH), and a timeline covering the period July 2019 to March 2020. With regard to the former, there has been an expectation of progress in this regard for some time, certainly since the Mid Wales study conducted in 2014. The document is currently in draft form, due in part to the modelling around workforce and financial implications which needs to be completed. It has, however, been considered by the Mid Wales Joint Health and Social Care Committee and is therefore being presented to the HDdUHB Board. Mrs Libby Ryan-Davies advised Members that the paper provides fairly comprehensive detail, and sets out information around scoping, delivery and governance. With regard to the key milestones, all are on track as per the target dates, and further updates will be provided via the Health & Care Strategy Delivery Group (HCSDG) update reports. A Launch Workshop had taken place on 24th June 2019; the various groups involved in strategy delivery have been established and meetings have been held. Extensive programme mapping has been conducted, and updates on the work of individual Programme Groups are provided in the report, from page 7 onwards. The portfolio risk registers are in draft form currently, although further information regarding risks is included in the report on page 15 onwards. The Board previously agreed the Check and Challenge process to be</p>	
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employed, and this is currently being tested. As outlined on page 19, significant progress has been made in terms of regional governance since March 2019. Recruitment into the Transformation Programme Office is also continuing at pace. Mrs Ryan-Davies concluded by drawing Members' attention to the key areas of work detailed on page 20.

Cllr. Hancock requested further clarification regarding the various evaluation tools and techniques mentioned in the report. Mrs Ryan-Davies advised that members of the team are meeting this afternoon with colleagues from Welsh Government and other key partners including Local Authority representatives to discuss this matter. It is intended to align evaluation processes with those to be utilised for the Transformation Fund projects; more detail will be provided to the next meeting of the HCSDG. Mr Owen Burt enquired whether further information could be provided with regards to the process for procurement of the strategic business partner and the timescale involved. Dr Kloer emphasised that a range of support will be required, and that the UHB recognises that this may change over time. The strategic business partner will, therefore, need to be sufficiently 'agile' and flexible to accommodate this and react accordingly. It is important that the 'thought leadership' for this project is not too narrow. Mr Huw Thomas added that, due to the complexities involved and the need for the strategic business partner to be 'fit for purpose', the procurement process will need to approach a broader market and will probably take longer than normal. Mr Powell felt that Board should acknowledge the progress made to date, and welcomed details of the components already in place. It was noted, however, that two of the milestones which have June 2019 target dates are showing as 'In Progress' and 'Commenced' rather than completed, despite an indication that all are on track. Mr Powell suggested that it is extremely important to be seen to be meeting targets, in particular the early ones.

Dr Kloer reminded Members that the team is currently recruiting members and that it had been indicated previously that there may be a certain amount of 'lag' in progress due to this. A number of strong appointments have, however, already been made. Mrs Ryan-Davies emphasised that in the case of these two milestones, whilst they cannot yet be marked as 'Completed', a great deal of work has been undertaken. With regard to development of a benefits realisation management methodology, a significant portion of the workshop previously mentioned had been given over to discussion of this subject. These discussions have created a great deal of information, and the meeting with Welsh Government will also inform this work. Members were assured that the team has been undertaking equalities impact assessments throughout the process; they will, however, also be developing detailed delivery plans for each project, which will in turn require further individual impact assessments. Dr Kerry Donovan thanked the team for their helpful progress report and requested that Board be updated with regards to procurement of the strategic business partner when possible, whilst suggesting that it is generally felt that thought leadership comes, on the whole, from the UHB's Executive Team. Dr Donovan confirmed that engagement with clinical staff has been excellent and stated that the three portfolio programmes have

provided additional clarity. Whilst Dr Kloer was pleased to note Dr Donovan's comment regarding thought leadership, he emphasised that input from other parties will be required. The UHB will want the most relevant and preeminent information locally, regionally, nationally and internationally, as changes made as part of the Health & Care Strategy will impact on the local population for decades to come. Members were assured that the Board will continue to receive regular updates.

Mr Michael Hearty was pleased to note updates from the Strategic Enabling Groups, and emphasised that the importance of these and their role in the decision-making process should not be underestimated. Mr Hearty stated that he will be interested to see how the various business cases develop, suggesting that these be progressed earlier rather than later. In respect of the 'Hywel Dda Way', whilst recognising the value of encouraging contributions from various sources, Mr Hearty emphasised the need to ensure effective coordination in determining the end product. Referencing the BGH strategy document, Mr Newman highlighted that this includes helpful summaries at the end of each specialty section, apart from those relating to Pharmacy and Therapy Services. Dr Kloer welcomed this feedback, whilst advising that further work is required in other sections also. Professor Gammon emphasised the need for a coordinated approach to evaluation and suggested that the University Partnership Board (UPB) may have a role in this regard. Professor Gammon would discuss this further with Ms Jennings and Mrs Ryan-Davies. Noting reference to the 'rural workforce', Professor Gammon suggested that further clarification is required, in terms of how this workforce might look and the competencies required of it. Mrs Lisa Gostling confirmed that she had responded to Professor Gammon's query in this regard and agreed that further refining is needed. Members were assured that work is taking place around this issue, although it is not yet fully documented.

Responding to the earlier comment regarding evaluation, Ms Jennings advised that Professor Ceri Phillips of Swansea University is conducting an evaluation exercise and will be providing information for the UPB. Professor Phillips will also be attending the meeting with Welsh Government later today. Ms Delyth Raynsford enquired how the UHB is ensuring that the general public are being involved in the ongoing process, and Ms Jennings advised that in the case of tangible projects, how and where the organisation engages with the public is fully defined. Communication and engagement will adapt and grow as the process moves forward. It is likely that the public will wish to be more involved in discussions regarding individual services in their area rather than the strategy direction as a whole, and this engagement will increase over time. Mr Sam Dentten queried how a balance will be struck between recognising and developing BGH as a strategically important hospital, whilst potentially looking to centralise more services. Dr Kloer stated that this is a recurring comment, and acknowledged the concerns regarding how services are managed both locally and centrally. The UHB is developing various services at BGH, and has recently recruited to a number of posts, including Radiology, Obstetrics and Cardiology. Whilst there are still challenges in certain services, it is vital to build a strong foundation at BGH. The organisation needs to be open with regards to the rationale applied, and involve stakeholders at an early stage.

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LRD**

	<p>Members were reminded that maintaining the sustainability of one service is often dependent on others being in close vicinity. There are a number of factors involved in this issue, and the UHB will need to consider it carefully.</p> <p>Ms Lewis congratulated the team for the significant progress made thus far, whilst emphasising the importance of taking the conversation beyond service reconfiguration. Ms Lewis reminded Members of UHB ambitions for a social model for health, a step change fundamentally different to the current system, for both Hywel Dda staff and population. The organisation is at risk of 'locking itself' into considering only the reconfiguration of services. Ms Lewis also highlighted that everyone has a different understanding of what 'a social model for health' means. Advising that he has been discussing this issue with Mr Moore, Dr Kloer agreed that the phrase 'a social model for health' is being utilised more and more frequently, and there is a risk that organisations use the phrase without actually implementing change. Dr Kloer recognised that more definition and clarification is required, and that a number of aspects may be involved. Workshops may be an appropriate mechanism to take this forward, with the Board also to consider this matter at the October 2019 Board Seminar meeting, and further inform the programme. Members noted that good progress is being made in working with partners, which represents a significant step forward. The Transformation Fund also helps in this regard, as it 'binds together' the UHB and partner organisations. Dr Kloer also acknowledged the issue of prioritisation; noting that, even when the programme team is fully appointed to, it will remain a limited resource in combination with the Executive Team. It will not be possible to progress all workstreams at one time; however, key milestones must not be allowed to slip.</p> <p>Ms Jill Paterson suggested that it is easy to fall into the trap of regarding the strategy as 'the future' and thereby create distance between the strategy and what is occurring now operationally. The strategy must not be viewed simply as 'a grand plan for the future', it needs to be able to utilise current resources creatively to deliver the 'here and now' and 'reality'. Dr Donovan suggested that delivery of a social model for care could potentially be monitored via the County Reports, noting that the Pembrokeshire County Report being presented today provides evidence that change is taking place. Mr Moore encouraged Members to consider the Board's role in managing the Strategy, in its capacity as custodian of the overall strategic vision. Mr Moore emphasised that the arrangements for BGH are complex, particularly as this site provides services to populations other than Hywel Dda's. Whilst it is necessary to ensure that Board receives sufficient detail, there is a potential role for committees in providing assurance that work is being progressed by the various groups. Members were encouraged to provide feedback on whether reports are too detailed or lack sufficient detail. As stated by Dr Kloer, Mr Moore felt that it is important to maintain an open mind and to involve/engage experts who understand the issues 'on the ground'; noting that these experts will, in many cases, be the organisation's own staff. It was agreed that additional comments regarding the BGH strategy document would be submitted to Mrs Ryan-Davies. Mrs Hardisty concluded by thanking the team and all those who had contributed to the report.</p> <p>The Board:</p>	<p>JW/RJ</p> <p>All/LRD</p>
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	<ul style="list-style-type: none"> • RECEIVED the update on progress of the Health and Care Strategy delivery programmes and was ASSURED that the establishment of the portfolio of programmes is progressing in accordance with the identified timescales. • RECEIVED and CONSIDERED the draft Bronglais General Hospital strategy document for comment, which will inform the final drafting of the document. 	
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PM(19)124	REPORT OF THE FINANCE COMMITTEE	
	<p>Mr Hearty outlined the Finance Committee reports from meetings in May and June 2019, drawing Members' attention to the Corporate Scheme of Financial Delegation, which includes minor changes for Board approval. Mr Hearty stated that the Committee had also met on 22nd June 2019; whilst finances remain challenging, it was suggested that the UHB is in a better position than this point last year. However, maintaining this is reliant upon the organisation continuing to deliver robust financial control on the budgets it has, as well as delivering savings targets. Mr Hearty felt that the UHB has good financial 'building blocks' in place, for example, establishment control mechanisms. Members were reminded that robust financial management supports better decision-making.</p> <p>The Board NOTED the Finance Committee update report and APPROVED the revised Corporate Scheme of Financial Delegation.</p>	

PM(19)125	FINANCE/TURNAROUND UPDATE – MONTH 3 2019/20	
	<p>Mr Thomas introduced his report by advising that Welsh Government have commissioned an external consultant to conduct an external finance review of HDdUHB's current financial plan; to identify opportunities to improve the underlying deficit for 2019/20, and to review the financial governance and structure of HDdUHB. This is intended to support the UHB in achieving the following:</p> <ul style="list-style-type: none"> • A baseline understanding of its underlying deficit; • Assurance regarding delivery of the £25m control total; • Opportunities to deliver financial sustainability; • Development of a Delivery Framework. <p>Mr Thomas stated that the external financial review is not intended to re-open discussions regarding the UHB's strategy, nor is it to re-open discussions around the Zero Based Review and subsequent allocation of the additional £27m funding. It is not anticipated that the UHB's resource allocation will change as a result of the external review. It is expected, however, to assist with the development of the 3 year financial plan, and will help the organisation to understand the skill set required for delivery. It will also aid in delivering the change/transformation programme ahead. Mr Thomas advised that the external review is commissioned and funded by Welsh Government. It commenced last week and will run for a period of 12 weeks, until the end of October 2019. Representatives from the external consultant will be requesting meetings with a number of Board Members.</p> <p>Mr Thomas presented the Finance/Turnaround Update report Month 3 2019/20, stating that the UHB has been awarded additional funding of £5.8m to further improve Referral to Treatment performance and to</p>	

address the backlog in Outpatients. A number of plans which will be funded by this are already in place; however, the award represents a net gain of approximately £3m. Mr Thomas drew Members' attention to the various figures, and highlighted in particular the directorate projections, where the operational forecasts indicate a deficit of £6.5m. £3m of this relates to Unscheduled Care, and £2m to WGH, where there are issues with medical staffing in the Emergency Department and Medical Directorate, and with surge capacity. £1.1m relates to Service Level Agreements (SLAs) and Long Term Agreements (LTAs). There are also cost pressures in Radiology and Pathology, and £0.4m in Public Health, as a result of the recent Tuberculosis outbreak. These pressures, combined, produce the total forecast directorate deficit of £6.5m. As stated in the report, projection including savings risk is an adverse variance to plan of £10.8m; this would equate to a year end deficit position of £35.8m. Mr Thomas assured Members that the UHB is maintaining financial grip and control, and has various assurance processes in place. There remain, however, significant risks around delivery of the financial plan.

Mr Andrew Carruthers added a number of comments: with regards to the 'gap' in savings plans, Members were assured that work is underway to convert pipeline schemes, and to progress other savings schemes to convert them to 'Green' status. Mr Carruthers was confident that a further improvement would be seen at Month 4. As previously reported, the Turnaround team is working with the Director of Nursing, Quality & Patient Experience to ensure a robust quality impact assessment process with regard to savings schemes. To this end, Mrs Rayani is conducting a number of training sessions. Steps are being taken to ensure that pan-organisation thematic groups are fully developed. These will support the identification of other savings opportunities and will help to provide additional assurance. With regards to capacity, the Turnaround team is working with the Head of Organisational Development to develop a training programme for middle management staff, which will ensure that the organisation has the skills it requires going forward.

Noting the ongoing pressures at WGH, and the establishment of a Task & Finish Group, Cllr. Hancock enquired where this will report and whether IMs will have an opportunity to provide input. Members heard that, as with all control groups, this will report to Executive Team, with assurance being through QSEAC. Mr Thomas advised that the most recent Finance Committee meeting had received a report from the WGH site manager and Pembrokeshire County Director. The Month 3 position represents a continuation of previous issues and pressures; there have been signs of improvement for Month 4. Mr Teape explained that the main issue at WGH has been continuation of winter pressures, with surge capacity remaining open and continued pressures in A&E. These, in combination with additional staffing issues, have led to the current position. An Improvement Workshop was held in May 2019, which included colleagues from Pembrokeshire County Council. A number of action plans are in place, which include various groups. Mr Teape confirmed that some improvement has been seen, which should be demonstrated in the Month 4 position; however, more work is required. Referencing continuation of winter pressures, Mrs Hardisty wondered

whether this situation is impacted by issues within domiciliary and residential care. Mr Teape indicated that there is no significant increase in hospital activity; the pressures related in the main to prolonged length of stay and issues around discharge. Mr Mansell Bennett stated that the CHC continues to receive calls from Pembrokeshire residents regarding WGH A&E, and had made an unannounced visit to the department on 22nd July 2019, which had raised a number of concerns. The CHC will share its report with the UHB through the usual channels and will continue to monitor the situation, particularly in regards to progress made by the Task & Finish Group. Mr Moore emphasised that the UHB share the CHC's concerns, whilst suggesting that the efforts of staff working in an extremely challenging environment should be recognised. Mr Teape agreed that the impact of these pressures on staff is a key concern. The organisation is considering whether to re-introduce certain of the winter pressure initiatives, such as the Care at Home team, geriatric care pathways, length of stay initiatives including those on Sunderland Ward, and the use of the Surgical Assessment Unit. Mr Teape agreed that the staff have been exceptional and have engaged positively with improvement plans.

Ms Elaine Lorton joined the Board meeting.

Ms Lewis enquired regarding the predictability of the surge demand, and whether this should have been forecast, suggesting that the Board needs to be assured that the UHB has done all that is possible to predict such occurrences. Ms Lewis also requested assurance that operational teams have access to the relevant data. Mr Thomas acknowledged that there is a potential deficiency in linking financial forecasting with operational performance forecasting. This is not currently as robust as the organisation would like, and a systemising programme is required, which links with local operational intelligence. Mr Thomas would be working on this during the coming year. Mrs Karen Miles advised that the Unscheduled Care Group is undertaking a piece of work around whether demand can be accurately predicted. The results are being published within the next month, and will need to be considered by the Board. Mr Teape reminded Members that the UHB does not have and cannot easily recruit staff to cover significant surge capacity; therefore, the plans being discussed quite rightly seek to avoid excessive surge usage. Members were advised that the data mentioned is very much in the early stages of development. Mr Moore recognised that prediction of demand can be improved. In terms of the planning cycle, however, system-dynamic changes are of equal importance, such as those affecting the domiciliary care market and Local Authorities. With regards to domiciliary care, Ms Paterson reported that the UHB is undertaking a piece of work jointly with Local Authorities, which will be reported to the Finance Committee. Work is also planned in relation to Continuing Health Care, to explore the potential for 'tracking' from early in the care pathway to determine an individual's long term care needs. Mrs Hardisty emphasised the link to housing, and the changes which may be required to people's homes to accommodate their return.

The Board **NOTED** and **DISCUSSED** the financial position for Month 3 2019/20.

Ms Melanie Evans, Ms Laura Andrews, Mr James Dash, Ms Angie Edwards, Mr James Tyler and Ms Sian Jones joined the Board meeting.

Mr Teape introduced Ms Melanie Evans, Head of Learning Disabilities & Older Adult Mental Health, who thanked the Board for the opportunity to attend. Members heard that the Learning Disabilities Programme Group (LDPG) had been established approximately two years ago. The LDPG had considered how best to provide a voice for those people who use Learning Disabilities (LD) services, which had led to the formation of the 'Dream Team'. Mr James Dash, LD Champion and Chair of the Dream Team outlined the background to this, stating that it is a stakeholder group of people with learning disabilities, which met to decide how best to provide advice and support to the LDPG. The team has evolved into a group of 10 people from across the three counties who represent the wider learning disabilities population. The group is made up of Health Board volunteers, LD Champions and members of Pembrokeshire and Carmarthenshire People First. Meeting agendas are led by members of the Dream Team and are run according to a Meetings Agreement document. Mr James Tyler, a member of the West Wales Regional Partnership Board, explained that the Dream Team has now developed a Charter to explain how they want their services to be transformed. The Charter talks about:

My Life My Rights – having more choices and treating us with dignity and respect

My Communication – making everything easy read

My Support – give us the support we need when we need it

My Community – give us paid jobs

My Health – we need health staff to be trained by us

My Independence – hate crime and bullying must stop

My Social Life – we want to have activities in the evenings and weekends too

My Relationships – we want the right to have a family

Mr Dash advised that the LDPG has adopted the Charter. The Dream Team approach has empowered people with learning disabilities, and has demonstrated that people with learning disabilities want the same things as everyone else does and that they can be a full partner in the decision making process. The next step is to form an audit team of people with learning disabilities to check whether the Charter has taken effect. Mr Tyler introduced a video, which outlined the ambition that the Charter be adopted by private organisations, businesses, the police, local government and councils. People with learning disabilities want Welsh Government help through Integrated Care Fund funding, with the same opportunities as everyone else. People with learning disabilities want to be in charge of making sure projects fit the Charter, and not have people doing things for them. The Charter is divided into 8 sections, which were outlined in more detail in the video by individual contributors as follows:

My Life My Rights

- Treat us with dignity and respect
- Treat us like adults

	<p>My Community/My Relationships</p> <ul style="list-style-type: none"> - Make us welcome - Give us jobs - Provide accessible travel and transport - We want the right to have friendships, relationships and a family <p>My Social Life</p> <ul style="list-style-type: none"> - We want the opportunity to go to places and do things at weekends and evenings - For people to be understanding about our needs <p>My Support</p> <ul style="list-style-type: none"> - Make sure we can trust you - Build rapport with us - Do not judge <p>My Health</p> <ul style="list-style-type: none"> - Give us access to GPs and hospitals - Provide an annual health check - Have staff trained by people with learning disabilities <p>My Independence</p> <ul style="list-style-type: none"> - Take the time to explain - Hate crime to stop - Provide choice - Understand that not all disabilities are visible - Support our right to live independently <p>My Communication</p> <ul style="list-style-type: none"> - Make things easy to read - Use pictures where appropriate - Find out what works and use it - Give us time to think and answer <p>At the end of the video, the Board was asked to sign up to the Charter.</p> <p>Cllr. Hancock, LD Champion for Pembrokeshire County Council and Vice-Chair of the Learning Disabilities Board, welcomed the Charter, emphasising that every individual possesses an innate value within them. Cllr. Hancock queried, however, what will change in real terms if the Board sign up to the Charter. Mrs Gostling thanked those attending for the presentation, and extended an invitation to them to meet and discuss opportunities to enact the Charter within workforce. Mr Dentten also welcomed the presentation and paid tribute to the local People First organisations. Members heard that a report commissioned by the CHC had suggested that it is more difficult at times for people with learning disabilities to access healthcare, particularly if there are service changes. Mr Dentten recommended that this report be revisited, and echoed Cllr. Hancock's concerns regarding what tangible differences will result from adoption of the Charter. Ms Jennings recognised that the Charter presents a powerful challenge in terms of equality, and indicated that she would like to work with the Dream Team, particularly around communications and engagement on service design. Ms Jennings also suggested that certain ideas regarding meetings protocol could be</p>	<p>LG</p> <p>SJ</p>
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	<p>adopted in UHB meetings. With regards to communications, Ms Angie Edwards recommended 'Planet Easy Read', a collaborative organisation committed to making information accessible. Mrs Hardisty commended the presentation, reminding Members that the 'This is Me' Conference had made people consider the meaning of inclusivity. Mrs Hardisty suggested that most people would want what is defined in the Charter for themselves and for others. Mr Teape advised that he would take comments and feedback from Members back to his operational teams and undertake further discussions, and would update Board at regular intervals on progress. Those attending to present the Charter were thanked for their attendance and contribution.</p> <p><i>Ms Evans, Ms Andrews, Mr Dash, Ms Edwards, Mr Tyler, Ms Jones and Mrs Ryan-Davies left the Board meeting.</i></p> <p>Dr Owen Cox, referencing the 'My Communication' section of the Charter, noted that the Board had signed up to making documents easy to read and simple. Dr Cox noted that the papers for this Board meeting had amounted to over 1,000 pages and suggested that steps be taken to make reports more concise. Mrs Hardisty agreed with this sentiment.</p>	<p>JT</p>
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PM(19)127	<p>FOCUS ON HEALTHCARE SERVICES IN PEMBROKESHIRE</p> <p>Mr Teape introduced Ms Elaine Lorton, and presented the Focus on Healthcare in Pembrokeshire report, advising that this builds on the five priorities for Pembrokeshire and on the UHB's Health & Care Strategy. Mr Teape suggested that this morning's discussions had probably covered any update regarding WGH. Members heard that the UHB is close to signing off all of the projects and investments supported by the Transformation Fund. Ms Lorton, whilst noting the comment regarding length of reports, felt that it is important to 'showcase' work in the three counties. The report presented is a collaborative one, and the authors have tried to focus on the five key actions identified as priorities within Pembrokeshire during the next three years. Referencing the Integrated Community Networks outlined on page 5, Ms Lorton stated that this is very much an area of interest for the UHB, representing a critical area of partnership. Members heard that there is locality working with Local Authorities. Other key areas of development highlighted include the placement of social workers within GP practices; Sunderland Ward; and South Pembrokeshire Hospital – the latter of which may serve to demonstrate what community hubs will look like in the future. Ms Lorton concluded by committing to explore possible alternative formats for future Pembrokeshire county reports, and by extending an invitation to Board Members to visit the county's facilities.</p> <p>Dr Donovan stated that she had enjoyed reading the report, which evidences the work taking place across Pembrokeshire. Referencing the placement of social workers in GP practices, Dr Donovan suggested that this will probably be viewed, on reflection, as something which should have been introduced earlier. Members heard that the Occupational Therapists placed in South Pembrokeshire practices are also improving the patient experience and assisting in clinical decision-making, with Dr Donovan suggesting that further, similar innovative projects are required. Cllr. Hancock agreed with these comments and commended the report. It was noted, however, that a great deal of emphasis is being</p>	<p>EL</p>
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placed on communities and Cllr. Hancock enquired whether they are being allocated additional resources to support these demands. Ms Lorton acknowledged the need to recognise community resilience and to strengthen the previous approach taken in Pembrokeshire. The Transformation Fund projects include a great deal around resilience and well-being, and a proactive contract with the local population. Members were reminded that a number of bids which had been unsuccessful in the first round are being resubmitted. Ms Jennings confirmed that there is a bid for funding to support continuing engagement, which has not yet been awarded. Despite this, the Pembrokeshire team have led in terms of engagement and been an exemplar in this regard. Partnership working has been a particular strength, in terms of both delivering the strategy and the 'here and now'.

Referencing page 22, Professor Gammon suggested that there is a shortage of information regarding quality. Although there is mention of dashboards, there is no associated narrative or indication of the mechanism by which these will feed into the governance structure. Ms Lorton explained that there is a range of dashboards and that she was happy to provide more details if required. Professor Gammon explained that his concern centres more on quality and patient impact; additional information is not required, rather an assurance that it will be channelled through the relevant governance structure. In response, Ms Paterson advised that she is working with Ms Shakeshaft in her role as Chair of the Operational Quality, Safety & Experience Sub-Committee which would, in turn, highlight any issues to QSEAC. With regards to the Transformation Fund, Ms Paterson reminded Members that, whilst this is an enabling resource, it is owned by and the responsibility of the whole regional partnership. There is a danger that individual projects remain just that; the Board needs to ensure a coordinated approach across the region. There are also other initiatives and potential sources of funding; Ms Paterson emphasised the need for whole system change in order to address the resource issue. With regards to the Transformation Fund, Mrs Hardisty reminded Members that this is fixed term funding, with the intention that projects be evaluated, and only those that prove to be effective are continued.

Dr Cox advised that his practice has had an attached Occupational Therapist for approximately three years, and that this has offered significant benefits to individual GPs, the practice as a whole and to the local community. Sufficient time has passed to allow proper evaluation of this arrangement, with a positive outcome. A social worker has recently been allocated to the practice, and initial signs appear positive. Dr Cox suggested that such a model probably represents the future of integrated primary/community care. Members were reminded, however, that funding for GPs is via the General Medical Services (GMS) contract, with Dr Cox suggesting that this is not 'fit for purpose' with regards to the initiatives outlined above. Current initiatives are funded by short-term funding streams, with the associated implications should this funding cease. Ms Paterson emphasised that Welsh Government have invested £25m into the GMS contract, and that this needs to be integrated into Cluster working. Ms Lewis highlighted the challenge of ensuring a balance between progressing the overall strategy and ensuring local needs and preferences are met. Ms Lewis wondered how effectively the

	<p>UHB is striking this balance and how it can utilise 'story telling' to reinforce the connection; ie how explanation of what is taking place 'on the ground' can contribute to the overall strategy. Ms Lorton suggested that the organisation has defined a high-level strategic ambition, and are now beginning to apply a more integrated approach. It was acknowledged, however that there is a significant journey ahead, and that conversations with communities need to be further developed. Ms Jennings drew Members' attention to the booklet provided to Members 'A Healthier Mid and West Wales – Our future generations living well'. This is intended to describe what the UHB's vision means for people living in specific locations, with the intention that this be defined for every community.</p> <p><i>Ms Lorton left the Board meeting.</i></p>	
	<p>The Board NOTED the report, which seeks to provide assurance regarding the planning, implementation actions and service delivery in Pembrokeshire to deliver on the commitments made in A Healthier Mid & West Wales and the Annual Plan.</p>	

PM(19)128	REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE	
	<p>Mr Powell outlined the Business Planning & Performance Assurance Committee (BPPAC) update report, drawing Members' attention to the individual matters of concern identified, as follows: Influenza Vaccination, specifically issues with supply of the new vaccine during 2018/19; Monitoring of Welsh Health Circulars (WHCs), which has been a long-standing issue. It has not been possible for the UHB to make progress with two WHCs due to delays at an All Wales level; Clinical Coding, with Members noting that a detailed action plan will be considered at the next BPPAC meeting; Uncertainty regarding Swansea University's role in the Llanelli Wellness Village and concerns around the implications for workforce planning; The need for a detailed workforce strategy.</p> <p>Dr Donovan enquired whether more information is available regarding Swansea University and the Llanelli Wellness Village. Mrs Miles reported that she had attended a Llanelli Wellness Village meeting on 22nd July 2019, which had discussed the possibility of utilising a mixture of education providers. Mrs Miles suggested that she would be in a better position to provide a more informed update at the next Board meeting. Whilst Professor Gammon, who had also attended the meeting in question, welcomed the fact that actions are being taken, he expressed concern that a number of the proposals had not been discussed with the UHB. Professor Gammon suggested that the UHB should be influencing such discussions and that the Medical Director in particular should have been involved. Dr Kloer agreed, confirming that he had not been informed of these proposals.</p>	KM
	<p>The Board NOTED the BPPAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.</p>	

PM(19)129	INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 3 2019/20	
	Mrs Miles presented the Integrated Performance Assurance Report	

(IPAR) for Month 3 of 2019/20, stating that the Performance team have tried to respond to Board requests for trend data, although this is very much a work in progress. Whilst Mrs Miles recognised the need for increased statistical analysis, Members were informed that this will take a little longer. The report reflects the addition of new performance indicators; referencing earlier comments regarding report length, Mrs Miles outlined her ambition for a more concise Board IPAR, with a detailed submission to BPPAC. It is hoped that the Primary Care performance dashboard being developed will be increasingly utilised by GP colleagues. Members' attention was drawn to performance data on page 3 of the SBAR, together with key points to highlight and potential future challenges. Mrs Miles concluded by reporting that the team has received positive comments regarding the 'Latest performance overview' table on page 3 of the IPAR.

Mr Powell agreed that the table on page 3 represents an excellent starting point in development of a one page summary of performance. Mr Powell felt that this IPAR as a whole is a significant improvement over the previous iteration, and confirmed that a detailed report is considered at every meeting of BPPAC. Dr Cox suggested that 'non urgent suspected cancers' was a contradiction in terms, and that these should be one of the UHB's most urgent priorities, expressing concern that performance is slipping in this area. Mr Teape explained that the terminology does not reflect a sense that suspected cancers are not urgent; it is a matter of the referral pathway. Urgent is used for referrals made, for example, by GPs. Non urgent is used for those referrals made when a patient presents for another matter, such as an unrelated clinic appointment or A&E attendance. Mr Teape reminded Members that all Health Boards are currently in a 'shadowing' year before introduction of a single cancer pathway, and that the entire process will change going forward. In the interim, however, the UHB has had a number of funding bids relating to cancer care approved by Welsh Government, and Mr Teape expects a more sustained improvement as a result. Further details regarding these plans would be included in the next IPAR.

JT

Ms Lewis thanked Mrs Miles and her team for their efforts to include trend data, emphasising that her intention in requesting this was to ensure that data is utilised more intelligently. Referencing page 11 of the IPAR, Ms Lewis noted the significant decline in performance around Serious Incidents (SIs) and requested further clarification. Mrs Rayani, whilst not excusing this decline, advised that there have been significant staffing changes within the team, resulting in capacity issues. Mrs Rayani emphasised that the quality of reporting is vital, and stated that she has asked the team to establish why certain SIs have not been closed. It is hoped that there will be enhanced involvement of clinical staff, and the team is planning targeted work in Mental Health & LD, where there is a higher proportion of SIs. For example, a SI is declared when patients are absent from Mental Health units beyond a specified time, even when there is no harm as a result. Mrs Rayani is also consulting colleagues in Welsh Government to establish why safeguarding cases have not been closed. Members were assured that various actions are being taken to address this issue. Ms Lewis remained concerned, however, regarding what is a deteriorating position; and suggested that if it is being implied that nothing further can

	be done, the Board should formally acknowledge this as a risk. Mr Moore requested that a 'deep dive' into this topic be conducted by QSEAC. Mrs Hardisty welcomed the work on the Primary Care dashboard and requested that comments on this be forwarded to Mrs Miles.	MR
	<p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED the report and raised issues arising from its content; • AGREED to identify specific data gaps in the Primary Care dashboard that it wishes to be investigated. 	

PM(19)130	REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE	
	<p>Professor John Gammon outlined the QSEAC update report, suggesting that the report clearly indicates where QSEAC did and did not gain assurance regarding the matters discussed. In respect of concerns around cases of Clostridium difficile (C.diff), additional information has been requested. Data in the IPAR suggests a reduction in cases this month; however, QSEAC will continue to monitor this position. Professor Gammon also highlighted discussions around stage 2 mortality reviews. Referencing the next agenda item, Members heard that QSEAC had received a report following an internal assurance review of maternity services. The Committee had spent time viewing a presentation and examining various documentation, at the end of which, it had been agreed that sufficient assurance was provided and an Extraordinary QSEAC meeting was not required. Mrs Rayani advised that she would bring to a future meeting of the Board an update on the Enabling Quality Improvement in Practice (EQIP) programme. Eleven teams are now working across the three counties in the four hospital sites. These are multi-disciplinary and, in certain cases, multi-agency teams focusing on various projects relating to Turnaround, supporting the UHB's strategic direction and in relation to communications.</p>	MR
	The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	

PM(19)131	INTERNAL ASSURANCE REVIEW OF QUALITY AND SAFETY OF MATERNITY SERVICES FOLLOWING RECENT INDEPENDENT REVIEW OF MATERNITY SERVICES AT THE FORMER CWM TAF UNIVERSITY HEALTH BOARD	
	<p>Mr Teape introduced the Internal Assurance Review of Quality and Safety of Maternity Services report, noting that there have also been previous external reviews. This review, which had been led by the Director of Nursing, Quality & Patient Experience, had identified a number of areas for improvement and will be revisited in December 2019. Mrs Rayani highlighted and commended in particular the robust leadership within the maternity services teams, in both hospital and community settings. Staff have come together as multi-disciplinary teams and have responded extremely positively to the issues identified.</p> <p>Referencing page 8 of the report and statements around service user engagement, Mr Lewis noted the use of patient surveys. Mr Lewis enquired whether these had resulted in any common themes, trends or responses. Mrs Rayani advised that the team recognise this is an area where further work is required. Generally, when patients respond</p>	

	<p>following delivery, they are in a positive frame of mind, which can somewhat skew feedback. There had been frequent comments regarding the need for facilities for partners, which had resulted in creation of a birth partner's rest room. Less positive feedback, whilst low in numbers, has no particular theme; Mrs Rayani acknowledged that it must, however, be addressed. Mr Dentten advised that the CHC has talked to many new families, and suggested that it is sometimes possible for the 'headline' quality and safety concerns to overshadow 'lower level' issues such as accessibility/travelling distance to facilities. Members heard that the CHC will be producing a report from its visits to maternity care settings. Mrs Hardisty felt that, whilst investigations suggest that the UHB has a 'good handle' on issues, it must not become complacent. Mrs Rayani agreed, emphasising that the Executive Team is aware that the type of concerns which had arisen elsewhere are not restricted to maternity services.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> • CONSIDERED the internal assurance review of the quality and safety of maternity services across Hywel Dda University Health Board (HDdUHB) and the conclusion reached by QSEAC in June 2019; • NOTED the areas for further improvement and development and the actions outlined; • SUPPORTED a follow-up review via QSEAC in December 2019. 	

PM(19)132	BI-ANNUAL IMPROVING EXPERIENCE REPORT	
	<p>Mrs Mandy Rayani presented the Bi-Annual Improving Experience report, reminding Members that this report covers the six month period from 1st January to 30th June 2019. Members were asked to note that the figure of 2,100 on page 2 should read 2,180. Mrs Rayani advised that Welsh Government has recently instructed Health Boards to change the way in which concerns are recorded, with concerns now to be recorded as complaints. Whilst this will result in an apparent deterioration, all Health Boards will be judged similarly. Members heard that there has been a recovery in the UHB's position with regard to performance around concerns, together with a 47% reduction in referrals to the Public Services Ombudsman for Wales (PSOW). Mrs Rayani viewed the latter as a positive, which demonstrates that the UHB is increasingly providing complainants with sufficient information and assurance in its responses. Nevertheless, the organisation's ability to comply within a reasonable timescale is an area for further focus, and Mrs Rayani thanked Mrs Wilson and her team, who are undertaking an internal review of processes in this regard. It is hoped that findings will assist in strengthening further how PSOW investigations are managed. Members were assured that the organisation remains focused on its response to concerns and will continue to address areas for improvement. Mrs Rayani advised that the UHB is working with the Samaritans to develop support systems for those who handle calls relating to concerns or complaints. Changes are also planned to the induction programme, to increase focus on quality and include information around concerns. Finally, Mrs Rayani emphasised that the 60% of people rating their overall experience of care as positive in the NHS Wales Experience Survey was not being celebrated, as this implied that 40% had a negative experience.</p>	

	<p>In respect of the change to recording of concerns imposed by Welsh Government, Mrs Hardisty enquired whether this is to the benefit of patients and/or patient experience. Mrs Rayani confirmed that this is the intention, whilst highlighting that it does increase demands on the team in terms of tracking and monitoring. It was suggested that benefits will be seen in the long-term. Ms Raynsford enquired whether any training is being planned for staff in clinical settings, in order to potentially resolve issues at an earlier stage. Mrs Rayani advised that customer care training is planned, which will link with the organisational values and behaviours, with the aim of putting the patient at the centre of care. The team are increasing the frequency of their engagement with services, with common themes including the importance of communication and reduction in use of jargon. Ms Jennings reported that the Stakeholder Reference Group, whilst welcoming plans for a Patient Experience Charter, expressed concern regarding whether 'the bar will be set too high' and potential consequences should requirements not be met, for example if an individual's behaviour fall short of the Charter. There were also concerns that it is too focused on acute care settings, and Ms Jennings was keen that these comments be fed back. Mrs Hardisty suggested that they be directed via the relevant channels prior to the Patient Charter being presented to Board. Mr Burt added that the Stakeholder Reference Group had also emphasised the importance of using simple language for the Patient Experience Charter. Mrs Hardisty agreed, suggesting a single iteration, rather than multiple versions including an 'easy read' format. With regards to the Patient Experience Charter, Cllr. Hancock suggested that much could be achieved by staff reminding themselves of the Organisational Values and Behaviours launched in 2017. Referencing page 11 of the report and the apparent disproportionate number of complaints regarding Primary Care, Ms Paterson wished to clarify that these figures include all issues, including low level, raised with Patient Advice and Liaison Service (PALS). There have been only 10 formal complaints relating to Primary Care within the period covered by this report.</p>	<p>SJ</p> <p>SJ</p>
	<p>The Board RECEIVED the report, which highlights to patients and the public the main themes arising from patient feedback, together with examples of action being taken in response to findings from investigations.</p>	

<p>PM(19)133</p>	<p>DENTAL PLAN PROGRESS UPDATE</p> <p>Ms Paterson introduced the Dental Plan Progress Update report, drawing Members' attention to discussions with Welsh Government regarding the inflationary uplift to the dental contract. Currently, as a result of not having an agreed IMTP and contract underperformance, the UHB does not receive this additional funding, which amounts to around £1m, reducing the level of available investment. The UHB has presented the view to Welsh Government that it has an agreed investment plan in place and is robustly managing its providers, and will continue to do so. It will also continue to flag the ongoing challenges, including those in recruitment. Ms Paterson concluded by drawing Members' attention to the Orthodontic waiting list initiatives detailed within the report.</p> <p>Mr Powell requested clarification regarding an apparent contradiction, with page 1 of the report stating that 'the Health Board has allocated</p>	
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	£944k of Dental Services investment during 2019/20. The plans and/or issues identified within this report will be financed from this investment...’ However, on page 3, in relation to alignment of all contract reform General Dental Practices, it states that ‘...a recurrent investment of £186k would be required. This is not affordable within the 2019/20 Dental Financial Planning Assumptions.’ Ms Paterson explained that this work is to align with other Health Boards in Wales. If HDdUHB was allocated the inflationary uplift mentioned above, it would be able to afford this alignment; if not, it will reduce its Units of Dental Activity (UDA). Professor Gammon suggested that the statement on page 1 should read ‘The plans and/or issues identified within this report will be financed from this investment and/or any identified slippage against individual contracts as the financial year progresses.’ Mrs Hardisty reminded Members of the suggestion that there be a Board Seminar session on the various Primary Care contract areas, and requested that this be scheduled.	JW
	The Board NOTED the report and was ASSURED by the update provided on the 2019/20 Dental Investment Plan.	

PM(19)134	COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES	
	Mrs Wilson outlined the Board Level Committees update report, drawing Members’ attention to those matters requiring consideration or approval by the Board and the areas of concern and risk which had been raised by the Committees. Referencing the UPB Update Report, and specifically the statement regarding the next triennial University Status Review, Ms Jennings reported that this has been postponed to 2020 by Welsh Government.	
	<p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the updates and RECOGNISED matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings; • APPROVED the Health & Care Strategy Delivery Group’s revised Terms of Reference; • APPROVED the Remuneration and Terms of Service Committee’s revised Terms of Reference. 	

PM(19)135	COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD	
	The Board RECEIVED the update report of the In-Committee Board meeting.	

PM(19)136	COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS	
	The Board RECEIVED the update report in respect of recent Advisory Group meetings.	

PM(19)137	HDDUHB JOINT COMMITTEES & COLLABORATIVES	
	The Board RECEIVED for information the HDdUHB Joint Committees & Collaboratives update report.	

PM(19)138	STATUTORY PARTNERSHIPS UPDATE	
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	<p>The Board RECEIVED the Statutory Partnerships Update report and:</p> <ul style="list-style-type: none"> • NOTED the progress updates for each PSB and the RPB, and the key areas of discussion highlighted in the report; • NOTED the links to the PSB and RPB websites where the agenda, papers and minutes of recent meetings can be accessed; • NOTED the links to the PSB and RPB Annual Reports 2018/19. 	
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PM(19)139	HEALTHCARE INSPECTORATE WALES ANNUAL REPORT 2018/19	
	<p>Mrs Rayani introduced the Healthcare Inspectorate Wales Annual Report presentation, advising that she is attempting to establish whether (as was the case last year) the presentation is stand-alone, replacing a formal annual report. Mrs Rayani assured Members that the UHB is working through the areas of improvement highlighted.</p>	
	<p>The Board NOTED the Healthcare Inspectorate Wales Annual Report presentation 2018/19.</p>	

PM(19)140	HDdUHB PRIMARY CARE ANNUAL REPORT 2018/19	
	<p>Ms Paterson introduced the HDdUHB Primary Care Annual Report, emphasising that it contains a substantial amount of information. It details the significant pressures on services and teams within Primary Care. Ms Paterson highlighted in particular the contribution of other independent contractors, which presents both challenges and opportunities. Members heard that new targets relating to access are to be released, and that the UHB is awaiting detail regarding the GMS contract, which is expected during August 2019.</p> <p>Dr Cox welcomed the report, which accurately highlights the challenges within GMS. With regards to workforce, Dr Cox suggested that there is no obvious solution in sight. Investment, in the form of training a specific workforce, would produce savings in the longer term; with Members reminded that managed practices cost more to operate than those run under GMS. Dr Cox suggested that the UHB needs to champion Physician Associate (PA) and Nurse Practitioner (NP) training; whilst it has less influence regarding the training of doctors, the UHB could still look to discuss this with its university partners. Mrs Gostling was happy to explore possibilities with Ms Paterson and Dr Cox, whilst emphasising that various actions are already being taken. The UHB has a programme of training for PAs in place, and is developing an additional year at the end of the GP training scheme; the first cohort of GPs to participate is joining the scheme in the next couple of weeks. UHB representatives have also met with colleagues in Health Education and Improvement Wales (HEIW) to discuss how to open access into other routes of training. Ms Paterson emphasised that HDdUHB has 'led the way' in developing its workforce, whilst recognising the need to recruit PAs into Primary Care. There is still a 'culture' wherein certain practices are able to recruit staff successfully and others are not, and Ms Paterson recognised the need to consider and develop opportunities. Referencing the wider multi-disciplinary team, Ms Shakeshaft assured Members that, whilst the issues cannot be solved instantly, conversations are taking place and the UHB is taking a coordinated approach.</p>	
	<p>The Board NOTED the HDdUHB Primary Care Annual Report 2018/19.</p>	

PM(19)141	HDdUHB MEDICAL REVALIDATION & APPRAISAL ANNUAL REPORT 2018/19	
	Dr Kloer introduced the HDdUHB Medical Revalidation & Appraisal Annual Report.	
	Mr Newman noted that 31 revalidations had been deferred, and enquired whether there are any consistent themes or issues about which the UHB should be concerned. Dr Kloer explained that there are various reasons for deferral; for example, doctors joining the UHB from overseas may need time to gather and collate the evidence required. Those who have been on sick leave may need to defer their revalidation. Members were assured that there are very few cases whereby a doctor does not comply with requirements without good reason. In response to a query regarding appraiser numbers, Dr Kloer advised that the UHB has an excellent and committed group of appraisers and that he meets regularly with appraisal leads. Appraisal is recognised as an activity within the Job Planning Framework, although there is variation in terms of numbers of appraisals undertaken.	
	The Board NOTED the HDdUHB Medical Revalidation & Appraisal Annual Report 2018/19.	
PM(19)142	NHS WALES FIGHTING FRAUD STRATEGY	
	The Board NOTED the NHS Wales Fighting Fraud Strategy.	
PM(19)143	BOARD ANNUAL WORKPLAN	
	The Board NOTED the Board Annual Workplan.	
PM(19)144	ANY OTHER BUSINESS	
	There was no other business reported.	
PM(19)145	DATE AND TIME OF NEXT MEETING	
	9.30am, Thursday 26 th September 2019, venue TBC	

TABLE OF ACTIONS FROM
HEALTH BOARD MEETING IN PUBLIC
HELD ON 25TH JULY 2019

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(19)112	PUBLIC FORUM: <ul style="list-style-type: none"> To provide a letter of response to the questions received and to ensure that responses are available on the UHB website. 	JH	July 2019	Completed.
PM(19)119	REPORT OF THE CHIEF EXECUTIVE: <ul style="list-style-type: none"> To approve (or otherwise) proposals relating to Adult Thoracic Surgery services; To approve the Outline Business Case (OBC) for the Cross Hands Health & Well-being Project following discussion at the Executive Team and Finance Committee. 	<p>JH/SM</p> <p>JH/SM</p>	<p>September 2019</p> <p>November 2019</p>	<p>Completed. Approved following discussion at IC Board on 15th August 2019. Ratification included within Chair's Report to 26th September 2019 Public Board meeting.</p> <p>A paper/presentation was submitted to Executive Team for discussion on 4th September 2019, prior to submission of OBC for approval to Executive Team on 2nd October. Subject to ET approval on 2nd October, it has been agreed that the Chair/CEO will receive for Chair's action on 9th October.</p>
PM(19)120	REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE: <ul style="list-style-type: none"> To provide an update on quality issues at WGH, including 	MR	August 2019	Completed. Verbal update provided at 1 st August 2019 QSEAC meeting, as the WGH meeting took place the

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	cleaning and infection rates, at the next meeting of QSEAC.			day prior. Further details will be provided in the next routine assurance report to QSEAC.
PM(19)122	MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE ANNUAL REPORT 2018/19: <ul style="list-style-type: none"> To provide a report to the next meeting of MHLAC on provision of independent mental health advocates. 	JT	September 2019	<p>The UHB has set an internal target to monitor the offer of independent advocacy on the wards. Data collection is based upon a “statement of particulars”, a form completed by the admitting nurse on a ward. This information is then inputted into the MHLA Patient Administration System (PAS). The local target is for 100% of patients admitted to be offered assistance from an Independent Mental Health Advocate (IMHA). All inpatients should therefore be offered the services of an IMHA upon admission and the target should be 100%. There are occasions where some wards will not have reported the offer of an IMHA. These include:</p> <ul style="list-style-type: none"> Where a patient has been too unwell to provide a clear response to the offer. In this case, there is an expectation that the IMHA is alerted to this when they next

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				<p>attend the ward. The patient should be offered the services of an IMHA again when they are more able to provide a clear response. IMHAs attend each ward on a regular basis and will discuss any new admissions with ward staff. This helps avoid anybody missing the opportunity of the assistance of an IMHA.</p> <ul style="list-style-type: none"> • High levels of acuity on a ward, combined with additional bank or agency use, may mean that the admitting nurse may be less familiar with the admission processes of a ward. In this case, an IMHA may have been offered but the corresponding section on the statement of particulars may not be completed, or the offer may not have been made. In either case, it is expected that this would be addressed as soon as it was noted. It would be discussed with and picked up by the IMHA at

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				<p>the earliest opportunity.</p> <ul style="list-style-type: none"> If a patient is offered an IMHA after the statement of particulars has been completed and inputted into PAS, then a subsequent offer may not have been retrospectively recorded on the system. <p>IMHAs attend all inpatient wards several times each week. They have a healthy relationship with Health Board staff, with the patient very much the centre of focus; and take care to maintain their independence from Health Board staff. It has been agreed that the Senior Nurses for the inpatient areas monitor reasons for non-offer for a period of time, so that the UHB can acquire an understanding of specific reasons for the offer of an IMHA not being made.</p>
PM(19)123	<p>HEALTH AND CARE STRATEGY DELIVERY – UPDATE ON ESTABLISHMENT OF PORTFOLIO OF PROGRAMMES:</p> <ul style="list-style-type: none"> To address feedback regarding BGH strategy document, in 	PK	September 2019	Oversight of the Bronglais General Hospital strategy

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	<p>terms of summaries at the end of Pharmacy and Therapy Services sections;</p> <ul style="list-style-type: none"> To discuss the UPB's role in evaluation; 	JG/SJ/LRD	September 2019	<p>document is via the Transforming our Hospitals programme group, which forms part of the portfolio of programmes management approach to delivering the health and care strategy. Following the Health Board meeting held on 25th July 2019, the document was presented at the Transforming our Hospitals meeting of 13th August 2019. At this meeting it was agreed that the document will undergo the Board-approved 'check and challenge' process (provisional date 23rd September 2019) prior to authorisation by the Health and Care Strategy Delivery group (25th September 2019) to return to Board for final sign-off at its meeting of 28th November 2019. The feedback raised at the Board meeting of 25th July 2019 will be included in the final draft of the document that will undergo check and challenge. Completed. Agreed single approach to evaluation, using WG template. Meetings scheduled with each</p>

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	<ul style="list-style-type: none"> To consider 'a social model for health' at the October 2019 Board Seminar meeting; To submit additional comments regarding the BGH strategy document to Mrs Ryan-Davies. 	<p>JW/RJ</p> <p>All/LRD</p>	<p>October 2019</p> <p>September 2019</p>	<p>University, to confirm their areas of expertise in relation to evaluation to draw upon.</p> <p>Forward planned for December 2019 Board Seminar.</p> <p>See above update re BGH strategy.</p>
PM(19)126	<p>PRESENTATION OF THE LEARNING DISABILITIES CHARTER:</p> <ul style="list-style-type: none"> To meet the Dream Team to discuss opportunities to enact the Charter within workforce; To undertake work with the Dream Team, particularly around communications and engagement on service design; To take comments and feedback back to operational teams and undertake further discussions, and to update Board on progress. 	<p>LG</p> <p>SJ</p> <p>JT</p>	<p>September 2019</p> <p>September 2019</p> <p>September 2019</p>	<p>Meeting arranged for 7th October 2019.</p> <p>Completed. Communications, Engagement and Partnerships Diversity and Inclusion team working closely with the Dream Team on how to implement and make real the Charter commitments as well as the LD projects.</p> <p>The Dream Team are forming a steering group to progress the ICF bid linked to the LD Charter. As part of this they plan to visit operational groups and employers and services to raise awareness about the Charter and to get 'sign up'. This will then be followed by</p>

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				an audit team and a training team. Members of Carmarthenshire and Pembrokeshire People First have been actively engaged in undertaking audits to A&E and providing feedback around environmental factors, communication, signage and ease of access. A successful ICF Bid will further promote these roles across our healthcare system the next priority being to work with primary care to improve the uptake of health checks.
PM(19)127	FOCUS ON HEALTHCARE SERVICES IN PEMBROKESHIRE: <ul style="list-style-type: none"> To explore possible alternative formats for future Pembrokeshire county reports. 	EL	January 2020	Will be considered for the next routine update report on services provided in Pembrokeshire.
PM(19)128	REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE: <ul style="list-style-type: none"> To provide an update on Swansea University's involvement in the Llanelli Wellness Village. 	KM	September 2019	Completed. Update included in Chief Executive's Report to 26 th September 2019 Public Board meeting.
PM(19)129	INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 3 2019/20: <ul style="list-style-type: none"> To include further details 	JT	September 2019	To be included in IPAR update as required. In relation to Cancer, the UHB is still waiting to hear whether

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	<p>regarding cancer care funding and plans in the next IPAR;</p> <ul style="list-style-type: none"> For QSEAC to conduct a 'deep dive' into the topic of Serious Incidents. 	MR	October 2019	<p>its Single Cancer Pathway (SCP) bids have been accepted. The UHB submitted more detailed plans around the bids on 18th July, and should be informed if it has been successful during September. Five key themed areas were identified, with which bids had to conform. These were: Radiology, Pathology, Dermatology, Endoscopy and Enabling (trackers, data analysis, etc). Forward planned for 8th October 2019 QSEAC meeting.</p>
PM(19)130	<p>REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE:</p> <ul style="list-style-type: none"> To bring to a future meeting of the Board an update on the Enabling Quality Improvement in Practice (EQIP) programme. 	MR	September 2019	<p>Completed. Update included in Chief Executive's Report to 26th September 2019 Public Board meeting.</p>
PM(19)132	<p>BI-ANNUAL IMPROVING EXPERIENCE REPORT:</p> <ul style="list-style-type: none"> To feed back SRG comments regarding the Patient Experience Charter, in term of potential consequences of failure to meet requirements, an over-focus on acute care settings and the importance of using simple language; 	SJ	September 2019	<p>Completed. Louise O'Connor involved in the conversations and has incorporated the recommendations of the SRG and adapted the draft Charter.</p>

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	<ul style="list-style-type: none"> To feed back the suggestion of a single iteration of the Patient Experience Charter, rather than multiple versions including an 'easy read' format. 	SJ	September 2019	Completed. Board feedback provided to Louise O'Connor.
PM(19)133	DENTAL PLAN PROGRESS UPDATE: <ul style="list-style-type: none"> To schedule a Board Seminar session on the various Primary Care contract areas. 	JW	September 2019	Forward planned for December 2019 Board Seminar.

**COFNODION Y CYFARFOD CYFFREDINOL BLYNYDDOL Y BWRDD IECHYD PRIFYSGOL
CYMERADWYO / APPROVED
MINUTES OF THE UNIVERSITY HEALTH BOARD ANNUAL GENERAL MEETING**

Date and Time of Meeting:	1.30PM, TUESDAY 30TH JULY 2018
Venue:	Y STIWDIO FACH, CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ

Present:	<p>Mrs Judith Hardisty, Interim Chair, Hywel Dda University Health Board</p> <p>Mr Paul Newman, Interim Vice Chair, Hywel Dda University Health Board</p> <p>Cllr. Simon Hancock, Independent Member</p> <p>Ms Anna Lewis, Independent Member</p> <p>Mr Owen Burt, Independent Member</p> <p>Mr Mike Lewis, Independent Member</p> <p>Mr David Powell, Independent Member</p> <p>Mr Steve Moore, Chief Executive</p> <p>Mrs Lisa Gostling, Director of Workforce & Organisational Development</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience</p> <p>Mr Huw Thomas, Director of Finance</p> <p>Mrs Ros Jervis, Director of Public Health</p> <p>Ms Alison Shakeshaft, Director of Therapies & Health Science</p>
In Attendance:	<p>Mrs Joanne Wilson, Board Secretary</p> <p>Ms Sarah Jennings, Director of Partnerships and Corporate Services</p> <p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care</p> <p>Mr Andrew Carruthers, Turnaround Director</p> <p>Mr Mansell Bennett, Chair, Hywel Dda Community Health Council</p> <p>Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

AGM(19)01	INTRODUCTIONS & APOLOGIES FOR ABSENCE	ACTION
	<p>Mrs Judith Hardisty, Hywel Dda University Health Board (HDdUHB) Interim Chair, welcomed everyone to the Annual General Meeting, thanking those in attendance and those viewing via webcast. Mrs Hardisty was honoured to be presenting the Annual General Meeting in her role of Interim Chair, and delighted to be welcoming Miss Maria Battle as the UHB's new substantive Chair in August 2019. Those present were informed that there would be an opportunity to ask questions at the end of the meeting, following the presentations.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Professor John Gammon, Independent Member • Ms Delyth Raynsford, Independent Member • Mr Joe Teape, Deputy Chief Executive/Director of Operations • Dr Philip Kloer, Medical Director and Director of Clinical Strategy • Dr Kerry Donovan, Chair, Healthcare Professionals Forum • Ms Hilary Jones, Chair, Stakeholder Reference Group • Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative • Dr Owen Cox, Chair, Local Medical Committee 	

AGM(19)02	PRESENTATION OF ANNUAL REPORT	
	<p>Mr Steve Moore, Chief Executive, welcomed all of those present, particularly members of the public, and introduced his presentation on the HDdUHB Annual Report, which included an animation reviewing 2018/19. Mr Moore emphasised that this has been another momentous year for the organisation, and wished to acknowledge the significant contribution of its staff, noting that everything which follows in the presentation is as a direct result of their efforts. It was suggested that a key role of the Board is to ensure that HDdUHB is a great place to work, and that progress has been made in this regard. In terms of performance, Mr Moore highlighted in particular achievements around waiting times, and the significant improvements made to Referral to Treatment (RTT), with Welsh Government support. The UHB has also approved its first Health & Care strategy 'A Healthier Mid and West Wales - Our Future Generations Living Well'. This is ambitious, and will drive change for the next 20 years – an exciting, if daunting, prospect. There is a determination to implement change, particularly a greater focus on population health, a social model for health and reconfiguration of the current hospital model. Moving on to finances, Mr Moore reminded those present of the challenging history in this regard and reported that 2018/19 was the first year in which HDdUHB had been able to reduce its year-end deficit; by approximately £7m. It was important to note that the organisation had achieved improvements in services and in support for staff against this backdrop of a reduced deficit. Presenting a slide outlining key facts, which included figures for emergency admissions, mental health, operations and therapies, those present were reminded that each one of these figures represents a care interaction. Mr Moore emphasised the need to ensure that every interaction is meaningful to the patient involved.</p> <p>At this point, an animation was shown, which highlighted a number of the UHB's achievements during 2018/19. These included reductions in waiting times for treatment and diagnostics; improvements in responses to the NHS Staff Survey; approval of the UHB's Health & Care Strategy; exceeding targets in clinical research; significant investments in estates and equipment; £26.6m directorate savings; improved influenza vaccination rates; recycling rates; and better access to GP appointments. Mr Moore advised that the Annual Report details many new developments, innovations and successes, highlighting a few of the UHB's key activities over the year:</p> <ul style="list-style-type: none"> • Hywel Dda's Big NHS Change; • Eve Lightfoot, district nursing sister, named RCN Wales Nurse of the Year 2018; • £12m of Welsh Government funding was announced in March 2019 for an ambitious programme to modernise and improve health and social care in west Wales; • In October 2018 the 111 phone service was rolled out to 	

	<p>Ceredigion and Pembrokeshire, following its implementation in Carmarthenshire in 2017;</p> <ul style="list-style-type: none"> • Increased use of mobile and landline messaging; • Recruitment of 80 new health volunteers; and of those volunteers who left us, 4 entered university to study medicine, 13 entered university to study nursing, 1 took up employment with HDdUHB, and 14 moved onto other employment. <p>Mr Moore outlined HDdUHB's focus for 2019/20:</p> <ul style="list-style-type: none"> • A continued focus on improving the UHB's financial position – the control total set by Welsh Government is £25m; which, whilst challenging is achievable; • To move the organisation from one in turnaround to one of transformation; • To commence delivery of the Health & Care Strategy, with a particular emphasis on the shift from hospital focused care to population health, community and primary focused care. The public will begin to see changes 'on the ground'; • Key performance areas in 2019/20 will be: <ul style="list-style-type: none"> - Reducing the number of patients waiting over 12 hours in Accident and Emergency departments/Minor Injury Units; - Reducing the number of patients waiting too long for a follow-up outpatient appointment; - Reducing health care acquired infections. <p>Concluding his presentation, Mr Moore encouraged all interested parties to consult HDdUHB's full Annual Report and Annual Quality Statement; which provide significantly more detail, are presented in as accessible form as possible, present more information on the finances and annual accounts and outline the UHB's commitment to quality.</p>	
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AGM(19)03	<p>PRESENTATION OF ANNUAL ACCOUNTS</p> <p>Mr Huw Thomas, Director of Finance, stated that it was both a personal and professional honour to present the UHB's Annual Accounts for 2018/19. This had been an extremely important year for the organisation, with significant progress made around the Health & Care Strategy, waiting times, quality and finances. With regards to the latter, the UHB had been able to reduce its deficit for the first time, and meet the target set by Welsh Government. Mr Thomas thanked the staff who provide high quality care for patients in the most cost-effective way, the volunteers who support the UHB, the partners in the Third Sector and Local Authorities, and the general public and patients who choose wisely when accessing services. Introducing his presentation, Mr Thomas explained that HDdUHB's expenditure was £920m for the year. Income comprised £829m Welsh Government allocation and £57m local income. Additional resource of £27m had been allocated to the UHB, following the financial review undertaken by Welsh Government. The year-end deficit had been £35.4m, a reduction of £7m on the deficit recorded for 2017/18. This represented a significant</p>	
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	<p>achievement by the organisation, working as a team, with Independent Members providing constructive challenge, and Executive Directors focusing on delivering good quality services within budgets. Assessing performance against key statutory and administrative targets, Mr Thomas acknowledged that the UHB has not yet been able to achieve an approved Integrated Medium Term Plan (IMTP); nor has it been able to ensure that its aggregate expenditure does not exceed the aggregate of funding over a 3 year period. It has, however, ensured that its net capital spend is contained within the capital resource limit; and has been able to prepare annual accounts which present a true and fair view of finances. Other targets had also been achieved, such as paying a minimum of 95% of all non NHS creditors within 30 days of receipt of goods/invoice; and the cash balance held not exceeding 5% of the monthly cash draw down from Welsh Government.</p> <p>In considering the summary financial accounts, it was highlighted that staff costs constitute the largest spend, at £403m. Various efficiencies have been made, with significant savings achieved in medicines management. In total, efficiency schemes during 2018/19 saved £26.6m. Mr Thomas highlighted a number of projects which had contributed to the UHB's capital expenditure of £30.9m; these included the Minaeron Integrated Care Centre, the Cardigan Integrated Care Centre, Wards 9 & 10 at Worthybush General Hospital, the MRI scanner at Bronglais General Hospital and the Women & Childrens Phase II development at Glangwili General Hospital. These represent a significant investment, even before the investment required to deliver the Health & Care Strategy. Mr Thomas concluded his presentation by reiterating that 2018/19 had been the first year in which HDdUHB had been able to reduce its deficit, and thanking all those involved. The outlook for 2019/20 remains challenging, with a focus on delivering a further reduced deficit, and it will be crucial for the UHB to work effectively with its partners. A video was shown, giving examples of the work undertaken within the UHB and how funding is spent; emphasising the role which can be played by staff and public and thanking those who have contributed to making efficiencies and protecting valuable NHS resources.</p>	
AGM(19)04	<p>PRESENTATION OF ANNUAL QUALITY STATEMENT</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience, presented HDdUHB's Annual Quality Statement (AQS) which focuses on quality, safety and patient experience during 2018/19. This is intended as a report from the Board to members of the public. Mrs Rayani emphasised that steps have been taken to make the report as accessible and as informative as possible. The UHB has tried to be open, honest and transparent regarding the quality of care provided and its impact on patients. The report itself is centred around the 7 components of the Health & Care Standards:</p> <ul style="list-style-type: none"> • Staying Healthy; 	

- Safe Care;
- Effective Care;
- Dignified Care;
- Timely Care;
- Individual Care;
- Staff and Resources.

It was emphasised that it is impossible to deliver any care without the last of these – staff and resources. Mrs Rayani reminded those present that the HDdUHB Quality Improvement Framework had been launched in March 2019. The 5 Quality Improvement Goals, whilst relatively simple, are also meaningful. The fifth of these is probably the most important – to ‘focus on what matters to patients, service users, their families and carers, and our staff’. Introducing the Design slide, Mrs Rayani explained that common design elements have been adopted and flow throughout the AQS. Each of the Health & Care Standards were then considered individually, with the following highlighted:

- Staying Healthy – collaborative work between HDdUHB, Swansea University and Swansea Bay UHB on a number of critical areas including cardiology regional services, urology conditions and hyper-acute stroke facilities. The UHB is working on a community based project with the Bevan Commission, to address the need to drive down antibiotic usage, which is leading to antibiotic resistance. 386 sexual health home testing kits have been issued. Social prescribing has resulted in changes to individuals’ lives as a result of various interventions. Support for smoking cessation has led to a significant number of people making this important lifestyle change.
- Safe Care – there has been a reduction in C. Difficile infection rates and in E. coli bloodstream infection rates, the latter by 22% during 2018/19. This is significant, and it is important to recognise that infection is not just an issue for hospitals, it also impacts on the community and population as a whole. The identification and treatment of sepsis has been a high profile topic this year, with a great deal of progress made in terms of staff training. Again, this is an issue for community-based care as well as hospitals. HDdUHB has been consistently rated as one of the top performing Health Boards for stroke management/care, which is a clear example of where a difference has been made to patient outcomes. Findings of visits from regulators have been largely positive, although there are areas for improvement. The UHB has engaged as required with the Public Services Ombudsman for Wales, and there has been a reduction in the number of cases referred to the Ombudsman.
- Effective Care – a new hip fracture pathway is being trialled, and a new pain management tool devised. The South Carmarthenshire Rapid Access Multidisciplinary Service

(SCRAMS) has seen 266 patients; through medication reviews, 293 medicines which could be potentially causing harm, are no longer required or increase the risk of falls have been ceased, with GP records updated the same day. There have been continued service developments and improvements, including obstetric and neonatal facilities and the Cardigan Integrated Resource Centre.

- Dignified Care – digital reminiscence therapy, which has been introduced in two elderly care areas, improves the patient experience for elderly inpatients and those with dementia. Transformation of the medical frailty ward at Glangwili General Hospital into a Welsh parlour has assisted those patients who have a cognitive impairment. The Multi Agency Care Assessment Meeting (MACAM) project, which supports inpatients with a learning disability, has been nationally recognised. A self-management programme in bladder and bowel care will contribute a great deal to dignified care.
- Timely Care – the 111 phone service was rolled out across the region in October 2018, allowing patients to access their GP Out of Hours service and NHS Direct Wales. Pharmacy Walk-in Centres have been introduced across Carmarthenshire, Ceredigion and Pembrokeshire, provided by 93 community pharmacies across the region. Improvement in RTT performance, reducing waiting times, reflects significant work by staff and improves patient experience.
- Individual Care – introduction of a new text messaging service and appointment reminder service is intended to improve patient experience and reduce the number of missed appointments. In terms of the partnership with the armed forces forum and regional covenant group, the UHB is looking to ensure that it is meeting the needs of veterans, whilst adhering to policy guidance. There is an ongoing focus on listening to the voice of the child and young person; it is hoped that further information on the impact of this work will be available next year. The UHB is also driving implementation of the Welsh Language Standards, to ensure that patients can receive their care in Welsh, where this is their first language.
- Staff and Resources – there has been a continuation of the 'Grow Your Own' programme. Whilst the UHB has recruited staff, there is a need to develop the local population and workforce, particularly in nursing and therapies. It is hoped that next year an update will be available regarding the recently launched apprenticeship scheme. December 2018 saw the UHB's first Aspiring Medical Leaders Programme, supporting medical colleagues to take forward innovation, changes and developments. Exemplar projects and the Hwyl Hub promote a culture of innovation. The UHB is working with Engage to Change programmes to offer opportunities to young people with

	<p>learning disabilities or autistic spectrum disorder, and at the Public Board meeting on 25th July 2019 signed up to the Learning Disabilities Charter. The UHB is proud to have staff who have been honoured with various awards, including Emma Thomas, RCM Midwife of the Year for Wales and Eve Lightfoot, RCN in Wales Nurse of the Year.</p> <p>Examples of the UHB's key priorities for 2019/20 include:</p> <ul style="list-style-type: none"> • Flu vaccination rates; • Smoking cessation; • Sepsis – early identification and education; • Reduction in incidences of Hospital Acquired Thrombosis; • Reduction in avoidable pressure damage; • Improvement in quality of clinical documentation; • Hip Fracture pathway implementation; • Mental Health – improvement in quality of care and treatment plans; • Improved communication with patients, families and carers; • Access to Ophthalmology care and Orthodontic/dental care; • Implementation of the Patient Experience Charter; • Welsh Language Standards implementation. <p>Concluding her presentation, Mrs Rayani noted that the local Health & Care Strategy consultation and engagement exercise had allowed the UHB to undertake meaningful conversations with both public and staff. The new Framework for Health & Wellbeing and Quality Improvement Framework will flow through and contribute to all the UHB does going forward. Mrs Rayani emphasised that comments on the format or content of the AQS would be welcomed.</p>	
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AGM(19)05	<p>HYWEL DDA HEALTH CHARITIES REPORT</p> <p>Cllr. Simon Hancock, Chair of the Charitable Funds Committee, introduced the Hywel Dda Health Charities report, which would summarise activities during 2018/19. Cllr. Hancock hoped that the presentation would help those in attendance to understand the vital role of Hywel Dda Health Charities in enhancing patient care and experience across Pembrokeshire, Carmarthenshire and Ceredigion. It was noted that the Charities' full Annual Report, including annual accounts, will be published in September 2019, following audit by the Wales Audit Office. During the presentation, those attending heard that:</p> <ul style="list-style-type: none"> • Donations help support 4 acute hospitals, 11 community hospitals, 4 minor injury units, 15 health centres, 10,932 staff and a population of 384,000; • Income for 2018/19 was £1.88m, made up of legacies, grants, donations, investments and purchases by partner charities; • Patients, staff and local communities participated in various fundraising activities; 	
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	<ul style="list-style-type: none"> • All donations directly benefit patients and staff; • Expenditure for 2018/19 was £1.32m, with spending on additional patient comforts, updating medical equipment, improving surroundings, staff learning and development, providing care in local communities and healthy living and health promotion initiatives; • Specific initiatives included tools for children and young people affected by their parents being diagnosed with cancer, art installations to enhance hospital surroundings, games, puzzles and craft equipment for patients with dementia, entertainment for younger patients during their stay in hospital; • The UHB celebrated 70 years of the NHS; • 130 gifts were donated to chemotherapy patients through the 'Give a Gift' appeal; • £800 was raised by the purchase of Christmas cards. 	
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AGM(19)06	<p>QUESTIONS FROM THE FLOOR</p> <p>Mrs Hardisty thanked all of the speakers, and welcomed in particular the interactive nature of the presentations. The floor was opened for questions.</p> <p>Noting statements around valuing staff, Ms Sue Reynolds, Royal College of Nursing Officer, referenced the Managing Attendance Policy and specifically the rapid access section. With regards to improving return to work for those staff who have been absent due to ill health, Ms Reynolds enquired whether arrangements to provide staff with access to key services such as mental health and musculoskeletal are in place within the UHB. Mrs Lisa Gostling, Director of Workforce & OD, confirmed that for musculoskeletal conditions, staff are able to access Occupational Therapists and Physiotherapists via the Occupational Health Service. There is also a staff psychotherapy and wellbeing service, which covers all three counties of the UHB. These are areas which the organisation is planning to assess during the forthcoming year, to determine whether additional investment is required. However, Ms Reynolds was assured that a service is in place.</p> <p>Mr Mansell Bennett, Hywel Dda Community Health Council Chair, referenced the AQS and specifically work with community pharmacies to develop Walk-in Centres. Noting that the public are asked to 'Choose Well', Mr Bennett enquired what steps the UHB are taking to signpost members of the public to local services such as these. Ms Jill Paterson, Director of Primary Care, Community & Long Term Care, stated that HDdUHB's 12 Walk-in Centres are 'leading edge' in Wales. The UHB is obliged to ensure that they achieve a certain number of enhanced services, and is looking to expand this provision going forward. Of the 99 community pharmacies, a number provide a range of enhanced services and there are a several other initiatives in place, such as triage and treat, the common ailments service and medication reviews. Ms Paterson agreed that it is important to ensure services are utilised effectively and appropriately, and explained that information is</p>	
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provided on the UHB's website, via Primary Care News Centres and is also distributed to holiday resorts. It was recognised, however, that other opportunities to publicise local services need to be explored and identified. Ms Sarah Jennings, Director of Partnerships and Corporate Services, highlighted the Choose Well App, which can be downloaded to mobile phones, and is particularly useful for visitors to the region. The App provides information on the nearest health service, such as GP, pharmacy and Walk-in Centre, together with directions by car, bus or foot. Ms Jennings suggested that the Choose Well brand is becoming increasingly well known within Wales, and emphasised that steps are being taken to publicise it more widely to visitors and tourists.

Mrs Hardisty thanked the presenters again for providing their information in an accessible format. Before closing the meeting, Mrs Hardisty formally acknowledged the work undertaken by the UHB's previous Chair, Mrs Bernardine Rees OBE, who was in post and providing leadership to the organisation for the majority of 2018/19.

There were no further questions or comments from the floor. Mrs Hardisty thanked all of those who had attended and/or contributed and closed the meeting.

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Report of the Chair
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Miss Maria Battle, Chairman
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u> To provide an update to the Board on relevant matters since the previous Board meeting, undertaken by the Interim Chair of Hywel Dda University Health Board (the UHB) up to the 16 th August 2019, and by the incoming Chair as from the 19 th August 2019.
<u>Cefndir / Background</u> This overarching report highlights the key areas of activity and strategic issues engaged in by the Chair and also details topical areas of interest to the Board.
<u>Asesiad / Assessment</u> <u>Preliminary Matters</u> As the new Chair of Hywel Dda University Health Board I would like to thank everyone for making me feel so welcome. My first weeks have been spent meeting and listening to as many staff as possible. I am very impressed by their dedication, expertise and resilience and how performance has significantly improved. It's a team effort and is a credit to everyone. There is a real sense that we are at an exciting point in Hywel Dda's journey having agreed the strategy after an exemplary big conversation with our communities. At Board level we will have more focus on the delivery of our strategy at the same time as continuing to focus on delivering and improving our current performance. I'd like to pay tribute to my predecessor Bernadine Rees OBE in successfully leading the organisation to this point and to Judith Hardisty for acting as interim Chair. We intended today to meet in Ceredigion County Council. Unfortunately the original venue was cancelled and no alternative venue that could offer webcasting facilities could be located in Ceredigion. I apologise for this. The Board papers report on healthcare in Ceredigion and the proposed Chemotherapy Day Unit at Bronglais and we will ensure future meetings will regularly take place in the County.

Chair's Action

There may be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances the Chair, supported by the Board Secretary as appropriate, may deal with these matters on behalf of the Board. There has been no such action to report since the previous meeting of the Board.

Matters Arising since the Board Meeting Held on 25th July, 2019

Board Seminar

On 15th August 2019 Board Members received a presentation from the Bevan Commission, on the delivery of healthcare. The Bevan Commission is passionate about ensuring that the healthcare system is fit for purpose. The session concluded with suggestions on how the Commission might be able to assist us and how we work with partners, with this being best approached from the Regional Partnership Board perspective.

The Board then received a presentation on Quality Improvement and the Enabling Quality Improvement in Practice programme on the topic of Human Factors. It is proposed that a series of sessions be offered to Board Members replicating what is being delivered to senior managers to listen to the workforce's ideas for change and improvement.

In-Committee Board

The Board was reminded of the background discussed briefly at the Public Board meeting on 25th July 2019. The Welsh Health Specialised Services Committee (WHSSC) had requested ratification of their proposals with regard to Adult Thoracic Surgery. Members' attention was drawn to the recommendations outlined in Paper 1.1

<http://www.wales.nhs.uk/sitesplus/862/page/99617> and the proposal around increasing the number of consultant surgeons from 6 to 8 was highlighted with Members noting that this recommendation is based on 'lived experience' and clinical advice.

In considering WHSSC's request, it was suggested that – as previously stated at Public Board – the word 'unconditional' be removed from the UHB's approval, as this not viewed as appropriate wording for any proposal. Furthermore, it was suggested that any approval by the UHB should go further, by referencing the concerns previously expressed. Whilst reassurance was provided that these had been considered and addressed by WHSSC in Appendix B, and thus were inherent in the proposals, it was agreed that it would be judicious to reiterate these. Post the Board meeting Hywel Dda Community Health Council confirmed support for the Board's resolution.

The In-Committee Board confirmed its approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea; subject to the additional assurances that the areas highlighted within Appendix B, have or will be delivered.

Key Meetings

As this has been a transitional period, there has been limited activity since the last meeting in July and on behalf of the UHB, the Interim Chair has met with or attended a variety of meetings with AM's & MP's and a visit by the Health Minister to Clynderwen Community Pharmacy. I have met with numerous colleagues across the Health Board and a Rural Council as well as attending Carmarthenshire Public Services Board and a Healthier Wales meeting attended by the Health Minister.

Celebrating Success/Awards

We are celebrating after the Glangwili General Hospital Neonatal Therapy Team was selected as the overall winner for the Project of the Year at the Bliss neonatal excellence awards. The awards celebrate outstanding health professionals that make a difference to babies and their families by delivering high quality family centred care as part of the Bliss Baby charter. The winning project was the Neonatal Therapies Bridging the gap from hospital to home – Reducing the number of Neonatal therapy appointments for families.

We are immensely proud of every award winners' commitment and achievements, all of which benefit our patients across Hywel Dda.

Employee or Team of the Month

Members of staff, patients, service users and the public are invited to nominate those who have gone above and beyond the call of duty and to highlight excellent work. It's really important that we recognise and celebrate our staff and the employee or team of the month will continue and I intend to introduce more awards.

Independent Board Members Update

I am pleased to confirm that, following approval by the Minister for Health & Social Services, Cllr Simon Hancock has been reappointed as the Independent Member (Local Authority) for a further one year until 30th September 2020 and Mr Mike Lewis as Independent Member (Finance) for a further one year until 30th September 2020.

Argymhelliad / Recommendation

The Board is asked to:

- Support the work engaged in by the Chair since the previous meeting and to note the topical areas of interest.
- Ratify the decision made by the In-Committee Board and confirm its approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea; subject to the additional assurances that the areas highlighted within Appendix B, have or will be delivered.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chairman's Diary & Correspondence
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chairman

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No impact
Ansawdd / Gofal Claf: Quality / Patient Care:	Ensuring the Board and its Committees makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Gweithlu: Workforce:	No impact
Risg: Risk:	No impact
Cyfreithiol: Legal:	No impact
Enw Da: Reputational:	No impact
Gyfrinachedd: Privacy:	No impact
Cydraddoldeb: Equality:	No EqIA is considered necessary for a paper of this type.

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Chief Executive's Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Sian-Marie James (Head of Corporate Office) and Yvonne Burson (Head of Communications)

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> Update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (the UHB) since the previous Board meeting held on 25th July 2019; and Provide an overview of the current key issues, both at a local and national level, within NHS Wales.
<p><u>Cefndir / Background</u></p> <p>This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.</p>
<p><u>Asesiad / Assessment</u></p> <p>1. Register of Sealings</p> <p>The UHB's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at Appendix B have been signed by the Chair and Chief Executive or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the UHB's Standing Orders refers).</p> <p>2. Consultations</p> <p>The UHB receives consultation documents from a number of external organisations. It is important that the UHB considers the impact of the proposals contained within these consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues which could potentially impact upon the</p>

organisation. A status report for Consultation Documents received and responded to is detailed at **Appendix C**, should any Board Member wish to contribute.

3. Listening and what we've heard

Thank you to all our staff, partners and public for sharing our Choose Well messages and signposting to primary care services, such as pharmacies ahead of the Bank Holiday in August. We have also been running a campaign with our partners and providers in tourism to help visitors and residents know where to go when they need health support in the community.

At the same time, we have heard concern from some members of the public on social media, stimulated by our updates on GP out-of-hours provision. We have continued to experience challenges in covering rotas in some of our bases during the summer, resulting in us having some gaps, particularly during weekends. We also took the decision to close the Llandysul base from 12 midnight to 8am during a number of weeks to sustain the wider service and ensure patient safety. This is a significant challenge for us and we are having discussions with our out-of-hours teams and GPs to find a more sustainable solution, especially as we approach and plan for winter. I will ask for the Board to be updated on this as part of the Winter Plan at the next Board meeting.

Our patients and stakeholders have been involved in developing a draft patient experience charter and this is being tested more widely with groups, including Siarad Iechyd/Talking Health members, Alzheimer's groups, Carers, CAMHS (Child and Adolescent Mental Health Service) service users, as well as Learning Disability user groups.

We are working with patients and young people to find the best way of ensuring young people's voices are heard and acted on across the organisation. As part of this work, we are learning from other organisations, and meeting with Carmarthenshire Youth Forum. Meetings have already taken place with Pembrokeshire and Ceredigion Youth Forums.

Learning about our services through listening to members of local Stroke Association groups has been informative and incredibly valuable. This will be used to inform our stroke pathway work and we will continue to work closely with key groups to develop the right services for our patients.

4. Strategic Issues

The following information is to update and advise Members of recent strategic issues affecting the UHB and NHS Wales:

Update on the Targeted Intervention Meeting held on 31 July 2019

Members of the Executive Team and I met with the Chief Executive NHS Wales and members of his senior team as part of our Targeted Intervention (TI) status on 31 July 2019.

The following matters were discussed:

(i) Performance

- Due to the confidence in the Health Board's ability to deliver on its performance plans, Welsh Government (WG) indicated that future meetings would focus less on performance. Whilst WG was working on the assumption that the Health Board would deliver on its Referral to Treatment (RTT) targets, it would like to see an improvement in performance as early in the year as possible.
- The Health Board raised its concerns about the issues facing Worthybush General Hospital, particularly in Unscheduled Care. WG was pleased to hear about the

positive impact of the Geriatrician model on the front door of the hospital, whilst acknowledging the difficulties in securing medical cover in the Emergency Department during out of hours periods. There were shared concerns about the impact on staff during a period of high pressure, and these would be raised with the Chief Medical Officer and the Chief Nursing Officer, to seek their advice and support in the work the UHB is doing.

- The discussion about Scheduled Care focused on the UHB's Fragile Services, and WG agreed to have a separate discussion with the Health Board about the support it could provide.

(ii) Finance and Turnaround

- The main focus of this meeting, and future meetings, was the Health Board's financial position. WG asked the UHB to be clearer and more confident with regards to how it will achieve its Control Total (£25m).
- There was a discussion about the newly appointed external consultants' (KPMG) role in the Health Board, who will be supporting a delivery plan that has a clear Pipeline and Opportunity Framework for future years.
- WG suggested that although the Health Board feels it has a grip and control operationally, there were issues of fragility and in delivering savings, and recommended that the Health Board keeps in close contact with the Financial Delivery Unit between TI meetings to instil more rigour and structure into the process.
- WG also discussed the Health Board's attendance at the Public Accounts Committee (8 July 2019), advising that this was an important issue for the Health Board.

(iii) Annual Plan 2019/20

- WG referred to positive meetings with the Health Board and suggested that the Annual Plan must show accountability around this year's plan; an integrated approach within the organisation; and a clear pathway from the Annual Plan to the long term plan. Future TI meetings would also focus on the Health Board's planning function.

(iv) Health & Care Strategy: Phase 3 Delivery

- WG expressed concern about the impact of this significant system change programme on operational/clinical staff and on the Board, and suggested that the Health Board reflect on lessons learnt from previous programmes and seek external advice to support the programme, when required.

Quality Improvement Framework

Attached at **Appendix A** is a progress report on the implementation of the Health Board's Quality Improvement (QI) Strategic Framework. The report details the progress made, particularly in relation to commencement of the Quality Improvement Collaborative Training Programme, and provides assurance that improvement activity and capacity are increasing as a result of the QI Framework.

Tuberculosis (TB) Outbreak in West Wales

The importance of strengthening health protection services in Wales is exemplified by the current response to the outbreak of TB centred on Llwynhendy in Carmarthenshire. Starting in 2010, this long-standing outbreak is now the subject of an intensive community screening campaign that started in June of this year and continued in the first half of September. More than 1500 people have been screened to-date. Laboratory testing and clinical assessment is ongoing and a final reconciliation of the results of the screening is not yet complete.

These actions, overseen by a multi-agency outbreak control team, will remain a priority for both Public Health Wales and Hywel Dda University Health Board over the coming weeks. The

outbreak control team is consulting with experts from Public Health England on the next steps for the community screening campaign. In addition, both organisations are looking at their approach to the outbreak to date as part of our collective commitment to continually improve the services we deliver and to strengthen health protection arrangements in Wales. This includes considering any additional actions that may be of benefit to optimise learning.

Brexit

Brexit activity is increasing significantly as we approach the exit date of 31st October 2019 and planning structures are trying to be as flexible as possible to respond to the rapidly changing political position.

The Health Board continues to maintain a Brexit Steering Group, which leads on planning, preparing and responding to the consequences of Brexit, including a no-deal exit on 31 October 2019. We participate at a regional (Local Resilience Forum) and national (Welsh Government) level, as well as local.

Preparations focus on workforce (including supporting our EU staff and their families), supply chain (including medicines) and working proactively with partner agencies to minimise any potential negative impacts. We are an active part of the Welsh Government's health and social care communications groups and have a cascade in place to ensure key messages can reach staff who may receive enquiries from patients. This is just part of a much wider public campaign by the UK Government to get people ready for leaving the EU.

The Welsh NHS Confederation is undertaking significant work on Brexit on behalf of its members, including producing a toolkit and question and answer resource and recently, working on a response on behalf of members to the UK Government's Immigration White Paper: <https://www.nhsconfed.org/resources/2019/07/brexit-preparedness-toolkit-for-the-welsh-nhs>; and <https://www.nhsconfed.org/resources/2019/02/managing-eu-withdrawal-in-health-and-social-care-in-wales-faqs>

Update on education, skills and training provision in the Llanelli Wellness Village

The Board is reminded that Carmarthenshire County Council (CCC) terminated a Collaboration Agreement between the County Council, Swansea University and a Private Sector Development Partner on 6th December 2018.

In the ensuing period, prior proposals developed with Swansea University Medical School and the College of Human and Health Sciences have been placed on hold, and to date Carmarthenshire County Council has received no further formal communication.

Moving forward, there will be a central role for a wide cross-section of academia and supporting institutions/initiatives, including Workways, Communities for Work, Colleges, Universities and public sector organisations including the Regional Learning and Skills Partnership, and through the City Deal, will be linked with the overarching Skills Programme.

There will be a broad spectrum of opportunities delivered in the Village covering the education/learning continuum, targeting school-leavers to NEETS, long-term unemployed and people already in work and in education. Education, skills and training pathways will span the continuum, from schools to Further Education and Higher Education institutions, and will cover a wide range of disciplines. The Village will play a critical role in helping to address workforce challenges within the health and social care sectors.

The education continuum is summarised below:



To preserve the integrity and momentum of the project, a detailed gap analysis has been undertaken and discussions with current and potential alternative education partners have taken place to ensure the full complement of courses, programmes and pathways can be delivered without detriment to the project vision or scope. Formal commitment from all education partners will be provided as part of the City Deal Full Business Case to Welsh and UK Governments.

At Regional Partnership Board, a recommendation was made to undertake a skills mapping exercise to enable alignment of the Transforming Clinical Strategy with the current proposals for the Village, and going forward, these will be reflected within the Village's business/service planning processes.

Argymhelliad / Recommendation

The Board is invited to:

Receive assurance that the QI Strategic Framework (**Appendix A**) is being implemented as planned, and that the approach adopted is resulting in active and enthusiastic engagement from across the organisations;

Endorse the Register of Sealings (**Appendix B**) since the previous report on 25th July 2019; and

Note the status report for Consultation Documents (**Appendix C**) received/responded to.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Not Applicable

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):
[Hyperlink to NHS Wales Health & Care Standards](#)

All Health & Care Standards Apply

Amcanion Strategol y BIP:
UHB Strategic Objectives:
[Hyperlink to HDdUHB Strategic Objectives](#)

All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.
Gweithlu: Workforce:	Any issues are identified in the report.
Risg: Risk:	<p>This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels.</p> <p>Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.</p>
Cyfreithiol: Legal:	Any issues are identified in the report.
Enw Da: Reputational:	Any issues are identified in the report.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> Has EqlA screening been undertaken? Not on the Report Has a full EqlA been undertaken? Not on the Report

Quality Improvement Framework Progress Report

The QI Strategic Framework was approved by the Board in July 2018.

The underlying principle of the framework is to create a culture of continuous improvement by increasing the capacity and capability for improvement activities across HDdUHB by focusing on 5 Quality Goals:

- No avoidable deaths.
- Protect patients from avoidable harm from care.
- Reduce duplication and eliminate waste.
- Reduce unwarranted variation and increase reliability.
- Focus on what matters to patients, service users, their families and carers and our staff.

The framework clearly aligns QI activities to the Health Board's quality assurance and organisational development processes and annual priorities.

The first phase in the implementation of the framework is the commencement of a QI Collaborative Training Programme through which improvement skills can be developed and improvement activities can be supported and promoted.

The framework was launched in March 2019, following which operational and corporate teams were asked to submit improvement project proposals. From the proposals received, project teams were selected to take part in the 8 month collaborative training programme based on their ability to ensure attendance by 8 team members to the whole programme.

The programme has been designed to support the development of in depth knowledge and skills in improvement methodology and associated managerial and leadership attributes whilst delivering a "real work" improvement project. An outline of the programme timetable and content is provided in attachment 1

To support individual participant's development and project delivery, a network of improvement coaches from within the Health Board, Swansea University and the 1000Lives Team at Public Health Wales have received training and individual development. A coach provides dedicated support to a project team attending the collaborative training days and meets with the project team at least once in the period between each programme day. A coach network has been established to support the process for evaluation and to ensure that project teams are receiving the right support and are achieving momentum with their improvement activities.

A process to evaluate the programme has been developed. Internally, the programme will be evaluated by pre-programme self-assessment, participant feedback following each training day, and through feedback to their coach of their project's development needs. In response, the programme will be reviewed and amended.

Externally, the programme will be independently evaluated by Swansea University with funding from 1000Lives. The evaluation will be based on:



The internal evaluation will be based on level 1 and 2 with the external evaluation looking at levels 3 and 4.

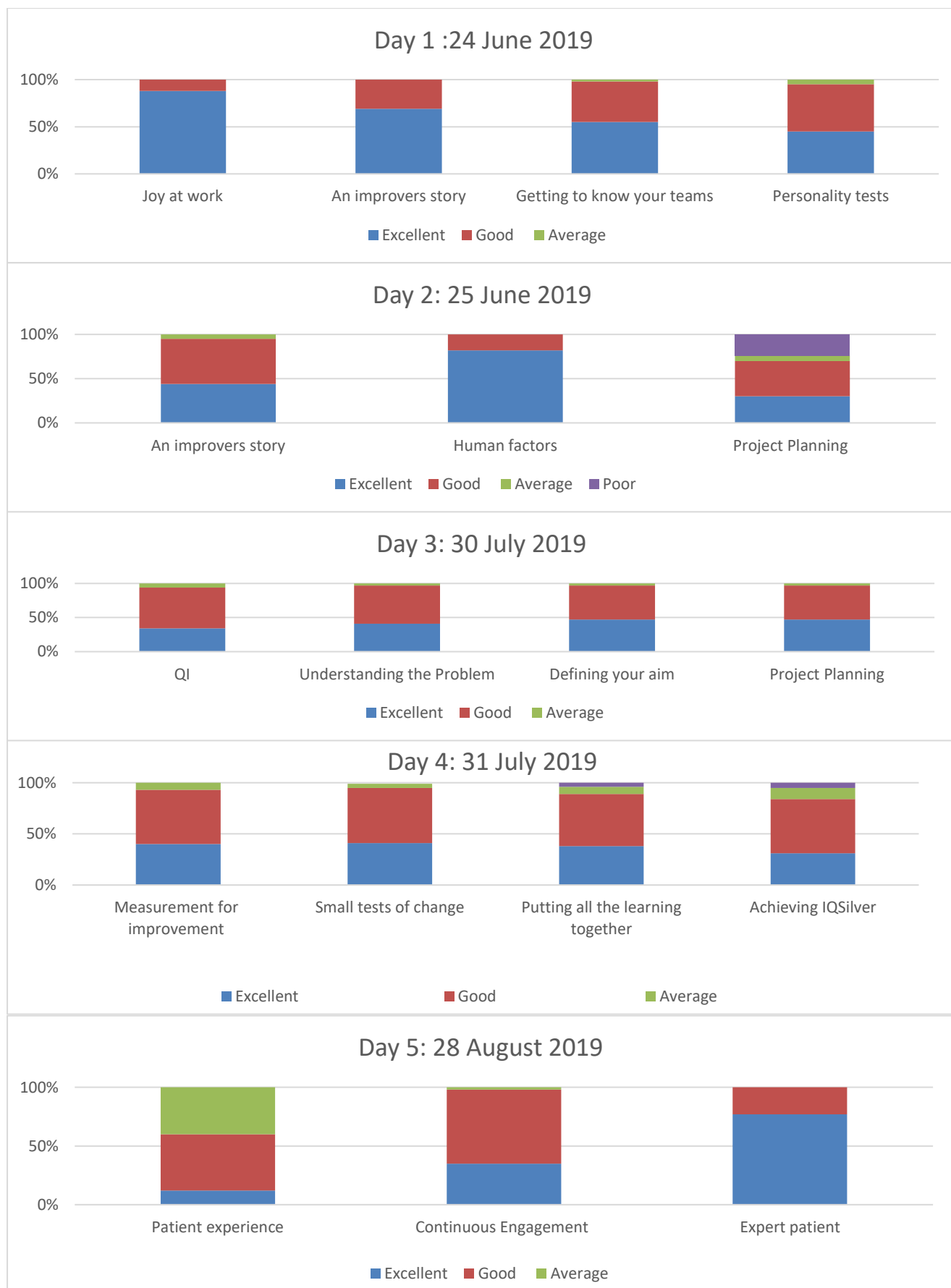
The implementation of the collaborative approach is overseen by the Collaborative Steering Group, chaired by the Director of Nursing, Quality & Patient Experience and the Director of Workforce and OD. The group meets monthly to discuss programme training days, receive programme day attendance and evaluations and maintain an oversight of the financial investment in the programme.

The first collaborative programme commenced on 24th July 2019. The first cohort has 11 project teams with 88 participants. A wide range of professional groups are represented including acute and community nurses and therapists, hospital doctors and GPs, administration staff and service managers.

Prior to commencement of the programme, all participants were asked to complete IQT Bronze and also to complete an improvement knowledge self-assessment questionnaire and a pre-programme survey as part of the external evaluation process.

The details of the 11 improvement projects are provided in attachment 1. All projects are linked to at least one of the quality goals, turnaround, clinical pathway redesign and / or value based healthcare.

To date there have been 5 collaborative programme days and the feedback from the daily evaluations has been positive as demonstrated in the following graphs.



The feedback provided on the evaluation forms is used by the coach network to make adjustments to the next programme day, amending programme content and running order where appropriate, and in doing so using each programme day as a PDSA cycle. The summary of the evaluations and the actions taken is presented to the programme participants at the start of the next programme day.

Coaches continue to work with and support their project teams between programme days and this has been reported as being extremely useful by the majority of the project teams. Bespoke training for individual project teams has been arranged outside the programme days to meet individual project needs. To date this bespoke training has focused on human factors and data access in the main.

A mid programme evaluation will be undertaken in October 2019. Project teams will be presenting their project progress to other project teams, and participants will be repeating their improvement knowledge self-assessment questionnaire. The coach network will be evaluating their role and their project team's progress. Colleagues from Swansea University will be conducting interviews and arranging focus groups as part of the external evaluation.

Sessions on future programme days have been deliberately left open to allow for sessions to be planned in response to the outcome of the mid programme evaluation.

A celebration event is planned for the project teams to present their projects and their experience of the programme in March 2020.

Planning for cohort 2 has now begun and operational teams will be canvassed for potential improvement projects and teams from September 2019, with the aim of commencing the second programme at the celebration event for the first programme in March 2020.

Next Steps for Further Implementation of the QI Strategic Framework

To date, the focus has been on designing and commencing the collaborative training programme and establishing the coach network.

Other aspects of the framework now need to be focused upon and this will be taken forward through the Collaborative Steering Group. In the main, this work needs to focus on integrating QI with assurance, organisational development, evidence based practice processes and value based healthcare.

The next report to the Board on the QI framework will therefore showcase the outcomes of the improvement activities of the first collaborative programme including the initial findings of the external evaluation (Kirkpatrick Levels 1 & 2) and evidence of the integration of the Health Board's QI approach with other key organisational processes

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 1 24 th June 2019	Cothi Suite Halliwell centre Carmarthen	09:00am	Welcome What you are about to embark on is very exciting journey and you should be proud to be here	Mandy Rayani
		09:15hrs	Introduction and outline for the day	Mandy Davies
		09:30hrs	Improvement Interaction- the Bead Game	Sian Hopkins / Claire Rawlinson
		10:30hrs	Coffee break and Market stalls	
		11:00hrs	An Improvers Story	Dr Mike Simmons
		11:30hrs	Joy at Work	Mark Hodder
		13:00hrs	Lunch and Market stalls	
		13:45hrs	More Joy at Work	
		16:00hrs	Getting to know your teams and your coaches	Team Improvement Coaches
		17:00hrs	Close	Mandy Davies

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 2 25 th June 2019	Cothi Suite Halliwell centre Carmarthen	09:00hrs	An Improvers Story	Claire Rawlinson & Lisa Marshall
		0930hrs	Human Factors	Ben Tipney, MedLed
		11:00hrs	Coffee Break and Market Stalls	
		11:30hrs	More Human Factors	
		13:00hrs	Lunch. Networking and Market Stalls	
		13:30hrs	Message from the Chief Executive	Steve Moore . Chief Executive, Hywel Dda University Health Board
		13:45hrs	Human Factors Continued	Ben Tipney, MedLed
		16:00hrs	Project planning and support from coaches	Team Improvement Coaches
		1700hrs	Close	Mandy Davies

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 3 30 th July 2019	Cothi Suite Halliwell centre Carmarthen	09:00hrs	Quality Improvement	John Boulton & Dominique Bird
		11:00hrs	Coffee Break and Networking	
		11:30hrs	Understanding the problem	
		13:00hrs	Lunch and Networking	
		13:45hrs	Defining your Aim	
		15:30hrs	Coffee and reflection	
		16:00hrs	Project planning and support from coaches	Team Improvement Coaches
		17:00hrs	Close	Mandy Davies

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 4 31 st July 2019	Cothi Suite Halliwell Centre Carmarthen	09:00hrs	Measurement for improvement	John Boulton & Dominique Bird
		11:00hrs	Coffee Break and Networking	
		11:30hrs	Small tests of change	
		13:00hrs	Lunch and Networking	
		13:45hrs	Putting all the learning together	
		16:00hrs	Achieving IQT Silver	Dominique Bird
		16:30hrs	Next Steps	Team Improvement Coaches
		17:00hrs	Close	Mandy Davies

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 5 28 th August 2019	Queens Hall Narberth Pembrokeshire	09:00hrs	Welcome & Introduction	Mandy Davies
		09:15hrs	Improvement Interaction – Mr Potato Head	Improvement Coaches
		10:00hrs	Service Users Experience Framework	Martin Semple
		11:00hrs	Coffee and Networking	
		11:20hrs	Service Users Experience Framework	Martin Semple
		12:00hrs	Tools for patient feedback	Jeff Bowen
		12:30hrs	Lunch	
		13:15hrs	Continuous engagement with our communities	Nicola O Sullivan/ Anna Bird
		14.30hrs	Coffee	
		14:45hrs	Expert patients Patient Leadership Shared Decision Making	Maria Gallagher/ Claire Hurlin
		16:00hrs	Project Planning and Programme evaluation	Team Improvement Coaches
		17:00hrs	Close	Mandy Davies

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 6 18 th September 2019	Llanina Arms New Quay	09:00hrs	Welcome	Mandy Davies
		09:15hrs	Improvement Interaction – Marshmallow & Spaghetti	Sian Hopkins/Coaches
		10.00hrs	Coffee and Networking Times TBC	
		10.30hrs	Leading Change	Dr Alan Willson
		12:00hrs	Using the Evidence	Professor Debbie Fenlon
		13:00hrs	Lunch and Networking	
		13:45hrs	Appreciative enquiry	Ben Tipney
		15:15 hrs	Coffee and Reflection	
		15:30hrs	Appreciative enquiry	Ben Tipney
		17:00hrs	Close	Mandy Davies

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 7 17 th October 2019	Llandybie memorial Hall	09:00hrs	Welcome	Mandy Davies
		09.15hrs	Complexity Science	Dr Mike Simmons
		10.45hrs	Coffee	
		11.00hrs	Complexity Science	Dr Mike Simmons
		12.30hrs	Lunch	
		13.15hrs	Complexity Science	Dr Mike Simmons
		14.45hrs	Coffee	
		15.00hrs	Team project presentations	All
		16.30	Reflections & Close	Mandy Davies

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 8 12 th November 2019	Lampeter University – Lloyd Thomas Centre	09:00hrs	Welcome	Mandy Davies
			The programme for today will be developed in response to feedback from the project teams and evaluation from the Improvement Coach network	
		13:00hrs	Leadership on ice	Ian Govier
		14:30hrs	Coffee	
		14:45hrs	Leadership on ice	Ian Govier
		16:45hrs	Next steps & close	

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 9 10 th December 2019	Llanina Arms New Quay	09:00hrs	Welcome	Mandy Davies
			The programme for today will be developed in response to feedback from the project teams and evaluation from the Improvement Coach network	

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 10 13 th February 2020	Bloomfields Narberth	09:00hrs	Welcome	Mandy Davies
			Preparation for celebration event	

Proposed QI Collaborative Training Programme Timetable & Content

Programme Day/Date	Venue	Time	Topic/Content	Speaker
Day 11 Celebration Event	Parc – y- Scarlets	09:00hrs	Welcome	Mandy Davies
19 th March 2020			Presentations	All Teams

EQiIP Programme Cohort 1 Projects

Project Title	Project Sponsor	Project Coach	Link to Quality Goals	Connection to other organisational priorities		
				Turnaround	Care Pathway redesign	Value Based Health Care
Care Aims	Karen Thomas	Professor Sharon Williams	<ul style="list-style-type: none"> - Protect Patients from Avoidable Harm - Reduce Duplication and Waste - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 	√	√	√
Delirium in ITU	Lisa Lewis	John Evans	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 	√		
Surgical Skills Training	Gwyn Jones	Emma Pritchard	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - Reduce Duplication and waste - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 	√	√	√
Collaborative Care Model	Hazel Davies /Liz Carrol	Mandy Davies	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - Reduce Duplication and waste - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 	√	√	√
Reduce Hospital Admissions	Sarah Perry	Marilize Du Preez	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - - Reduce unwarranted variation and increase reliability -Focus on what matters to patients 	√		√
Patient Communication	Louise O'Connor	Dominique Bird (105/09/2019000 Lives)	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 			√
Project Title	Project Sponsor	Project Coach	Link to Quality Goals	Connection to other organisational priorities		

EQiIP Programme Cohort 1 Projects

				Turnaround	Care Pathway redesign	Value Based Health Care
Unwarranted Pathology Requests	Andrea Steins	Iain Roberts (1000Lives)	<ul style="list-style-type: none"> - Protect Patients from Avoidable Harm - Reduce Duplication and waste - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 	√		√
TIA Clinics	Dr Nagasayi	Claire Rawlinson	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - Reduce Duplication and waste - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 	√	√	√
Stranded Patients	Janice Cole-Williams	Arabella Owen	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - Reduce Duplication and waste - Reduce unwarranted variation and increase reliability - Focus on what matters to patients 	√	√	√
DVT Pathway	Dr Meinir Jones	Leah Williams	<ul style="list-style-type: none"> - No avoidable deaths - Protect Patients from Avoidable Harm - Reduce unwarranted variation and increase reliability 			√

Appendix A: Register of Sealings from 6th July – 4th September 2019

Entry Number	Details	Date of Sealing
251	Conditional Agreement for Release of Restrictive Covenants Relating to Unit 7 Withybush Retail Park, Haverfordwest between Hywel Dda University Local Health Board and B.S Pension Fund Trustee Limited.	21.08.2019
252	Deed of Release of Covenants Relating to Property known as Withybush Retail Park, Haverfordwest between Hywel Dda University Local Health Board and B.S Pension Fund Trustee Limited.	21.08.2019
253	Lease Relating to Unit 7 Withybush Retail Park, Haverfordwest between Hywel Dda University Local Health Board and B.S Pension Fund Trustee Limited and T. J. Morris.	21.08.2019

Appendix B: Consultations Update Status Report up to 4th September 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
397	Children and Young People's Continuing Care	Welsh Government	Joe Teape, Margaret Devonald Morris	20.05.2019	09.08.2019	05.08.2019
398	Draft National Framework for continuing NHS healthcare	Welsh Government	Jill Paterson, Vicki Broad	30.05.2019	21.08.2019	14.08.2019
399	Workforce Strategy for Health and Care	Social Care Wales & Health Education and Improvement Wales	Lisa Gostling	18.06.2019	18.09.2019	
400	WHSSC consultation CP174 paediatric epilepsy surgery commissioning policy	Welsh Health Specialised Services Committee	Keith Jones, Prem Kumar Pitchaikani, Paula Evans	01.06.2019	12.07.2019	02.07.2019
401	WHSSC Consultation CP49 War Veterans - Enhanced Prosthetic Provision and CP89, Prosthetic Provision	Welsh Health Specialised Services Committee	Karen Miles, Mandy Rayani, Sarah Jennings	21.06.2019	19.07.2019	19.07.2019
402	Health and Social Care (Quality and Engagement) (Wales) Bill	National Assembly for Wales	Mandy Rayani, Sarah Jennings, Louise O'Connor, Sian Passey	27.06.2019	02.08.2019	01.08.2019
403	WHSSC: Cochlear Implant for children and adults with severe to profound deafness, Commissioning Policy (CP35)	Welsh Health Specialised Services Committee	Joe Teape, Keith Jones, Claire Jones, Paula Evans	06.06.2019	04.07.2019	04.07.2019
404	Substance Misuse Delivery Plan 2019 – 2022	Welsh Government	Ros Jervis	05.07.2019	09.08.2019	02.08.2019
405	Safeguarding children from child sexual exploitation	Welsh Government	Mandy Rayani, Mandy Nichols-Davies, Janet Edmunds Lead Nurse LAC & CSE	16.07.2019	07.10.2019	

Appendix B: Consultations Update Status Report up to 4th September 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
406	Welsh Government Draft Budget Proposals 2020-21	National Assembly for Wales	Huw Thomas	17.07.2019	25.09.2019	
407	Together for Mental health delivery plan 2019 to 2022	Welsh Government	Joe Teape, Liz Carroll, Thomas Alexander	19.07.2019	30.08.2019	16.08.2019
408	Implementation of the Regulation and Inspection of Social Care (Wales) Act 2016	Welsh Government	Lisa Gostling, Trish Mathias-Lloyd, Cheryl Raymond	25.07.2019	16.10.2019	
409	Children's rights in Wales	National Assembly for Wales	Mandy Rayani, Sian Passey, Lesley Hill	26.07.2019	20.09.2019	
410	Draft international strategy for Wales	Welsh Government	Ros Jervis	05.08.2019	23.10.2019	
411	Home Education – Statutory Guidance for Local Authorities and a Handbook for Home Educators	Welsh Government	Mandy Rayani, Mandy Nichols-Davies, Sian Passey	06.08.2019	21.10.2019	
412	WHSSC: Paediatric Nephrology Services (CP169)	Welsh Health Specialised Services Committee	Joe Teape, Keith Jones, Prem Kumar Pitchaikani, David Morrissey	29.08.19	24.09.2019	

Enw'r Pwyllgor: Name of Committee:	Audit & Risk Assurance Committee (ARAC)
Cadeirydd y Pwyllgor: Chair of Committee:	Mr Paul Newman, Independent Member
Cyfnod Adrodd: Reporting Period:	Meeting held on 27 th August 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor: Key Decisions and Matters Considered by the Committee:	
<p>In accordance with the guidance provided in the NHS Wales Audit Committee Handbook, the Board should look to their Audit Committee to review and report on the relevance and rigour of the governance processes in place and the assurances provided to the Board. Hywel Dda University Health Board's (HDdUHB's) Audit & Risk Assurance Committee's primary role is, as such, to ensure the system of assurance is valid and suitable for the Board's requirements and to support the Board by seeking and providing assurance that controls are in place and are working as designed, and to challenge poor sources of assurance.</p> <p>This report summarises the work of the Audit & Risk Assurance Committee (ARAC) at its meeting held on 27th August 2019, in monitoring, reviewing and reporting to the Board on the processes of governance, and facilitating and supporting the attainment of effective processes. At its meeting on 27th August 2019, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:</p> <ul style="list-style-type: none"> • Targeted Intervention – the Committee was provided with an update from the Targeted Intervention meeting held with Welsh Government (WG) on 31st July 2019. As there are a number of performance interfaces with WG, and as the UHB is not in Targeted Intervention due to its performance, WG had suggested that there be more of a focus on strategy and finances. It had also been suggested that, in view of the scale of the work involved with the Health & Care Strategy, the UHB may wish to consider establishing an Advisory Board to provide additional support. In regards to financial discussions, there had been a focus on the UHB providing greater assurance around delivery of the £25m Control Total; although Members were reminded that, since the anticipated additional WG allocation of £10m, the revised Control Total is £15m. WG had also emphasised the importance of the UHB's plan for the next 3 years. Discussions – whilst challenging – were supportive. • Revised Standards of Behaviour Policy – the Committee received this document for consultation purposes, noting that it will be formally considered for approval by the Business Planning & Performance Assurance Committee (BPPAC) at its meeting on 29th August 2019. Members heard that the policy has been revised to incorporate best practice from across Wales, with suggested changes highlighted. • Financial Assurance Report – the Committee received the Financial Assurance report. Members noted that there has been a steady but significant increase in aged payables. The Finance team are working with NWSSP to improve performance in relation to Public Sector Payment Policy (PSPP) Compliance. Referencing the review of overpayments, it was hoped that a number of relatively simple changes will facilitate speedier recovery, however further training for the Finance team and workforce is required. During a 	

discussion of concerns relating to a specific Single Tender Action (STA), it was emphasised that time restrictions are not a valid reason for utilisation of an STA. The Committee approved the losses and debtors write-offs noted within the report.

- **Wales Audit Office Update Report** – the Committee received the Wales Audit Office (WAO) Update Report, providing an update on current and planned performance audit work. Members were informed that Charitable Funds audit work is slightly ahead of expected timescales. In terms of performance audit, Members' attention was drawn to planned work around Orthopaedics, which will focus on Withybush General Hospital and Prince Philip Hospital. Also, the planned thematic review into Quality Governance. Whilst care will be needed to ensure that the latter does not duplicate the local work already conducted in this regard, various elements of the learning from the local exercise will be applied to the national review.
- **WAO Structured Assessment 2017 and 2018** – a report updating the Committee on progress with WAO recommendations was presented. Members noted that all recommendations within Structured Assessment 2017 have now been implemented, with this report now closed on the tracker.
- **WAO Integrated Care Fund (ICF) Review** – the Committee received national and local (West Wales Regional Partnership Board) WAO reports on the Integrated Care Fund. Concerns were expressed regarding references to the lack of clear exit strategies, when ICF monies are withdrawn. It was noted that there would need to be exit strategies for each individual project, as well as for the ICF overall. Members were reminded that the new Transformation Fund is similar, and that exit strategies will need to be planned for these projects also. It was noted, however, that the review had been conducted several months prior, and Members were assured that work is already taking place in this regard. New integrated governance systems have been approved by the Board and an Integrated Executive Group established, which is considering this issue. There will be a discussion regarding the Transformation Fund at the Integrated Executive Group, the outcome of which will probably need to be reported to Board. It might be appropriate to supplement this report with information regarding ICF exit strategies. There were also concerns regarding the governance recommendations contained within the report, noting that ARAC needed assurance that these recommendations are taken forward. It was suggested that the scrutiny/governance of Regional Partnership Boards (RPBs) is less transparent, as they are all sitting separately. Members heard that the UHB Chairs had raised the matter of RPBs having different funding structures with the Minister for Health and Social Services, and had asked that this be examined further. Concerns had also been expressed around the issues caused by allocation of capital funding later in the year, which can impede its effective use. A change in WG approach to RPBs and Public Services Boards (PSBs) is required. It was emphasised that the ICF has been worthwhile in terms of the projects it has funded. Members noted comments around weaknesses in the management of projects, specifically a lack of project plans. It was emphasised that all projects should have a project plan, although the length and detail may vary between small and large projects. It was reiterated that there has been a time lag involved in the review and that a number of the issues had already been recognised and steps taken to address these. The RPB team is in the process of recruiting a new project management post, which will facilitate a greater level of scrutiny. Work on an outcomes framework for the ICF is ongoing. It was agreed that there are a number of issues highlighted in both

reports which need to be considered, which are on the whole governance related, rather than financial. It was further agreed that this matter should be highlighted to the Board in the ARAC Update Report and added to the ARAC workplan.

- **Response to WAO Report: What's the hold up? Discharging Patients in Wales** – a report outlining the current position was presented, which recognises that there are areas for improvement. The management response included the '7 Steps' approach, together with individual county Unscheduled Care plans. Members heard that a meeting with County Directors and Hospital Directors is due to take place shortly; it is likely that the UHB will need to prioritise and focus on a reduced number of actions, in order to take these forward at pace. It was noted that WAO's report had not focused on electronic discharge systems, particularly Medicines Transcribing and e-Discharge (MTeD), and clarification of the reason for this was requested. It was suggested that this was due to delays with the roll-out of such systems. Whilst Members were pleased to note the level of activity, it was suggested that more focus is required and that it is difficult to gain assurance from the information in its current format. Members heard that it is unlikely that full assurance will be possible in the short-term, as this relies on other partners and capacity which does not currently exist. It was emphasised, however, that there is a need to focus on this area, as it has the potential to significantly improve patient experience and is, therefore, one in which the UHB should be aiming to improve performance. In considering the most appropriate forum for consideration of this matter going forward, it was agreed that a further update should be provided to the next ARAC meeting and this matter raised to the Board's attention, with it then being referred to the Quality, Safety & Experience Assurance Committee (QSEAC).
- **NHS Consultant Contract Follow-up Review** – the Committee received an update report on this matter. It was suggested that there has been significant progress, albeit from a low baseline. Generally, there has been a change of culture with regards to job plans, although the UHB still continues to experience difficulties achieving compliance in certain specialties, which it is taking steps to address. In response to a query regarding completion dates in the management response, it was noted that a figure of 100% within year is unrealistic, as there will always be individuals without an up to date job plan due to various factors, such as sick leave, maternity leave, etc. Having discussed this issue with colleagues, the Medical Director suggested that a more realistic target is 90% within year. With regards to achievement of 100% Specialty and Associate Specialist (SAS) doctor compliance, it had not been anticipated how challenging the process of mapping activity against pay would be. The scale of the SAS doctor task had transpired to be greater and more challenging than anticipated; this was also the case with certain of the consultant job plans. In view of this, it was suggested that March 2020 was probably a more realistic completion date than December 2019; particularly as the process involves a significant number of individual discussions, which operational managers are being asked to undertake in addition to their existing workload. Members recalled previous discussions which suggested opposition to use of an electronic system for job planning, and requested an update. It was confirmed that the UHB is rolling out the Allocate system and is providing educational sessions for Service Delivery Managers. There is a quarter by quarter plan for job planning, and a plan for the roll-out of the Allocate system also exists. These are monitored through the CEO performance reviews and by other means. In response to concerns regarding the time it is taking to roll-out the Allocate system, Members heard that there had been issues with the Local Negotiating Committee (LNC)

and BMA. The necessary engagement work with doctors had been partially successful. It was emphasised that Allocate is purely a system for recording job plans, and how it is managed is a separate issue. What is important is to ensure that job planning is undertaken. Comparisons were drawn between job plans and Performance Appraisal and Development Reviews (PADRs), with quality being as important as quantity. It was hoped that the Internal Audit review due to be considered by ARAC in October 2019 will provide further information in this regard. It was agreed that it would be useful to have projections of job planning processes going forward to March 2020. Also, that a further update be scheduled for April 2020, and that this topic be highlighted in the ARAC update report to Board.

- **WAO Review of Operational Quality & Safety Arrangements Update** – the Committee was reminded that this WAO report had been received at the previous meeting, and that the management response was now being presented. It was acknowledged that further work is required, particularly in two areas: Mental Health reporting arrangements, which has been discussed at QSEAC and will be discussed further; and linking with the county structure. A practical approach to both will need to be considered. Members noted that, in the main, April 2020 completion dates have been proposed and requested clarification with regards to the reason for this timescale. The Director of Nursing, Quality and Patient Experience explained that, whilst it would be possible to simply issue templates, etc, a more supportive approach is required in order to ensure that processes are embedded and consistently applied. Whilst a completion date of April 2020 had been indicated, it is hoped that this exercise would be completed by December 2019. Members noted that there were structural elements to this work, in addition to those relating to documents and templates. It is also possible that the new UHB Chair will wish to provide input. In terms of recruitment, the Committee was advised that the posts of Associate Medical Director, Quality & Safety and Deputy Medical Director, Primary Care have been appointed. Recruitment to the post of Deputy Medical Director, Acute is due to take place on 28th August 2019. Noting that implementation of recommendations will be tracked via the UHB Audit Tracker, Members enquired how the organisation will judge whether or not actions are working. Whilst specific metrics for evaluating success had not been considered, suggestions and further discussion in this regard would be welcomed. It was suggested that the new arrangements need time to ‘bed in’, however a scheduled review is required, to evaluate whether the recommended changes have actually been implemented; and what impact they are having, if any. Members were reminded that WAO will be undertaking a further review of Quality and Safety arrangements on an all Wales basis, and will monitor implementation of recommendations, and suggested that this could be incorporated into the Structured Assessment exercise.
- **Clinical Audit** – the Committee received an update report on this topic, noting that this includes the UHB’s first Annual Clinical Audit Report. Members heard that the Scrutiny Panel mentioned during previous discussions has now been established and met for the first time last week. The panel is chaired by Dr Ceri Brown, Clinical Lead for Clinical Audit; Terms of Reference have been agreed and a workplan is being developed. Looking forward to next year’s Annual Clinical Audit Report, Members heard that a piece of work is required around audit outcomes and impact from a patient perspective. There are also plans to introduce a follow-up process for audits, which may take a similar form to the UHB Audit Tracker. The number of clinical audits being undertaken is not insignificant; however, there needs to be a focus on how the organisation might better

utilise, help and guide junior doctors in conducting clinical audit. It was reported that, via the CEO performance review, an annual audit plan at service level will be produced. It is anticipated that this will be in place by the end of May 2020, and consideration will be given to mapping this against Risk Registers. In response to a specific query from previous discussions, Members heard that the National Ophthalmology Audit is no longer a mandatory audit, although the reasons for this change are not clear. Overall, it was suggested that the clinical audit position is an improved one.

Referencing the National Ophthalmology Audit, Members recalled that the reason given for HDdUHB non-participation was that the current IT system is unable to support reporting requirements. The Chair enquired whether, if other Health Boards are participating, this is because they do have the necessary systems in place. In response, it was emphasised that the UHB's Ophthalmologists do wish to participate in this audit and have expressed this view on various occasions. It is understood that not all of the other Health Boards are participating. The IT system required is being procured on an All Wales basis and it is understood that once in place, the UHB will be in a position to participate. The report was commended by Members, who noted comments that there are up to 300 clinical audits in which the UHB could participate, and enquired how participation is determined on a risk-based approach. In response, it was explained that priority is first given to mandatory audits; there are also conversations with services regarding specific strategic audits they have proposed. Going forward, it is planned to focus on those audits which best meet the UHB's needs and for services to 'own' these. Junior doctors are required to undertake clinical audits as part of their training; it may be that in future they are presented with a list of audits which the UHB has identified to select from. A risk-based approach to prioritising audits is being planned, although Members were reminded that there does need to be an element of balance and that the UHB does not necessarily want to discourage services from participating in audits they have identified as important/of value. Members were reminded that the Associate Medical Director, Quality & Safety post has been appointed and that this, together with a number of other posts will be crucial in supporting the approach to clinical audit going forward. Members heard that risk assessments are conducted for those audits in which the UHB does not participate, and that there is increasing service involvement. This, together with the regular scrutiny applied, is resulting in a change to the treatment of clinical audit, although new systems are taking time to embed fully. In conclusion, it was suggested that the 'baseline' requirement should be participation in all mandatory audits, with local audits focusing on areas of risk and where value can be added, with it requested that this be considered in drawing together the clinical audit plan for 2019/20. It was further suggested that there needs to be a wider discussion around undertaking a review against the Audit Committee handbook, in regards to the Committee's requirement/role relating to clinical audit.

- **Internal Audit (IA) Progress Report** – the Committee reviewed the Internal Audit Progress Report, noting developments since the previous meeting.
- **Quality Assurance and Improvement Programme Report** – the Committee received the aforementioned report, which is a requirement of the Public Sector Internal Audit Standards. The report ensures compliance with requirements and includes details of audit activity, areas for improvement, the audit satisfaction survey process and internal assessments.

- **Internal Audit (IA)** – the Committee reviewed the following IA reports which had achieved substantial and reasonable assurance:
 - Annual Quality Statement (Reasonable Assurance)
 - A Regional Collaboration for Health (Reasonable Assurance)
 - Environmental Sustainability (Reasonable Assurance)
 - Carbon Reduction Commitment (Substantial Assurance)
- **Welsh Ambulance Services NHS Trust (WAST) Handover of Care at Emergency Departments Follow-up: Health Board Related Recommendations** – the Committee received a report on this topic, noting that this review had been conducted by the IA office which covers WAST, and is not Health Board specific. Whilst this report had been considered by the WAST Audit Committee, circulation to Health Boards for comment had not necessarily been as formal as it should have been. The Committee considered whether this is an area in which the UHB should have its own workstream. Although it was noted that HDdUHB is not an outlier in terms of Handover at ED, there are improvements which could be made and the WAST review could be used as a basis for an internal review. Following discussion, it was agreed that a formal Health Board response would be drafted for the WAST Audit Committee, which would also be shared with ARAC.
- **Scrutiny of Outstanding Improvement Plans: WAO Review of Estates 2016** – a report was received on this topic, which outlined a number of the challenges in terms of performance management, together with future demands around staffing and skilling the Estates workforce. With regards to the first of these, capital bids have been submitted for resource which, if successful, will better address the performance approach to maintenance. However, as funding has not yet been approved, no solution is in place currently. Members emphasised the short supply of and multiple demands on capital, and enquired regarding alternatives in the absence of funding. Members were assured that the UHB is able to achieve maintenance standards, and meet assurance and governance requirements, within current resources and with the systems it has. The limitations which would be addressed by additional resources relate to timescales and productivity. In response to a query regarding the costs involved, Members heard that these are £70-100k, which consists of updated software and mobile equipment for signing off maintenance tasks on-site. It was noted that the capital resource allocation is only £300k, and that the probability of success is, therefore, low. Even if resource is forthcoming, there is likely to be a significant delay in implementing the new system.

It was agreed that the information supplied does not provide ARAC with the required assurance, and Members enquired whether – if additional resources are not allocated – it is proposed to continue as before. The Committee was then informed that the current Estates software system is end of life and will go out of service in May 2020. If a new system is not supported, the department would be forced to revert to a paper system. The paper system previously utilised will allow management of maintenance, in terms of recording whether tasks have been completed; the benefit of an updated software system is in regards to improving productivity and efficiency. Whilst emphasising that there is further work possible which could provide assurance, evidenced in the Holding to Account meetings, currently no assurance is possible regarding time, cost, productivity and quality of work, with current system constraints prevent such comparisons. Whilst Members understood the reasons for wishing to raise the profile of the benefits of an

updated system, it was highlighted that allocation of resource is not within the remit of ARAC. The Committee's concern is obtaining assurance regarding systems currently in place and/or those likely to be in place. It was suggested that a further report be prepared which outlines how the current system could address outstanding actions, together with additional benefits provided by the updated system. The report should also consider the potential impact should the current system fail or go out of service, and should include an update to the original management response from the 2016 WAO review. Concern was expressed that it has taken 3 years to develop a plan to address the findings of this review, and it was suggested that the report include more detail, to aid ARAC's understanding in this regard. The Committee requested that a further update and updated management response be submitted to the next meeting.

- **Scrutiny of Outstanding Improvement Plans: IA Health & Safety 2016** – a report was received on this topic, with Members advised that the Internal Audit report had identified 6 recommendations, of which 4 had been implemented. Achievement of the outstanding recommendations is being constrained by staffing resources. The 2 outstanding recommendations and the current position regarding these was outlined, with Members noting that the Health & Safety team is not in a position to routinely monitor and provide advice on a proactive basis. It is, however, taking steps to address areas of high risk. Members heard that, as detailed within the report, shortcomings in monitoring of health and safety compliance have also been highlighted as part of a recent Health & Safety Executive (HSE) Inspection. To address these issues, additional resources had been approved, and it is hoped that the new appointments will be made by January 2020 at the latest.

It was agreed that the report does not offer sufficient assurance, with ARAC requiring assurance regarding how the outstanding actions will be addressed; a Gantt Chart may be an effective tool to communicate some of the necessary information. It was noted that there is no reference to Health & Safety representatives and Members enquired whether the UHB has a Health & Safety Committee, noting that this is mandatory if requested by H&S representatives. In response, it was suggested that the UHB's Health & Safety and Emergency Planning Sub-Committee undertakes this role and it was confirmed that the organisation complies with the legislative requirements in this regard. Noting statements that the Health & Safety team is reactive rather than proactive, Members enquired what assurances are available that it is taking a risk-based approach currently. In response it was suggested that the approach is not entirely reactive, with a great deal of work having been undertaken in community premises, and significant progress made with limited resources. As previously stated, high risk areas were being monitored. There was acknowledgement, however, that the approach is generally more reactionary rather than planned. Members were informed that an Internal Audit review of Health & Safety is planned for Quarter 3 of 2019/20. Members reiterated that the information supplied does not provide ARAC with the required assurance, and a detailed plan outlining the approach being taken to address the outstanding recommendations, with timescales, was requested for the next meeting.

- **Primary Care Applications Committee Assurance (PCAC) Report around the Discharge of their Terms of Reference** – the Committee received a report detailing PCAC activities during 2018/19. The Committee was assured that PCAC is operating in accordance with its Terms of Reference and discharging its duties effectively on behalf of the Board.

- **Audit Tracker** – the UHB Central Tracker, which tracks progress against audits and inspections undertaken within the UHB, was presented.
- **Counter Fraud Update** – an update was received, with Members noting plans for a meeting to discuss overpayment of salary, to include representatives from Counter Fraud, Payroll, Finance and Electronic Staff Record (ESR); and the newly introduced Counter Fraud Newsletter.
- **NHS Wales Fighting Fraud Strategy** – the Committee received the aforementioned document.

Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu Cyfer: Matters Requiring Board Level Consideration or Approval:

- To highlight to Board the issues identified in both **WAO ICF Review** reports which need to be considered by the UHB focussing on the need to strengthen the governance arrangements ;
- The need for an increased focus on the findings of the **WAO Report: What's the hold up? Discharging Patients in Wales;**
 - It was agreed that a further update should be provided to the next ARAC meeting, with this matter then being referred to QSEAC.
- Concerns regarding progress on the **NHS Consultant Contract Follow-up Review;**
 - It was agreed that it would be useful to have projections of job planning processes going forward to March 2020;
 - It was agreed that a further update would be scheduled for April 2020.
- Concerns that the update provided on **Scrutiny of Outstanding Improvement Plans: WAO Review of Estates** fails to provide assurance;
 - It was agreed that a further update and updated management response would be submitted to the next meeting.
- Concerns that the update provided on **Scrutiny of Outstanding Improvement Plans: Internal Audit Health & Safety** fails to provide assurance;
 - It was agreed that a further update would be submitted to the next meeting
- The PCAC is operating in accordance with its Terms of reference and discharging its duties appropriately.
- To highlight to Board that the Committee agreed that all recommendations within **Structured Assessment 2017** have now been implemented, and that this report could be closed on the tracker.

Risgiau Allweddol a Materion Pryder:

Key Risks and Issues/Matters of Concern:

None.

Busnes Cynlluniedig y Pwyllgor ar Gyfer y Cyfnod Adrodd Nesaf: Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol: Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf: Date of Next Meeting:

22nd October 2019

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	<i>From To and For...to With and By: developing a health and wellbeing framework for Hywel Dda</i> Director of Public Health Annual Report 2018/2019
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ros Jervis, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Ros Jervis, Director of Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>Directors of Public Health have a duty to present an independent report each year. This would usually be about the state of their population's health, current threats to our health and wellbeing, opportunities to improve it, and the challenges we face.</p> <p>However, this has been an exceptional 18 months for Hywel Dda University Health Board (HDdUHB) and, as this is my first annual report, I have done something a bit different. With the Health Board's commitment to a change in direction towards prevention and a social model of health, my report this year focuses on our Health and Wellbeing Framework – Our Future Generations: Living Well. It looks back to tell the story of why and how we developed the Framework, describes the progress we have made so far in developing the tools to help us, and finally looks forward to our goals for implementing the Framework over the next three years.</p> <p>My Annual Report is available in hard copy and on-line on the UHB's website.</p> <p><u>Cefndir / Background</u></p> <p>The Health and Wellbeing Framework for Hywel Dda was approved by Board on 31st January 2019. It builds on and complements HDdUHB's Health and Care Strategy, A Healthier Mid and West Wales, to deliver the 20-year vision for population health and wellbeing for all. In particular, the Framework sets out the required shift in mind-set and culture needed to put prevention and early intervention at the heart of everything we do, and to help drive and align our short and medium term planning.</p> <p>The two commitments made in the Health and Care Strategy which are explored in the Framework are:</p> <ul style="list-style-type: none"> • Making a transformational shift in the way we provide our healthcare services, putting a preventative approach into all that we do. • Use the best of our assets and work closely and collectively with the public and others across all sectors and services – the 'whole system' – to maximise the positive impact

we can make on health and wellbeing.

Fundamental to the Health and Wellbeing Framework is the Health Board's move to a social model of health and a recognition that health and wellbeing are influenced more by social determinants, including housing, education and employment, than by the health and care system. The Framework is underpinned by an asset-based approach that values and seeks to harness the strengths and assets within individuals and communities to support the creation of health in our communities. The title of the report summarises this aim to shift away from doing **to** and **for** people towards doing **with** and empowering people to do it for and **by** themselves, with support if needed.

Asesiad / Assessment

My report has three chapters:

1. Looking back – developing the Health and Wellbeing Framework.
2. Where are we now? Stories of using the Wellbeing Lens – the mobilising the whole system tool.
3. Looking Forward – our three year objectives and the progress we have made so far.

I have also written some closing words reiterating my call to action for us all, within the Health Board and without; to start to change the way we do things by taking the necessary small steps to turn the vision into reality.

Argymhelliad / Recommendation

The Board is asked to discuss my report, note the content and join with me to create a movement for change with a focus on wellbeing and staying well. This is our opportunity to work better together and to make a difference to all the people of Hywel Dda.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 3.3 Quality Improvement, Research and Innovation
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	1. Starting and developing well 2. Living and working well 3. Growing older well 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The report details a wide variety of activities which have a strong evidence base. The DPH's Annual Report of 2014/15 describes the evidence base for taking an Assets based approach.
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A - independent report for Board



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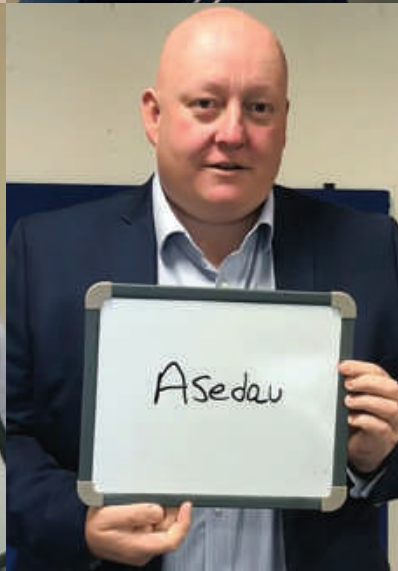
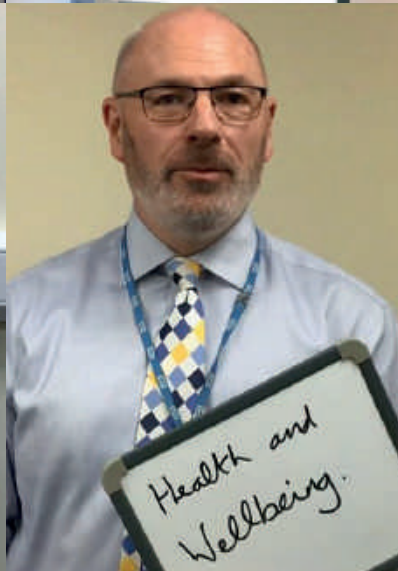
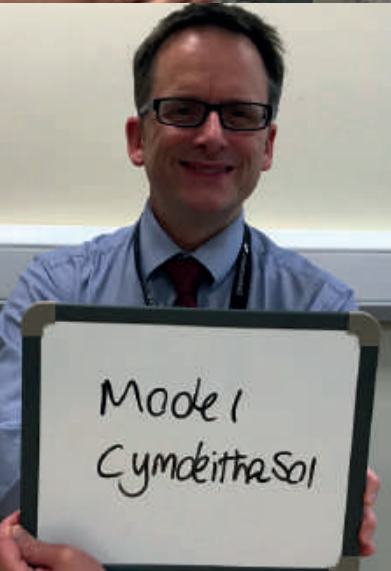
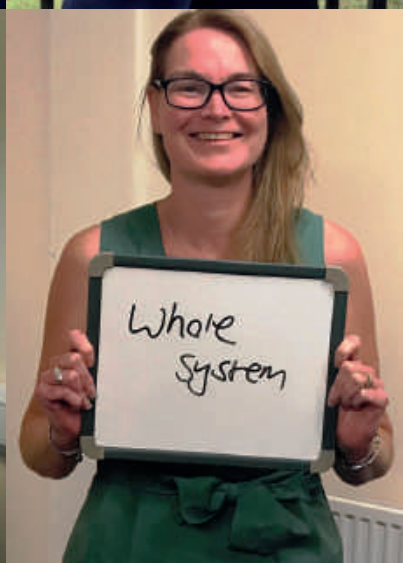
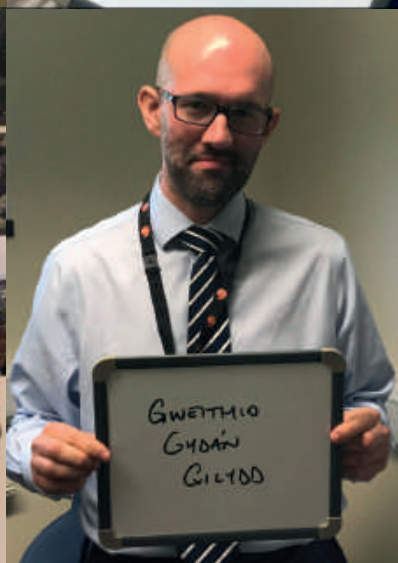
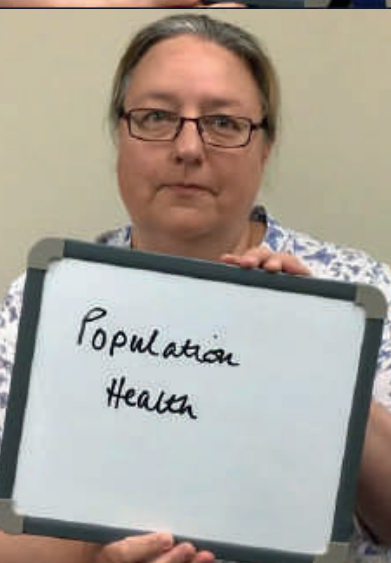
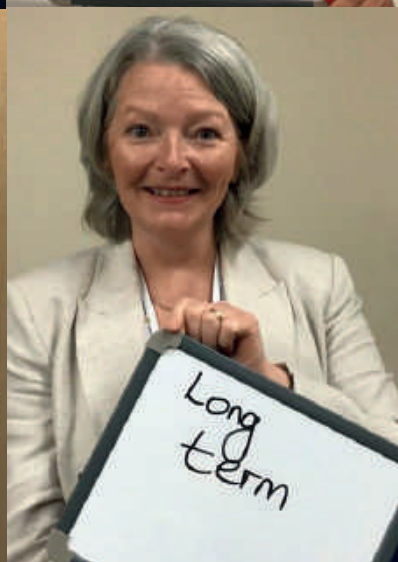
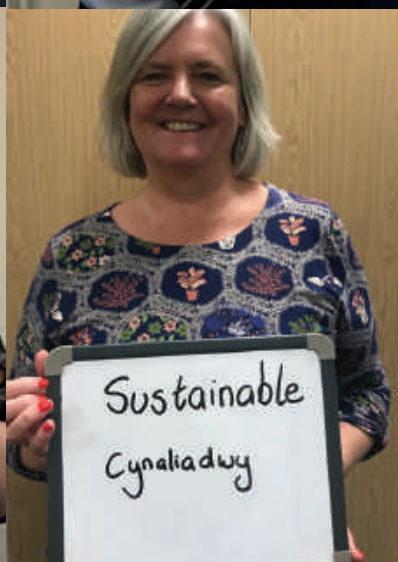
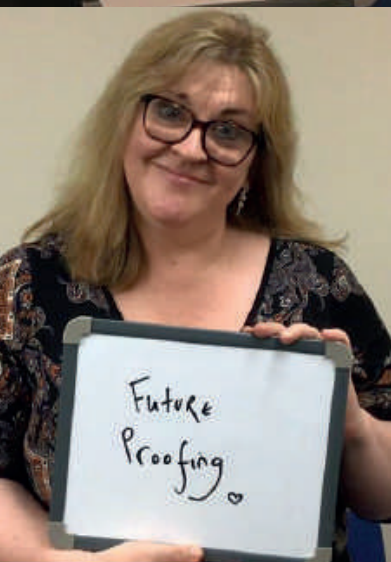
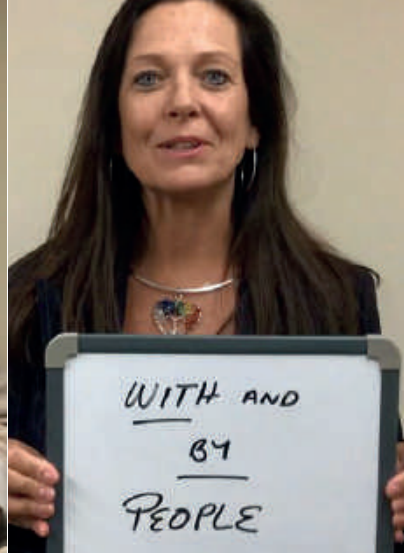
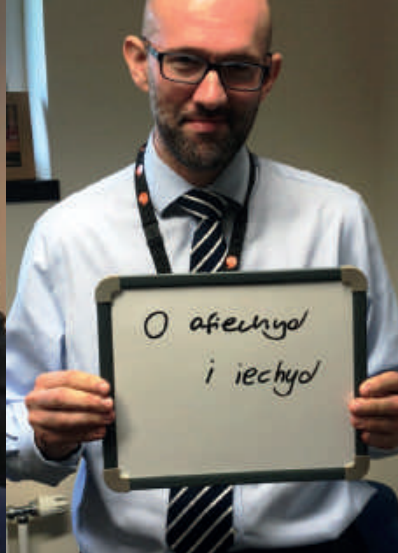
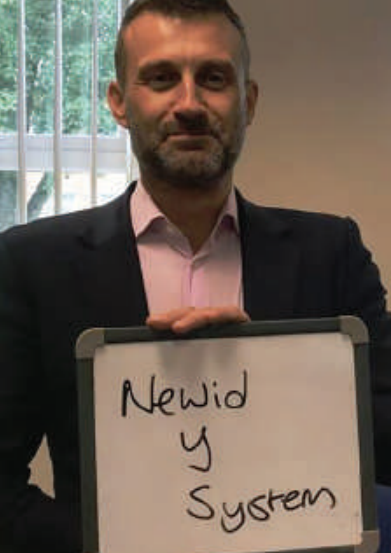
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

From To and For to *With* and *By*

Developing a
Health and Wellbeing
Framework
for Hywel Dda

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018/19





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WE ASKED PEOPLE TO DESCRIBE THE HEALTH
AND WELLBEING FRAMEWORK IN A FEW WORDS.

HERE'S WHAT THEY
CAME UP WITH...

FOREWORD

I am very pleased to be publishing my first Annual Report as Director of Public Health for Hywel Dda University Health Board. Traditionally Directors of Public Health report each year on the state of their population's health, current threats to our health and wellbeing, opportunities to improve it, and the challenges we face. This year I have done something a bit different.

This past eighteen months has seen the Health Board consult on and agree a transformation in the way it delivers healthcare services. It has committed to make a shift from a system focused almost exclusively on treatment and diagnosis to one where preventing ill health is a core activity and that embraces consideration of people's wellbeing. We have to see people in the context of their lives and ask them what matters to them so that people make decisions that are right for them.

Beyond this, the Health Board has recognised its important role in working with local authorities, community organisations, businesses and communities themselves to improve, not only the services we deliver, but the conditions we grow up, live, work, play and age in. My focus in this report is our 'Health and Wellbeing Framework' which describes how the Health Board will make this change within its services and beyond to its work with partners and community.

It has been a fantastic time to join the Health Board and to play my part in the changes that are taking place. It's a really exciting time for public health as the recognition grows that the NHS is not the sole keeper of our health and that, in fact, the relationships between people in their communities is where health and wellbeing is really created and nurtured.

I hope you enjoy reading the report. These are our first steps on a long and exciting journey to build a movement for health and wellbeing. If you have thoughts or ideas about it, or would like to get involved, we would love to hear from you.



ROS JERVIS

Executive Director
of Public Health,
Hywel Dda University
Health Board

Acknowledgements

This report was co-produced by the Hywel Dda Local Public Health Team. I would like to thank the Editorial team – Jan Batty, Rebecca Evans, Geinor Jones, Jo McCarthy, and Vikki Wood who have pulled together this report, Craig Jones for the filming and editing and the rest of the team for their contributions.

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CHAPTER 1: LOOKING BACK

We face a major challenge in the NHS. Whilst people are living longer, many are also living for many years with chronic conditions, in pain and with poor mental health. To address this, Hywel Dda University Health Board has recognised that it needs to move away from a system just focused on diagnosing and treating illness towards one that supports people to live well by promoting wellbeing and preventing ill health.

Over the past eighteen months, the Health Board has taken significant steps in this direction. In my Annual Report this year, I focus on our 'Health and Wellbeing Framework' which describes our dreams for the future of health and wellbeing in Hywel Dda and how we think we can make this transformational shift. For the Health Board it involves changing the way we do things within NHS services in Hywel Dda and how we play a meaningful part in what happens in our communities. Beyond health and care, though, the Framework supports everyone – the public, staff and partners – to play their part in creating health and wellbeing at work, at home and in their communities.

Some Context

The Health and Wellbeing Framework complements the Health Board's new health and care strategy '*A Healthier Mid and West Wales – our future generations living well*'. It shares the Health Board's vision and goals set out in that document to improve health and wellbeing in Hywel Dda over the next 20 years.

The shift in intention can be seen in the replacement of the Health Board's eight disease-based objectives with three strategic goals based on a positive aspiration for local people across the life-course.



Starting and developing well

Every child will have the best start in life through to working age, supporting positive behaviours and outcomes across the life-course.



Living and working well

Every adult will live and work in resilient communities that empower personal and collective responsibility for health and wellbeing.



Growing older well

Every older person will be supported to sustain health and wellbeing across older age, living as well and as independently as possible within supportive social networks.



The Three Strategic Goals from 'A Healthier Mid and West Wales'

We are not alone in trying to change the system in this way. The Health Board's decisions have been guided by the principles set out in the Welsh Government's 'A Healthier Wales: our plan for Health and Social Care'. This "sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness".

We are also fortunate to have a piece of national legislation that supports the aspiration of our Framework – the Well-being of Future Generations (Wales) Act 2015. A key aim of the Act is to prevent problems occurring. By changing the way that we do things – as described in the Wellbeing of Future Generations Act – and by supporting people better in the community, there should be less demand on healthcare services. In the longer

term, we will be able to shift investment from acute services to primary care and communities, for the prevention of ill health.

The **WELLBEING OF FUTURE GENERATIONS ACT** requires public bodies in Wales to future-proof their decisions, to work better with people, communities and each other, and to help tackle and reduce problems such as poverty, health inequalities and climate change.

The Act is unique to Wales attracting interest from countries across the World as it offers a huge opportunity to make a long-lasting, positive change to current and future generations.

Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment and a healthy and attractive environment.

WORLD HEALTH ORGANISATION

How we will increase our influence on health and wellbeing

Health services need to be there when we are ill and need treatment and care but perhaps surprisingly, they may have as little as 10% influence on our overall health over our lifetime. How long we live and for how many years we stay well are more influenced by the conditions in which we are born, grow, work, live and age. This is known as the Social Model of Health.

Hywel Dda University Health Board has now adopted this model. It accepts its critical role as not only a provider of health services, but also as an employer, a key player in the local economy and an anchor institution in our communities.

The social model of health considers a broader range of factors that influence health and wellbeing, for example, environmental, economic, social and cultural.

What makes us healthy?

As little as **10%** of the population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in Hywel Dda is: **4.8 YEARS**



Adapted from a diagram by Nurture Development

The Health Board's main area of influence is within its services, face to face with patients. We want to introduce much more work to prevent ill health into healthcare services to expand that 10% influence. People should have access to support and advice to improve their health, including on smoking, nutrition, and alcohol as well as other things that may be affecting their health like housing, debt and caring responsibilities. Conversations with patients about their health as a whole person and about their wellbeing is a way of combining the expertise of clinicians with the expertise that people have about their lives and what matters to them. A new relationship of 'working with' rather than 'doing to' puts more power into the hands of patients and service users and can be the catalyst for people to make positive changes in their lives and communities.

Stronger connections between health services and community will support clinical staff to work in this broader way.

Alongside this, the Health Board will work with others across the 'whole system' to benefit the entire population. We want to improve the circumstances and opportunities in life that affect a person's health and wellbeing and address widening health inequalities.

The Health & Wellbeing Framework commits us to maximising the contribution we make and promotes our participation across the whole system to improve health & wellbeing.

These two strands – bringing the social model of health and prevention into services and working across the whole system – can be summarised as a Population Health approach and it meets the need the Health Board had identified. The Framework shows how the Health Board will contribute to the other six Wellbeing Goals in the Wellbeing of Future Generations Act.

By acting on the 'whole system' and not just health, the connections between the health of individuals, that of the planet and its sustainability and the vitality of communities is more apparent.

Health inequalities are the preventable, unfair and unjust differences in health between people or groups of people. The unequal distribution of social, environmental and economic conditions within societies determines the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs. Reducing inequalities should allow everyone to have the same opportunities to lead a healthy life.

Seven Well-being Goals

To make sure we are all working towards the same purpose, the Act puts in place seven well-being goals. The Act makes it clear the listed public bodies must work to achieve all of the goals, not just one or two.



A Prosperous Wales



A Resilient Wales



A More Equal Wales



A Healthier Wales



A Wales of Cohesive Communities



A Wales of Vibrant Culture & Welsh Language



A Globally Responsible Wales

When we say the 'whole system' we mean the NHS including hospitals, GPs and community services, social care, people's homes, education, employment, leisure, food, the environment and communities themselves.

Population Health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across a whole population. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health such as housing, employment and the environment. This is not something the NHS or Public Health can deliver alone – Population Health is about creating a collective sense of responsibility across many organisations and individuals.

To help describe what the social model of health might mean for Hywel Dda I developed this diagram that shows the full range of factors that influence our health. The green ring shows the 'wellness services' that provide the support for people to live connected meaningful lives. By 'growing the green', we can have the most impact in creating health and wellbeing, and this is where our efforts must now turn.

LIVING WELL

Our shared vision is a Mid and West Wales where individuals, communities and the environment they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.

We believe that health is co-created in communities, through family, friends and neighbours.

SAFE, SUSTAINABLE, ACCESSIBLE AND KIND



Communities have a big part to play in this. We know that people with stronger networks are happier and healthier. Communities, of both place and interest, can provide opportunities for us to connect to others, get involved in social activities, to have a sense of purpose, a sense of control over our lives and feel that we belong.

Connect people with their own and community assets

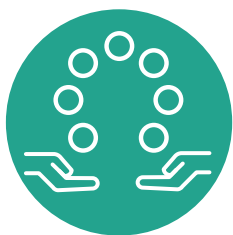
The new role for public organisations is to work out how best to support this natural, organic process without interfering but with a commitment to be there long term. There is growing recognition, not only in the Hywel Dda area, but also across the UK and beyond, that an approach that builds on and enhances the existing strengths and resources in our communities is respectful, empowering and effective. We felt strongly that assets should be one of the foundational principles of the Health and Wellbeing Framework. Within services, if we are going to shift the whole system to focus on people's wellbeing rather than their illness, it makes sense to concentrate on their strengths and connecting people with their local assets makes communities more resilient.

Fortunately, we are not starting from scratch. In 2015, the Director of Public Health's Annual Report explored asset based approaches to improving health and wellbeing, including many great examples of work that is already happening in Hywel Dda. More people are starting to work in this way, and it is a powerful tool. However, it does mean that professionals and services need to do things differently, giving up the control and power they have to allow space for communities to self-organise. Once we shift our attention and intention, we will find more creative ways of working with people to improve their wellbeing.

As humans we have a natural capacity to stay well despite what life throws at us. Many of us actively do things to keep ourselves well – staying active, eating healthily, making sure we get enough sleep and finding ways to relieve stress. And then we all draw on the assets around us. Our friends, families and the people we know, the good things about the places we live and the valuable services provided by the public, private or third (voluntary) sector all contribute to our health and wellbeing.

DPH Annual Report 2014/15

Examples of assets include



People's skills and sense of purpose



People and the connections between them



Environmental resources



Learning

How we developed the Framework

Developing the Health and Wellbeing Framework has been a collaborative process over time. Initially Health Board colleagues and the Public Health and Wellbeing Directorate (which includes the Local Public Health Team as well as health visitors, school nurses, emergency planners and substance misuse commissioners), worked together until we had some ideas on paper. In August 2018 we took our draft principles, ideas and goals to a larger event of partners from local authorities, the third sector and other Health Board departments to find out their thoughts and views. One of our intentions that day was to check that the Framework aligned with the Wellbeing Plans of the three counties and people's practice under the Social Services and Wellbeing Act. Systematically we clarified our thinking and had the major building blocks agreed by the Board.

Public Health and Wellbeing Directorate development Days – how are we going to do this?
February–March 2018

Population Health approach discussed by Health Board
April–July 2018

The Engine Room – work on the Framework begins with collaboration of Health Board colleagues
June–July 2018

Visioning event with partners – setting guiding principles and three new strategic goals using our Teulu Jones to make it real!
14th August 2018

Social model for health adopted by Board
September 2018

Local Public Health Team develop the Wellbeing Lens
October 2018

Check and Challenge – Wellbeing Lens tested out with colleagues in a series of workshops
October–November 2018

A Healthier Mid and West Wales strategy passed by Board
29th November 2018

Health and Wellbeing Framework approved by the Board
31st January 2019



Three Tools to Support the Framework

In September last year, I asked my Local Public Health Team to develop a 'Wellbeing Lens', a new way of looking at things – whatever these things are. I had in mind a set of 'questions' that would help us all have a different kind of conversation. A conversation about prevention of ill health; about wellbeing; about what matters to people rather than about targets; and asking what would happen if we gave people space to solve their own problems instead of thinking we could fix it for them. The result of this was three tools:

■ **THE WELLBEING LENS**

the Mobilising the Whole System tool

■ **THE COMPENDIUM**

an accessible resource of information and evidence-based action on obesity, tobacco and alcohol

■ **THE TEAM LENS**

the Mobilising Teams and Services tool

The Wellbeing Lens is the most developed tool and the focus for the next part of my report. For further information on the Compendium or the Team Lens, please contact us.

The Wellbeing Lens - Mobilising the Whole System Tool

We started with the intention of designing something that would bring the Health and Wellbeing Framework to life; to give people a practical tool which would help them 'change the conversation' towards prevention and assets, moving away from a dependent culture to one of independence and from services to supporting communities to create their own health and wellbeing.

We imagined a group of people sitting down together with an issue. It could be at any level – a strategic, population health question or a complex issue in a front-line service – but would best involve people from different sectors, departments or disciplines with a common interest in shifting the system or their part of it – a mini-system. We wanted something that would change people's perspective, a symbolic pair of glasses that you put on to think differently.



Our Future Generations: Living Well

A Health and Wellbeing Framework for Hywel Dda



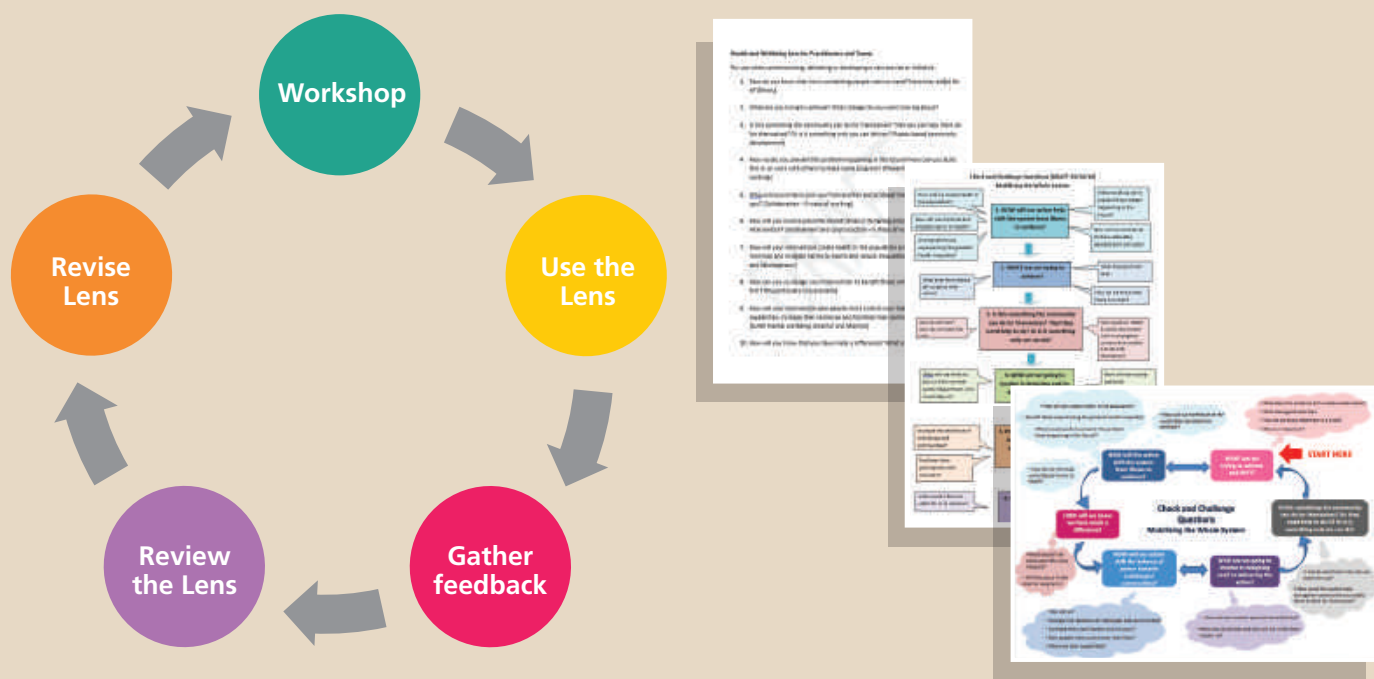


We gave the Lens a solid foundation by basing it on the Five Ways of Working in the Wellbeing of Future Generations Act (long term, prevention, integration, collaboration and involvement), Public Health Wales' Strategic Priorities and the four principles of Prudent Healthcare, underpinned by an assets approach and an ambition to address health inequalities.

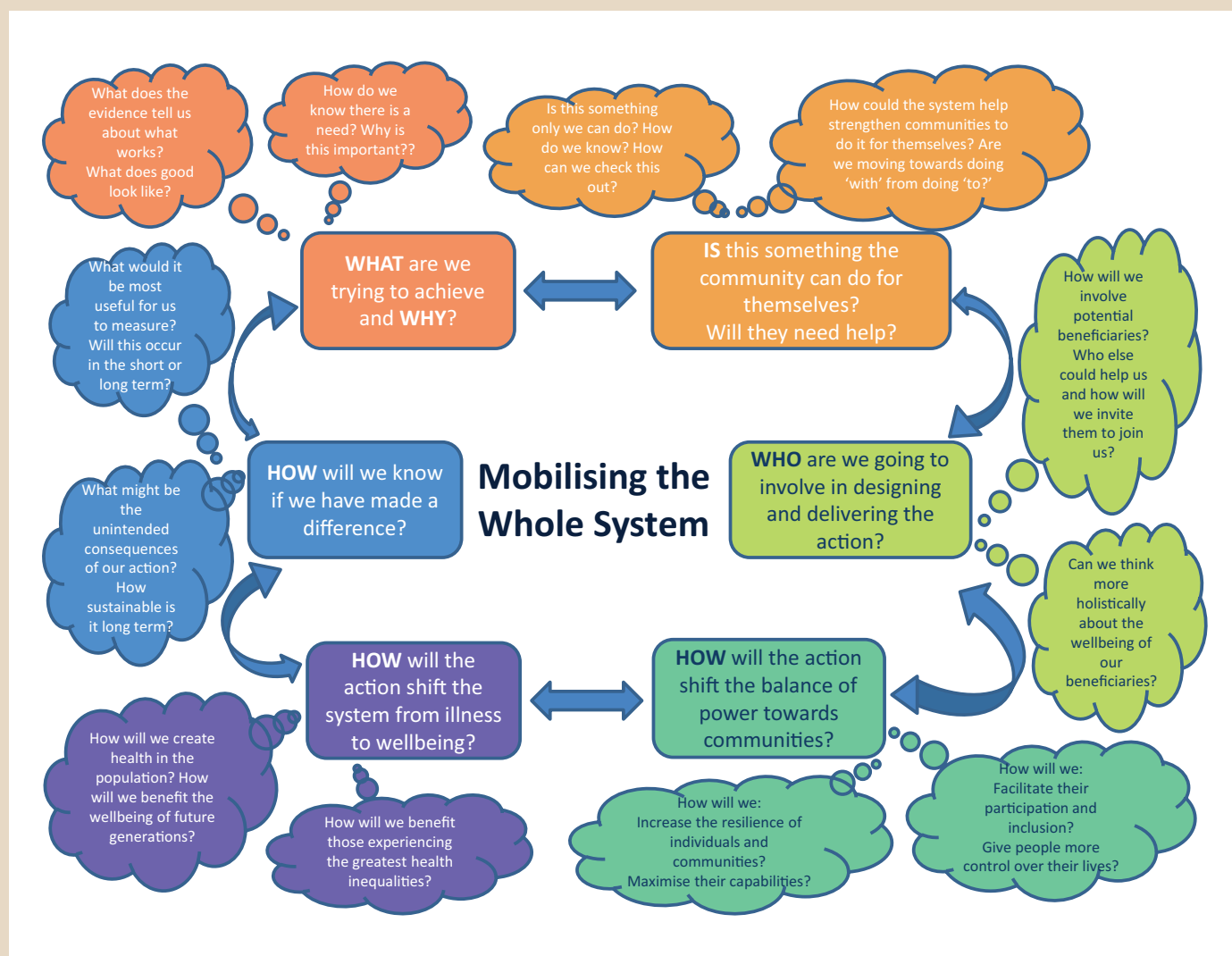


We asked key staff in the Health Board (who are also working hard to embed the Five Ways of Working into Health Board practice) for their comments. I took the draft 'Wellbeing Lens' to a series of workshops with colleagues in partnership groups in each county - such as our County Management Teams and Public Service Boards – to test it out. We posed a simple scenario and asked these groups to apply the 'Lens':

We asked for feedback on what it was like to use the tool (using a set of reflective questions designed for the task) and if and how it had changed their conversation.



Our final version of the Wellbeing Lens looks like this.



In Chapter 2, we tell four stories about what happened when we attempted to have a different conversation with a group of people to address a real world issue.

CHAPTER 2:

WHERE ARE WE NOW?

STORIES OF USING THE WELLBEING LENS

Introduction

In the previous section, I outlined the purpose and process behind the development of the Hywel Dda Health and Wellbeing Framework. I identified that a culture change and shift in thinking is likely to be a long-term process, and recognised that systems need to change to support the delivery of our collective priorities over the 3, 10, and 20 year time horizons.

This section of the report offers an insight into some examples of how the Public Health and Wellbeing Directorate have started to implement these changes with the use of the Wellbeing Lens for 'mobilising the whole system'.

The first story describes how the Wellbeing Lens supported a multi-agency partnership to take a small pilot project and scale it up to produce a system-wide change across a range of organisations.

The second example illustrates how the Wellbeing Lens might facilitate the process of developing a new, community based partnership. In this case, the use of the Wellbeing Lens engaged all sectors in the development and ownership of sustainable, integrated health and social care services. It has supported the network to work with its populations to develop stronger community resourcefulness and connectedness.

Our third example shows how a multi-agency group used the Wellbeing Lens to explore how they could prevent future problems of drug and alcohol misuse by focusing on the early years of children's lives.

The final story shows the impact that using an asset based approach and tool (in this case Appreciative Inquiry) alongside the Wellbeing lens had on team morale and the planning of the team's work programme on a key clinical issue for the Health Board.

STORY ①

MAKING **EVERY CONTACT COUNT** IN CARMARTHENSHIRE

Making Every Contact Count (MECC) is an approach that uses the millions of day-to-day interactions that people in organisations have with people in communities, to support them in making positive changes to their health and wellbeing. In the Carmarthenshire Public Service Board, we are using MECC to try to give consistent and helpful information about health and wellbeing to a wide cross section of our population.

Following a successful pilot project, a multi-agency group came together to explore how to train more people in the emergency services, local authority and health board to have more MECC conversations with more people whenever the opportunity arises.

It was agreed to use the 'Mobilising the Whole System Lens' at the first planning meeting to plan how to make this happen. One of the Public Health Team facilitated the two-hour session. They introduced us to the Lens and suggested how to best use it to explore our issue.

There is no doubt that using the Lens changed the conversation in that meeting. We had gone in to it asking ourselves: 'How can we do more MECC? How many more people can we get trained?' However, the Lens questions *What does good look like?* and *How will we know if we have made a difference?* changed the conversation significantly. This got us talking

not just about doing more, but doing it well, in a way that could bring about the change we want.

We considered what good quality training would look like and how this could enable MECC conversations that are more meaningful. We discussed how we could measure the difference that the programme had made to people's wellbeing, and not just count how many people we had trained. Specifically, in response to the question *Who are we going to involve in designing and delivering the action?* partners agreed to check out their 'messages' with a wider range of people.

The Lens helped us to stay focused on what really matters and avoid getting side-tracked by numbers and targets. It allowed a group of different organisations to agree a shared way of measuring success whilst ensuring that each kept their unique individuality and identity. This built on the excellent working relationships that had been essential to the early success of the pilot project. The partners found using the Lens both innovative and beneficial. They commented that, if it had been available at the beginning of the project, its use would have been helpful in clarifying goals and designing evaluation.



STORY ②

PEMBROKESHIRE INTEGRATED COMMUNITY NETWORK

In Pembrokeshire, we have set about applying the Health and Wellbeing Framework to the delivery of integrated health and social care services in the community. The Health Board and their partners have agreed new Integrated Community Networks. These are based around smaller-scale, place-based 'localities' and have a wider membership than the previous organisation. By bringing in a broader range of people and organisations, they hope a better way of providing services and working with communities to promote health and wellbeing will emerge.

Five workshops were held across the county to figure out what the new network should be doing and how it might best organise itself. In the room were very different types of organisations with different interests and concerns. These included Town and Community Councils, charitable organisations, Fire and Police, National Resources Wales, Further Education, GP practices, Patient Participation Groups and community groups as well as the Health Board and Pembrokeshire County Council.

We used the Wellbeing Lens to start a discussion about priorities for the new network – not an easy task given the range of views. Using the Lens questions helped people find common ground – a valuable outcome for a newly formed group. Discussion around the question *what does good look like?* was particularly helpful in uncovering a surprising amount of consensus. It steered the conversation away from deficits – the lack of GPs for example – towards what the group and the community could do together to improve health and wellbeing.

"It would have been focussed on buildings and services, but actually using this process helped to set out the need to listen to the community before making any decisions, not telling them afterwards."

In the end the conversation itself, which the Lens shaped, was the most valuable outcome. It started to build trust amongst a newly formed diverse group through sharing stories and positively framed discussion.

The Wellbeing Lens was at an early stage of development and the Public Health Team learnt a lot by using it in this series of workshops.

STORY ③

PREVENTING DRUG AND ALCOHOL MISUSE

The Area Planning Board (APB) is made up of a diverse group of partners including the Health Board, Police, the Police and Crime Commissioner, probation services, local authorities, mental health services, community safety and Welsh Government. It commissions services for drug and alcohol treatment in the Hywel Dda area.

We had recently identified that we needed to think more broadly about prevention and, to fit in with the Health Board's new strategic goals, we decided to take a life-course approach. The group met to map out the interventions to prevent people having problems with drugs or alcohol currently being delivered under the first strategic goal – 'Starting & Developing Well'. We wanted to compare this with the available evidence about what works and consider what else we could do.

The group used the 'Mobilising the Whole System' Wellbeing Lens to help shape discussions. Using the Lens helped us bring a fresh perspective to consider how interventions with children and young people might prevent future problematic drug and alcohol use. We found the first Lens questions helped us to focus on and clarify what we were trying to achieve and why, and this brought a clear direction to the discussions.

Using the Lens broadened our conversation about how we might prevent drug and alcohol misuse through work with children and families to increase their resilience. The Lens helped shift our thinking from 'illness' to assets and wellbeing and supported the group's desire to move away from doing things 'to' and 'for' people towards an approach that starts with the community.

Our conclusion is that to prevent drug and alcohol use we cannot just 'teach people' about it. The issues that bring people to rely on drugs and alcohol are broad. The prevention of problematic drug and alcohol use starts in the early years of life and continues along the life course. The key is to ensure more resilient individuals and communities with environments conducive to minimising harm. The APB acting alone cannot address these solutions.

The group made two recommendations that have now been approved by Welsh Government and included within the APB 2019/20 spending plan and strategic plans:

- A "Prevention Summit" to be held in 2019, chaired by Hywel Dda Health Board Director of Public Health and co-chaired by the Police and Crime Commissioner, to explore a whole system approach to 'prevention'.
- Establish a senior 'Prevention and Community' asset based development role for two years to develop further the work coming out of the Summit using an assets based approach. This would include reviewing our current work to see what fits with our new approach before working with communities to co-produce solutions; develop whole population interventions and targeted prevention interventions in line with the evidence base.

STORY 4

APPLYING AN **ASSETS-BASED APPROACH** TO THE ANNUAL FLU VACCINATION CAMPAIGN

Across Hywel Dda there is a committed team of people working incredibly hard to ensure people are vaccinated against influenza. Every year it seems we work harder. Yet the official data show that we don't reach our targets, and the percentage of the eligible population which is vaccinated doesn't increase significantly.

It can be disheartening, to say the least. Every year we ask ourselves: Why haven't we reached the targets? Why aren't enough people getting vaccinated? Where are we going wrong? It turns out we've been asking the wrong questions.

At the end of the last flu season, we decided it was time to change the conversation. We sought the help of a colleague, Jan, with no experience of flu campaigns but plenty of expertise in asking good questions, to help us think differently. Jan talked us through the process of Appreciative Inquiry – a way of building on what works. If we dwell on problems we will only see more problems; but Jan helped us to imagine what could happen if we focus on our assets instead.

There is plenty that works in our team. We are strong and determined, with a lot of accumulated knowledge and experience. We understand and apply evidence. We work in partnership and influence practice. The number of flu vaccines we give increases year on year.

But surely the targets matter? Well, yes. Targets are an indicator of how many people need to be vaccinated to minimise the potential harms that flu can cause. But the point is, we don't vaccinate people because we want to hit a target; we do it because we want our communities to be flu-free (it just happens that vaccination is the best way to do that).

The Appreciative Inquiry session made us feel good, but how might 'building on what works' actually bring about change?

We gathered partners together for our annual end-of-season debrief as usual, but instead of asking: why didn't we reach targets this year? We asked: what worked this year? This focused minds on specific actions that had made a difference, and the insight helped us collectively decide where to focus our energies in future.

STORY 4

APPLYING AN **ASSETS-BASED APPROACH** TO THE ANNUAL FLU VACCINATION CAMPAIGN

WHAT WORKED WELL THIS SEASON?	HOW CAN WE DO MORE OF IT?
More healthcare workers were vaccinated in teams with their own Flu Champion (a peer vaccinator), compared to those without	Nominate and train more staff Flu Champions
A group of GP practices monitored their uptake on a weekly basis and dedicated more staff time to contacting their unvaccinated patients. This resulted in significant increases in uptake	Share uptake data with all GP practices on a weekly basis. Support more GP practices to recall unvaccinated patients
School nurses made it easier for parents to give consent, which increased the numbers of children who were vaccinated in school	Make consent quicker and easier for everyone
Parents in a focus group said that learning about how the children's flu vaccine is given (nasal spray) made them decide to get their own children vaccinated	Engage with communities to find out what matters to them
The children's vaccine was highly effective. Evidence is growing that vaccinating children helps to reduce the spread of influenza, providing indirect protection to others at risk such as older people, pregnant women and new-born babies	Focus on vaccinating children first in order to reduce spread of influenza and protect the whole community

These four stories are a few of the arenas in which we have introduced the Wellbeing Lens to change the conversation. We already have interest in using the Wellbeing Lens from people in different parts of the Health Board and beyond – this is heartening.

I am so excited about the opportunities that the Health and Wellbeing Framework is giving us, to change the conversation and really move forward with innovative ways of working. The stories above illustrate how we are trying to be big, bold, and brave in our ambitions, and how shifting the system towards health creation can engage with the whole system.

This is just the start of a long-term process. In the final section of my report, I would like to talk about my aspirations of how we will use the Health and Wellbeing Framework as part of an asset based, preventative approach to population health.

CHAPTER 3

LOOKING FORWARD

What we have learned so far gives us some pause for thought. We would be foolish to assume that people have a shared understanding of 'prevention', 'wellbeing' or 'assets'. In the Public Health and Wellbeing Directorate of the Health Board, prevention and thinking long-term are our bread and butter. We quickly realised, however, that we ourselves needed to embark on a learning journey to 'change our mind-sets' to understand the new world and orient ourselves firmly towards assets and co-production. We have invested time this year in doing just that. Some organisations, especially those in the Third or Voluntary Sector, are further along this road, already working with people's strengths, involving them in their care and creating community networks. Others have been building partnerships to join up services. Through the strategic commitments the Health Board has made we are embarking on this journey.

The Executive Board of the Health Board has taken a giant leap in the right direction by approving the Health and Wellbeing Framework as part of its strategy. The Health Board supported my call to action in that we committed to:

- Beginning now – active participation in making it happen
- Adopting a shared language across the 'whole system', enabled by our tools and creating the time and space for our staff to use them
- Implementing our ambitions – starting with the first three years
- Moving away from the way we have always done things like the shift from diagnosis and treatment to the prevention of ill health
- Focusing on longer term outcomes and being up for the long haul
- Moving to new ways of measuring whether we have made a difference
- Standing by those who 'have a go' and managing uncertainty in our new ways of working
- Recognising and modelling the behaviours that make it happen
- Starting small but aiming big
- Being big, bold and brave...

And I can regularly remind us all of this.

Shifting the focus of our organisation and working differently will not be easy, but there will never be a better time, supported as we are by legislation as well as need. In the final chapter of this year's report, I outline my Public Health and Wellbeing Directorate's first steps in making this a reality.

What will we do, stop doing, or not do, that will help to discover and enlarge free space, which can be used for change by staff?

Our work over the next three years

In the Health and Wellbeing Framework we have set out a number of key areas where we think we can have the most impact over three, ten and twenty years. The ones for the next three years are shown below. I will be providing updates on how we are doing in future annual reports.



Embedding an Asset based approach

What we choose to focus on and the language we use to describe something influences our thinking. If we focus on problems, the temptation will be to try to fix them. However, if we take an asset based approach by thinking about strengths, about what is working in our organisations, it changes the dynamic. Embedding this way of thinking is a crucial part of working differently to support wellbeing. We commit to practising what we preach by talking the language of assets to influence the conversations we are part of in any situation. The widespread use of the Wellbeing Lens, which has an assets approach embedded in it, is also a vehicle for changing dialogue from deficits to assets.

Meaningful Engagement

I want to have 10,000 conversations about health and wellbeing with local people. Asking people what really matters to them and listening carefully to their answers has multiple benefits. It engages respectfully with people's core concerns. It gives the listeners direct knowledge of the richness and complexity of people's lives and what helps them stay well. These conversations will embody an assets based approach moving away from *TO* and *FOR* and toward *WITH* and *BY*. Working together with the Health Board's Continuous Engagement Framework the conversations will enable us to learn what a good life looks like for our communities and what people care about most. We can apply this learning to support people to connect with each other to take action. We hope this is where the movement for change in communities will start.

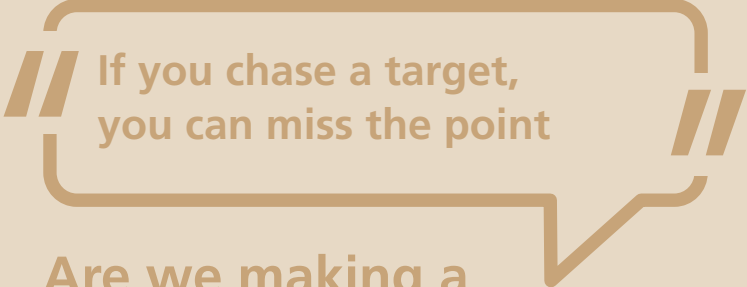
Widespread use of the Lenses and Compendium

This will form a substantial part of the work of the Local Public Health Team over the next year. We will need to change minds at all levels. What are the pieces of the jigsaw we need to put in place?

The first missing piece we have identified is to develop guidance for using the Wellbeing Lens. There may be situations in which it is not the right tool. Groups or key people may need training in using the Lens with their teams. We are uncertain how much background about the Framework people need. Equally, to help people use the Lens productively we may need a better appreciation of the pressures people face in their day-to-day work. How do we get a shared understanding of assets, co-production, Appreciative Inquiry and other asset-based approaches? The public health approach has always been to work with people long-term, building up skills for sustainable change. With limited resources, we will need to figure out the best way of doing this.

One piece already in place is the completed sections of the Compendium for tobacco, alcohol and obesity. As people use this tool, we will invite feedback to evaluate it. We may want to add to the 'What works to enable change' section as we learn together, experiment and test the learning. We want to ask people if it would be useful to them to add other issues to the Compendium.

Please use the Wellbeing Lens and the Compendium and tell us what you like or don't like about them. Tell us what works. Bring us your ideas, whether you are a member of Health Board staff, a partner organisation or a community group. We want to support people to take small steps in the right direction. This is your tool. I need your help to continue to improve it.



If you chase a target,
you can miss the point

Are we making a difference?

You will expect us to be able to show that this new way of working has led to improvements. The old ways of measuring change through indicators and targets are not adequate to the kinds of change we expect. We will need to work with others to develop meaningful measures of improvement, ones that may better reflect people's experience of services and the difference they have made to their lives.

One of the six questions in the Wellbeing Lens is *How will we know if we have made a difference?* You will determine what is most useful for you to measure in your situation and find an appropriate way of doing it.

Together with our partners in Pembrokeshire, we have already tried a different way of measuring success using 'Most Significant Change' (MSC). This evaluation method uses stories of change brought about by a programme or service. MSC values people's stories and experiences and involves a wide range of people with a stake in the outcome. The conversations that result from looking for the 'most significant change' focus everyone's attention on the impact of their programme or service.

HOW WE WILL APPLY THIS NEW WAY OF WORKING TO ONE OF OUR PRIORITY INTERVENTIONS – THE EARLY YEARS

Our children now are the next generation and how we care for and about them makes a big difference to whether they are equipped to deal with a changing world, or not. I make no apology for making babies and children the main priority group in our three-year goal.

These ‘early years’ (pre-conception, conception and the first three years) are critical for their healthy development into children and on into healthy and resilient adults with a wide range of improved life outcomes.

Our midwives and health visitors do a fantastic job, but they want to do more. We can start by making sure that every expectant mother gets a ‘what matters to you’ conversation rather than a set of tick boxes. Let’s not allow targets to constrain our thinking or ambition in the art of the possible. As we begin to work with relationship as the central point of our work with people, then we need to be able to trust our professionals to do the job they are qualified and want to do.



In the Public Health and Wellbeing Directorate, we are already working with our partners to realign our early years’ services in this direction. We used the Wellbeing Lens as a ‘check and challenge’ tool, to ensure what was being proposed in the Early Years’ plan would support the wellbeing agenda. We want to move away from single institutions towards a place-based approach organised around networks of care that will transform the delivery of early years’ services. Families will then have a clear single point of contact to access all early childhood advice and support services.

We will support the creation of early years’ integrated teams to work with families in specific communities using a strengths based community model. This approach will build trust and create strong relationships; improving community engagement and contributing to safe, secure and supportive environments for children to grow up in. It is particularly important that we start to listen to young people and children. It is their future selves that will be living with the changes we are trying to bring about.

CLOSING WORDS

This is not an easy task. Many people in Wales, the UK and beyond are wrestling with the healthcare crisis and the systemic issues we are facing. Currently our investment in health services is heavily weighted towards hospitals and acute services. Redirecting even some of that money into creating health and preventing ill health is difficult. Current reality and our long-term vision are a long way apart.

Nevertheless, we have no choice but to start. It is not all about money – there are small steps we can take right now. There will be challenges: changing our habits is never easy. Before we change the way we do things, we have to change our beliefs about ourselves, about others and about what is possible. Hidden within the challenges is great opportunity – to innovate and to involve us all in a movement for health and wellbeing.

Nothing is as fast as the speed of trust

Steven Covey, The Speed of Trust

My instruction to my Team has been to be 'Big, Bold and Brave' and to encourage others to be too. If this approach is to flourish then we will have to do and say some things that are out of our comfort zone. In the NHS, we may need to challenge each other, across the whole system, to encourage us to experiment and learn together.

We have to change because the system is not working for us any longer, but in the end we can choose to change just because it is the right thing to do.

Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.

Assets

'Health assets' are any factor that supports individuals, communities and populations to maintain and sustain their health and wellbeing. The asset approach is a way of working that recognises and values the capacity, skills, knowledge, connections and potential in a community. Asset approaches are place-based, relationship-based, citizen-led and promote social justice and equality.

An asset is any of the following:

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local residents that give them energy for change
- The networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations
- The resources of public, private and third sector organisations that are available to support a community
- The physical and economic resources of a place that enhance well-being.

('A Glass Half Full: how an asset approach can improve community health and wellbeing', Jane Foot and Trevor Hopkins, IDEA 2010)

Appreciative Inquiry

Appreciative Inquiry (AI) is one of the tools that make an asset based approach real. It is a method of developing organisations but also a way of thinking. Instead of asking 'What problems are you having?' AI asks 'What is working around here?'

It can be applied to any system where change is desired – not only with organisations, but with almost any group of people. AI builds on people's experiences to gain new insight and make improvements.

"Appreciative Inquiry suggests that we look for what works in an organisation. The tangible result of the Inquiry process is a series of statements that describe where the organisation wants to be, based on the high moments of

where they have been. Because the statements are grounded in real experience and history, people know how to repeat their success."
(The Thin Book of Appreciative Inquiry, Sue Hammond)

Appreciative Inquiry assumes that the nature of the questions you ask influences the types of answers you get, and that asking only positive questions encourages people to value and build on what is working. It is important to note that problems are not ignored in AI; instead, the idea is that doing more of what works crowds out insoluble problems.

Community and Asset Based Community Development (ABCD)

A community is a group of people, small or large, that has something in common. It might be a group of people who live in the same place, work for the same organisation, have a shared set of values or religion or are affected by the same health issue.

Most community development, whilst delivered through participatory techniques, seeks to uncover problems and unmet needs. Interventions to address these problems are then developed and consulted on, often relying on resources from outside the community. Asset based community development (ABCD) instead builds on the skills and resources of individuals, the power of voluntary associations of individuals and the assets present in local institutions, physical infrastructure and the local economy.

One further difference between conventional community development approaches and an assets based one is a focus on community members as individual agents of change. Starting with the identified assets of an individual, these are matched with people or groups who have an interest or need in that asset. Communities are multi-layered and do not have one voice. In ABCD it is individuals who form relationships and act to meet needs from within their community and to create associations of common interest. Working with this as a strength, rather than

trying to get consensus, is a practical necessity. A central assumption of ABCD is that everyone has a gift. With this as a guiding principle ABCD has been successful in including those who have been labelled in some way – with a problem or diagnosis, or as ‘hard to reach’ or simply ‘service user’.

Co-production

Co-production is an assets-based approach to the design and delivery of public services. As yet there is no agreed definition, but the following is a useful description.

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are coproduced in this way, both services and neighbourhoods become far more effective agents of change.” (Boyle, D. and Harris, M. (2009). The Challenge of Co-production. Discussion paper. NEF, NESTA, London p.11)

The idea of co-production is quite simple – that in any human relationship a pooling of knowledge and experience creates something more than the sum of its parts. The service user and professionals’ resources or assets are combined to redesign and deliver services. At its heart are reciprocal relationships built on trust, respect and mutuality. There are different levels of co-production: from asking for people’s views, to involving service users in design of services, to a permanent shift of power from service providers to citizens and their communities.

The following principles have been suggested to guide co-production initiatives:

- Recognising people as assets
- Building on people’s capabilities
- Promoting mutuality and reciprocity
- Developing peer support networks
- Breaking down barriers between professionals and users
- Facilitating rather than delivering

Boyle, D. (2009) The Challenge of Co-production, The New Institute of Economics

Meaningful Engagement

Engaging with a population can take many forms. It may involve individuals, targeted groups representing the interests of a section of a geographical or particular interest group, or stakeholders of relevant organisations. However, the increasing pressure to include meaningful engagement with a range of stakeholders can lead to tokenistic or ineffective attempts that only serve to tick the box, rather than serving the interests of either party.

So how do we make sure that our engagement is meaningful, and there are positive outcomes to both participants and those leading the process?

Rowe and Frewer developed a framework that identified three levels of participation. The lowest level is simply information exchange (communication) where information is given to the public or stakeholder group. The middle level involves the public providing information to the decision makers, but without any interaction. The highest level of true participation occurs when ‘the act of dialogue and negotiation serves to transform opinion in the members of both parties’.

(Rowe, G., & Frewer, L. J. (2005). A Typology of Public Engagement Mechanisms. Science, Technology, & Human Values, 30(2), 251–290.)

Some key steps may help to achieve this:

- Build in the ability to seek sustainable ongoing public input using a range of flexible and realistic options
- Agree the benefits of engagement for all involved
- Have clarity on the focus and outcomes of the engagement
- Inform participants about all aspects of their engagement at the start of the process, and provide feedback on how their involvement has affected the outcome.

LINKS

A Healthier Mid and West Wales: our future generations living well –
a Health and Care Strategy for Hywel Dda

<http://www.wales.nhs.uk/sitesplus/862/page/98252>

Our Future Generations Living Well:

A Health and Wellbeing Framework for Hywel Dda 2019

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf>

The Wellbeing of Future Generations (Wales) Act 2015

<https://futuregenerations.wales/about-us/future-generations-act/>

Hywel Dda University Health Board Director of Public Health Annual Report 2014/15

<http://www.wales.nhs.uk/sitesplus/documents/862/Item17iiiDirectorofPublicHealthAnnualReport2014-2015%28English%29.pdf>

The Social Services and Wellbeing Act 2014

<https://socialcare.wales/hub/sswbact>

Buck, D.; Bayliss, A.; Dougall D., and Robertson, R. (2018).

A Vision for Population Health: towards a healthier future.


<https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf>


You can access a web version of this report at

www.hywelddahb.wales.nhs.uk/PHReport2019

Please share it widely.

We will promote the content of this annual report and our accompanying videos through our social media accounts, which you can follow at:

 @ HywelDdaHealthBoard @bwrddiechydyweldda

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We'd love to hear your feedback, just use the hashtag #HywelDdaPHReport2019

You can also contact us, or request alternative versions from us on 01267 239711 or by writing to Director of Public Health, Hywel Dda University Health Board, Ystwyth, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen SA31 3BB.

Newid o *I ac Ar Gyfer* *i Gyda a Gan*

Datblygu Fframwaith
Iechyd a Llesiant
ar gyfer
Hywel Dda

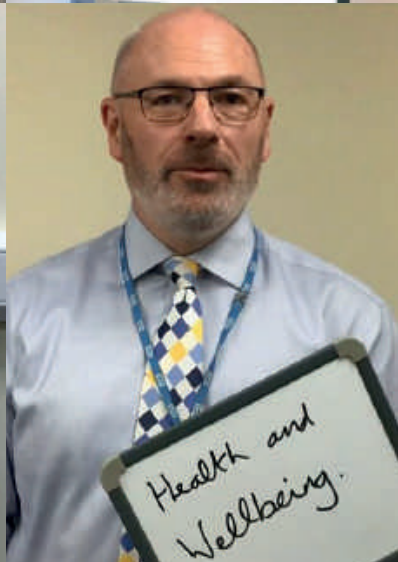
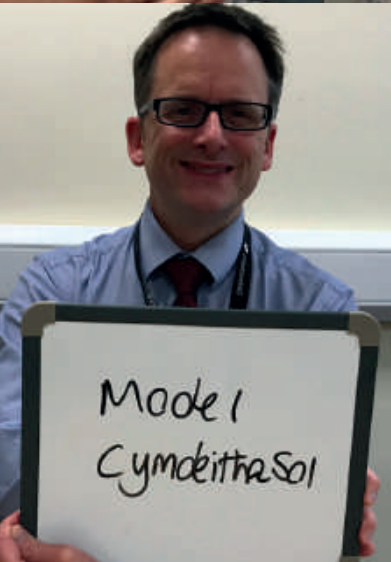
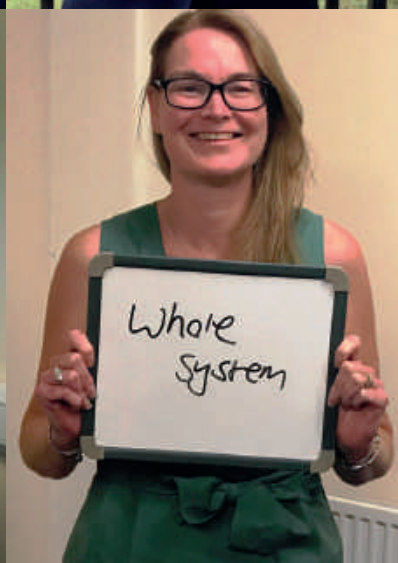
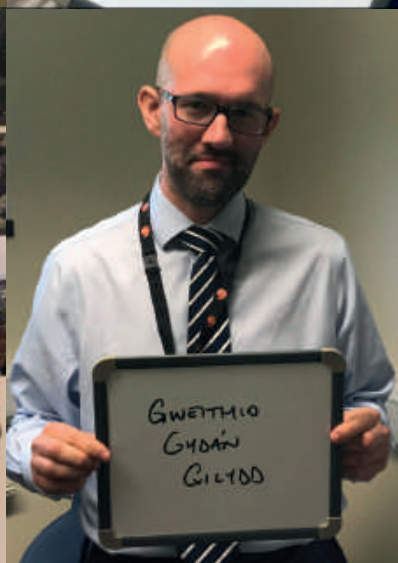
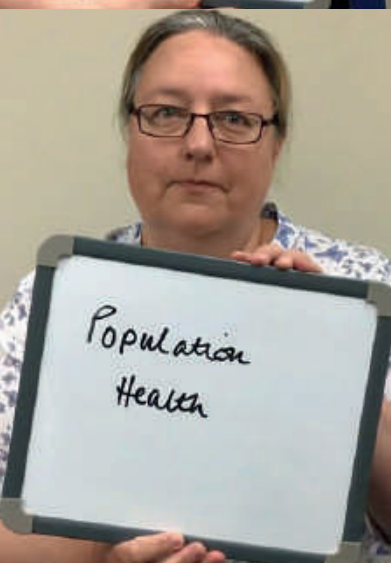
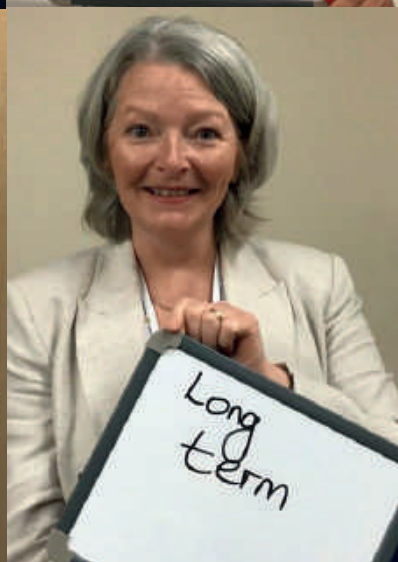
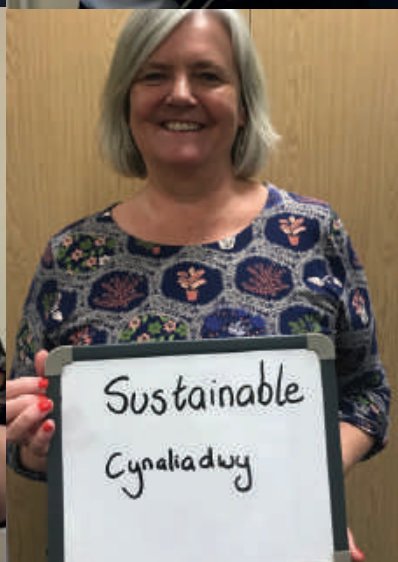
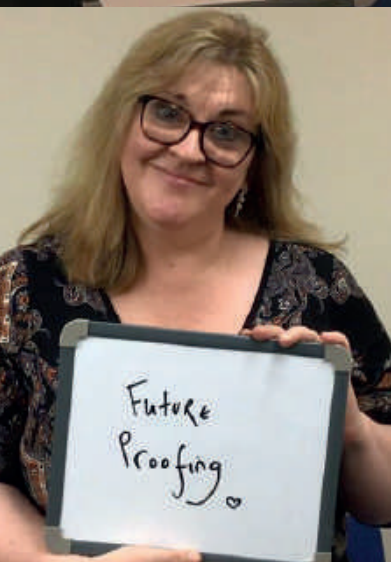
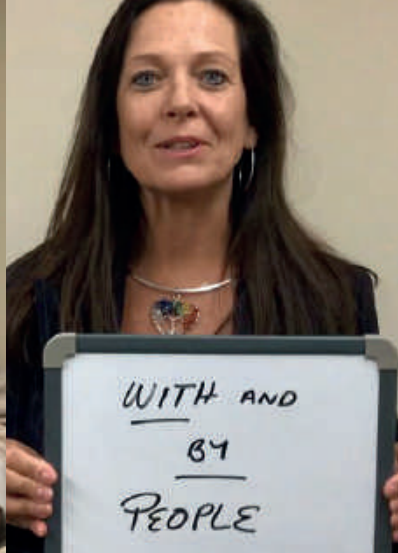
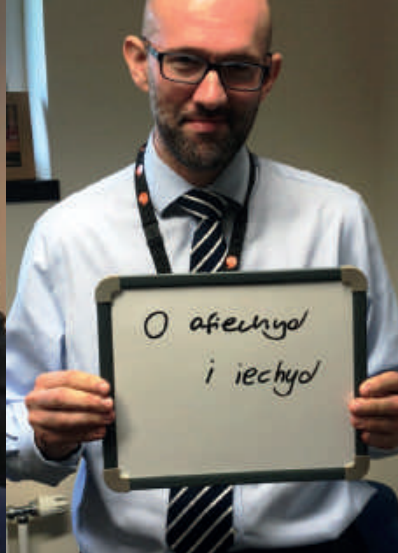
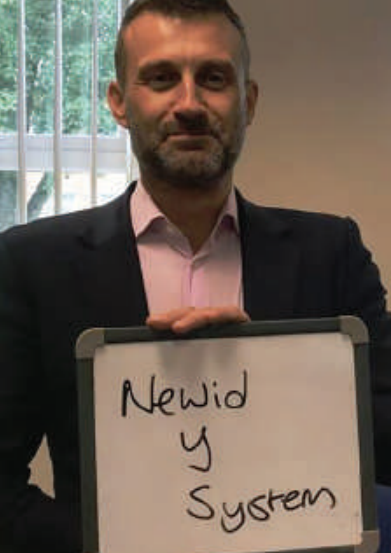


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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

ADRODDIAD BLYNYDDOL 2018/19 Y CYFARWYDDWR IECHYD CYHOEDDUS





CYNNWYS

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BWRW GOLWG YN ÔL

t15 PENNOD 2
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STRAEON AM DDEFNYDDIO'R
LENS LLESIANT

t21 PENNOD 3
EDRYCH I'R DYFODOL

GWNAETHOM OFYN I BOBL DDEFNYDDIO
YCHYDIG EIRIAU I DDISGRIFIO'R FFRAMWAITH
IECHYD A LLESIANT.

DYMA'R YMATEBION A GAFWYD...

RHAGAIR

Mae'n bleser gennyf gyhoeddi fy Adroddiad Blynyddol cyntaf fel Cyfarwyddwr Iechyd Cyhoeddus Bwrdd Iechyd Prifysgol Hywel Dda. Fel rheol mae Cyfarwyddwyr Iechyd Cyhoeddus yn adrodd bob blwyddyn ynghylch cyflwr iechyd eu poblogaeth, y bygythiadau presennol i'n hiechyd a'n llesiant, y cyfleoedd sydd ar gael i'w gwella a'r heriau yr ydym yn eu hwynebu. Ond eleni rwyf wedi gwneud rhywbeth ychydig yn wahanol.

Yn ystod y deunaw mis diwethaf mae'r Bwrdd Iechyd wedi ymgynghori ynghylch dulliau o drawsnewid y modd y mae'n darparu gwasanaethau gofal iechyd, ac wedi cytuno ar ddulliau o wneud hynny. Mae wedi ymrwymo i newid o system sy'n canolbwyntio bron yn gyfan gwbl ar roi diagnosis a thriniaeth, i system lle mae atal afiechyd yn weithgarwch craidd a lle caiff llesiant pobl ei ystyried. Rhaid i ni ystyried pobl yng nghyd-destun eu bywydau a gofyn beth sy'n bwysig iddynt, fel bod pobl yn gwneud penderfyniadau sy'n gywir iddyn nhw.

Y tu hwnt i hynny, mae'r Bwrdd Iechyd wedi cydnabod ei rôl bwysig o safbwynt gweithio gydag awdurdodau lleol, mudiadau cymunedol, busnesau a chymunedau eu hunain i wella nid yn unig y gwasanaethau a ddarperir gennym ni ond hefyd yr amodau yr ydym yn cael ein magu ynddynt ac yr ydym yn byw, yn gweithio, yn chwarae ac yn heneiddio ynddynt. Yn yr adroddiad hwn rwy'n canolbwyntio ar ein 'Fframwaith Iechyd a Llesiant' sy'n disgrifio sut y bydd y Bwrdd Iechyd yn gwneud y newid hwn o fewn ei wasanaethau ei hun a'r tu hwnt iddynt yn ei waith gyda phartneriaid a chymunedau.

Mae wedi bod yn adeg wych i ymuno â'r Bwrdd Iechyd a chwarae fy rhan yn y newidiadau sy'n digwydd. Mae'n gyfnod gwirioneddol gyffrous i iechyd cyhoeddus wrth i fwyfwy o bobl gydnabod nad cyfrifoldeb y GIG yn unig yw gofalu am ein hiechyd a bod iechyd a llesiant, mewn gwirionedd, yn cael eu creu a'u meithrin yn y cydberthnasau rhwng pobl yn eu cymunedau.

Rwy'n gobeithio y gwnewch chi fwynhau darllen yr adroddiad. Dyma ddechrau taith hir a chyffrous i greu awydd i newid er budd iechyd a llesiant. Os oes gennych unrhyw syniadau neu feddyliau ynghylch hynny neu os hoffech gymryd rhan yn y gwaith, byddem wrth ein bodd o glywed gennych.



ROS JERVIS

Cyfarwyddwr Gweithredol
Iechyd Cyhoeddus
Bwrdd Iechyd Prifysgol
Hywel Dda

Diolchiadau

Cafodd yr adroddiad hwn ei lunio ar y cyd gan Dîm Iechyd Cyhoeddus Lleol Hywel Dda. Hoffwn ddiolch i'r tîm golygyddol – Jan Batty, Rebecca Evans, Geinor Jones, Jo McCarthy a Vikki Wood sydd wedi llunio'r adroddiad, Craig Jones am y gwaith ffilmio a golygu a gweddill y tîm am eu cyfraniadau.

Dyluniwyd gan: www.savageandgray.co.uk | Argraffwyd gan: harcourtcolourprint.co.uk

PENNOD 1:

BWRW GOLWG YN ÔL

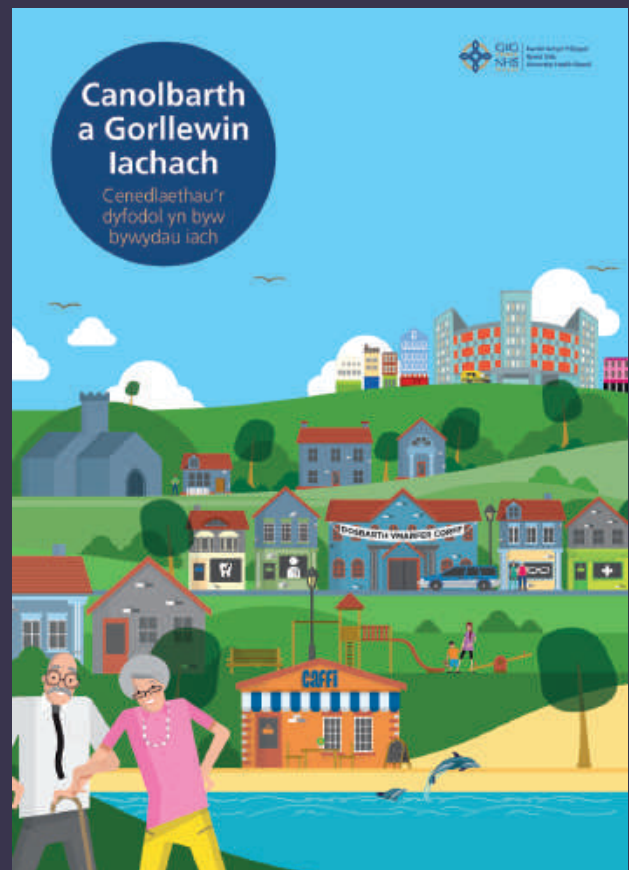
Rydym yn wynebu her enfawr yn y GIG. Er bod pobl yn byw'n hŷn, mae llawer hefyd yn byw am flynyddoedd maith gyda chyflyrau cronig, poen ac iechyd meddwl gwael. Er mwyn mynd i'r afael â hynny, mae Bwrdd Iechyd Prifysgol Hywel Dda wedi cydnabod bod angen iddo gefnu ar system sy'n canolbwyntio'n gyfan gwbl ar ddiagnosis a thrin salwch a bod angen iddo droi at system sy'n cynorthwyo pobl i fyw'n iach, drwy hybu llesiant ac atal afiechyd.

Yn ystod y deunaw mis diwethaf, mae'r Bwrdd Iechyd wedi cymryd camau breision i'r cyfeiriad hwnnw. Yn fy Adroddiad Blynyddol eleni, rwy'n canolbwyntio ar ein 'Fframwaith Iechyd a Llesiant' sy'n disgrifio ein dyheadau ar gyfer dyfodol iechyd a llesiant yn Hywel Dda, a'r modd yr ydym yn credu y gallwn wireddu'r trawsnewid hwn. I'r Bwrdd Iechyd, mae'n golygu newid y ffordd yr ydym yn gwneud pethau yng ngwasanaethau'r GIG yn Hywel Dda a newid y modd yr ydym yn chwarae rhan ystyrion yn yr hyn sy'n digwydd yn ein cymunedau. Ond y tu hwnt i iechyd a gofal, mae'r Fframwaith yn cynorthwyo pawb – y cyhoedd, staff a phartneriaid – i chwarae eu rhan i greu iechyd a llesiant yn eu mannau gwaith, yn eu cartrefi ac yn eu cymunedau.

Rhywfaint o gyd-destun

Mae'r Fframwaith Iechyd a Llesiant yn ategu strategaeth newydd y Bwrdd Iechyd ar gyfer iechyd a gofal, 'Canolbarth a Gorllewin Iachach – Cenedlaethau'r dyfodol yn byw bywydau iach'. Mae'r Fframwaith yn rhannu gweledigaeth a nodau'r Bwrdd Iechyd, a nodwyd yn y ddogfen honno, er mwyn gwella iechyd a llesiant yn Hywel Dda dros yr ugain mlynedd nesaf.

Caiff y newid bwriad ei adlewyrchu yn y ffaith bod wyth amcan y Bwrdd Iechyd, a oedd yn seiliedig ar glefydau, wedi'u disodli gan dri nod strategol sy'n seiliedig ar ddyhead cadarnhaol ar gyfer pobl leol ar draws pob un o gyfnodau bywyd.



Dechrau a datblygu'n iach

Bydd pob plentyn yn cael y dechrau gorau mewn bywyd hyd at oed gweithio, gan gefnogi ymddygiadau a chanlyniadau cadarnhaol ar hyd cwrs bywyd.



Byw a gweithio'n iach

Bydd pob oedolyn yn byw ac yn gweithio mewn cymunedau gwydn sy'n grymuso cyfrifoldeb personol a chyfunol dros iechyd a llesiant.



Tyfu'n hŷn yn iach

Bydd pob person hŷn yn cael cefnogaeth i gynnal iechyd a llesiant, gan fyw mor iach ac annibynnol â phosib o fewn rhwydweithiau cymdeithasol cefnogol.



Y Tri Nod Strategol o 'Canolbarth a Gorllewin Iachach'

Nid ydym ar ein pen ein hunain wrth geisio newid y system fel hyn. Mae penderfyniadau'r Bwrdd Iechyd wedi'u llywio gan yr egwyddorion a nodwyd yn nogfen Llywodraeth Cymru 'Cymru Iachach: ein Cynllun Iechyd a Gofal Cymdeithasol'. Mae'r ddogfen yn pennu gweledigaeth ar gyfer dull system gyfan o ymdrin ag iechyd a gofal cymdeithasol, sy'n canolbwyntio ar iechyd a llesiant ac ar atal salwch corfforol a meddyliol.

Rydym hefyd yn ffodus o gael darn o ddeddfwriaeth genedlaethol sy'n ategu dyhead ein Fframwaith, sef Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Un o nodau allweddol y Ddeddf yw atal problemau rhag digwydd. Drwy newid y modd yr ydym yn gwneud pethau – fel y disgrifir yn y Ddeddf Llesiant Cenedlaethau'r Dyfodol – a thrwy ddarparu cymorth gwell i bobl yn y gymuned, dylai fod llai o alw am wasanaethau gofal

iechyd. Yn y tymor hwy, byddwn yn gallu symud buddsoddiad o wasanaethau aciwt i ofal sylfaenol ac i gymunedau er mwyn atal afiechyd.

Mae'r DDEDDF LLESIANT

CENEDLAETHAU'R DYFODOL yn mynnu bod cyrff cyhoeddus yng Nghymru yn sicrhau bod eu penderfyniadau'n addas ar gyfer y dyfodol; yn mynnu eu bod yn cydweithio'n well â phobl, â chymunedau ac â'i gilydd; ac yn mynnu eu bod yn helpu i fynd i'r afael â phroblemau megis tlodi, anghydraddoldebau iechyd a'r newid yn yr hinsawdd, ac yn helpu i'w lleihau.

Mae'r Ddeddf yn unigryw i Gymru ac yn ennyn diddordeb gwledydd ledled y byd oherwydd ei bod yn cynnig cyfle enfawr i wneud newid cadarnhaol parhaol i genedlaethau'r presennol a'r dyfodol.

Mae llesiant yn gyflwr corfforol, cymdeithasol a meddyliol cadarnhaol; mae'n fwy nag absenoldeb poen, anesmwythdra ac analluedd. Mae'n mynnu bod anghenion sylfaenol yn cael eu diwallu, bod gan unigolion ymdeimlad o ddiben, eu bod yn teimlo y gallant gyflawni nodau personol pwysig a chymryd rhan mewn cymdeithas. Caiff ei wella gan amodau sy'n cynnwys cydberthnasau personol cefnogol, cymunedau cryf a chynhwysol, iechyd, sicrwydd ariannol, diogelwch personol, cyflogaeth sy'n rhoi boddhad ac amgylchedd iach a deniadol. [Cyfieithiad]

SEFYDLIAD IECHYD Y BYD

Sut y byddwn yn cynyddu ein dylanwad ar iechyd a llesiant

Mae angen i wasanaethau iechyd fod wrth law pan fyddwn yn sâl a phan fydd angen triniaeth a gofal arnom, ond yr hyn sy'n syndod efallai yw bod eu dylanwad ar ein hiechyd cyffredinol yn ystod ein hoes gyn lleied â 10%. Mae'r amodau yr ydym yn cael ein geni a'n magu ynddynt, a'r amodau yr ydym yn gweithio, yn byw ac yn heneiddio ynddynt, yn dylanwadu mwy ar ba mor hir y byddwn yn byw ac am faint o flynyddoedd y byddwn yn parhau'n iach. Caiff hynny ei alw'n Fodel Cymdeithasol o Iechyd.

Mae Bwrdd Iechyd Prifysgol Hywel Dda wedi mabwysiadu'r model hwn erbyn hyn. Mae'n derbyn ei rôl hollbwysig nid yn unig fel darparwr gwasanaethau iechyd ond hefyd fel cyflogwr, fel sefydliad sy'n chwarae rôl allweddol yn yr economi leol ac fel sefydliad angori yn ein cymunedau.

Mae'r model cymdeithasol o iechyd yn ystyried ystod ehangach o ffactorau sy'n dylanwadu ar iechyd a llesiant, er enghraifft ffactorau amgylcheddol, economaidd, cymdeithasol a diwylliannol.



Addaswyd o ddiagram gan Nurture Development

Beth sy'n ein gwneud yn iach?

Mae cyn lleied â **10%** o iechyd a llesiant poblogaeth yn gysylltiedig â mynediad i ofal iechyd.

Mae angen i ni edrych ar y darlun mawr:



Ond nid yw'r darlun yr un fath i bawb.

Y bwlch o ran disgwyliad oes iach rhwng ardaloedd mwyaf difreintiedig ac ardaloedd lleiaf difreintiedig Hywel Dda yw: **4.8** MLYNEDD

Mae prif faes dylanwad y Bwrdd Iechyd yn ei wasanaethau, wyneb yn wyneb â chleifion. Rydym am sicrhau bod llawer mwy o waith i atal afiechyd yn cael ei gyflwyno i wasanaethau gofal iechyd er mwyn ehangu'r dylanwad sy'n 10%. Dylai pobl fod yn gallu cael gafael ar gymorth a chynghor i wella eu hiechyd, gan gynnwys cyngor a chymorth ynghylch ysmegu, maeth ac alcohol yn ogystal â phethau eraill a allai fod yn effeithio ar eu hiechyd, megis tai, dyled a chyfrifoldebau gofalu. Mae sgysiaid â chleifion am eu hiechyd fel person cyfan ac am eu llesiant yn ffordd o gyfuno arbenigedd clinigwyr â'r arbenigedd sydd gan bobl ynghylch eu bywydau eu hunain a'r hyn sy'n bwysig iddynt. Mae perthynas newydd o 'weithio gyda rhywun' yn hytrach na 'gwneud i rywun' yn rhoi mwy o rym yn nwylo cleifion a defnyddwyr gwasanaeth, a gall sbarduno pobl i wneud newidiadau cadarnhaol yn eu bywydau a'u cymunedau.

Bydd cysylltiadau cryfach rhwng gwasanaethau iechyd a chymunedau'n cynorthwyo staff clinigol i weithio yn y dull ehangach hwn.

Ochr yn ochr â hyn, bydd y Bwrdd Iechyd yn gweithio gydag eraill ar draws y 'system gyfan' i sicrhau budd i'r boblogaeth gyfan. Rydym am wella'r amgylchiadau a'r cyfleoedd mewn bywyd sy'n effeithio ar iechyd a llesiant person, a mynd i'r afael ag anghydraddoldebau sy'n gwaethygu o ran iechyd. Mae'r Fframwaith Iechyd a Llesiant yn ein rhwymo i gyfrannu gymaint ag sy'n bosibl ac mae'n hybu ein cyfranogiad ar draws y system gyfan er mwyn gwella iechyd a llesiant. Gellir crynhoi'r ddau llyn hyn – sef sicrhau bod y model cymdeithasol o iechyd a gwaith atal yn cael eu cyflwyno i wasanaethau, a gweithio ar draws y system gyfan – drwy eu galw'n ddull Iechyd Poblogaeth o weithredu, ac mae'n diwallu'r angen yr oedd y Bwrdd Iechyd wedi'i nodi. Mae'r Fframwaith yn dangos sut y bydd y Bwrdd Iechyd yn cyfrannu i'r chwe Nod Llesiant arall yn y Ddeddf Llesiant Cenedlaethau'r Dyfodol. Drwy weithredu yng nghyswllt y

'system gyfan' ac nid yng nghyswllt iechyd yn unig, mae'r cysylltiadau rhwng iechyd unigolion, iechyd a chynaliadwyedd y blaned a hyfywedd cymunedau'n fwy amlwg.

Anghydraddoldebau iechyd yw'r gwahaniaethau annheg ac anghyfiawn o ran iechyd, y gellir eu hatal, rhwng pobl neu grwpiau o bobl. Dosbarthiad anghyfartal amodau cymdeithasol, amgylcheddol ac economaidd mewn cymdeithasau sy'n pennu'r risg y bydd pobl yn mynd yn sâl, yn pennu eu gallu i atal salwch neu'n pennu'r cyfleoedd a fydd ganddynt i weithredu a chael triniaeth pan fydd afiechyd yn digwydd. Dylai lleihau anghydraddoldebau alluogi pawb i gael yr un cyfleoedd i fyw bywyd iach.

Saith Nod Llesiant

I wneud yn siŵr ein bod ni gyd yn gweithio tuag at yr un diben, mae'r Ddeddf yn sefydlu saith nod llesiant. Mae'r Ddeddf yn ei gwneud yn glir bod rhaid i'r cyrff cyhoeddus a restrwyd weithio tuag at gyflawni pob un o'r nodau, nid dim ond un neu ddau ohonynt yn unig.



Cymru lewyrchus



Cymru gydnerth



Cymru sy'n fwy cyfartal



Cymru iachach



Cymru o gymunedau cydlynus



Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu



Cymru sy'n gyfrifol ar lefel fyd-eang

Yr hyn yr ydym yn ei olygu wrth sôn am y 'system gyfan' yw'r GIG gan gynnwys ysbytai, meddygon teulu a gwasanaethau cymunedol, gofal cymdeithasol, cartrefi pobl, addysg, cyflogaeth, hamdden, bwyd, yr amgylchedd a chymunedau eu hunain.

Mae'r dull Iechyd Poblogaeth o weithredu'n ceisio gwella canlyniadau o ran iechyd corfforol a meddyliol, hybu llesiant a lleihau anghydraddoldebau iechyd ar draws poblogaeth gyfan. Mae'n cynnwys camau i leihau'r graddau y mae afiechyd yn digwydd, camau i ddarparu gwasanaethau iechyd a gofal priodol a champau ynghylch ffactorau ehangach sy'n effeithio ar iechyd, megis tai, cyflogaeth a'r amgylchedd. Ni all y GIG neu'r sector Iechyd Cyhoeddus gyflawni hynny ar eu pen eu hunain – mae'r dull Iechyd Poblogaeth o weithredu'n ymwneud â chreu ymdeimlad cyffredin o gyfrifoldeb ar draws llawer o sefydliadau ac unigolion.

I helpu i ddisgrifio beth y gallai'r model cymdeithasol o iechyd ei olygu i Hywel Dda, datblygais y diagram hwn sy'n dangos yr ystod lawn o ffactorau sy'n dylanwadu ar ein hiechyd. Mae'r cylch gwyrdd yn dangos y 'gwasanaethau lles' sy'n darparu cymorth i bobl fyw bywydau ystyrllon, llawn cysylltiadau. Drwy ehangu'r cylch gwyrdd y gallwn ddylanwadu fwyaf ar greu iechyd a llesiant, ac i'r cyfeiriad hwnnw y mae'n rhaid i ni sianelu ein hymdrechion yn awr.

BYW'N DDA

Rydym yn rhannu gweledigaeth o Ganolbarth a Gorllewin lle mae unigolion, cymunedau a'r amgylcheddau lle maent yn byw, yn gweithio ac yn chwarae ynddynt yn ymaddasol, yn gysylltiedig ac yn cefnogi ei gilydd. Golyga hyn bod pobl yn wydn, yn fedrus ac yn gallu byw bywydau llawn, iach a phwrpasol gydag ymdeimlad cryf o berthyn.

Rydym o'r farn bod iechyd yn cael ei greu ar y cyd mewn cymunedau, drwy deulu, ffrindiau a chymdogion.

DIOGEL, CYNALIADWY, HYGYRCH A CHAREDIG

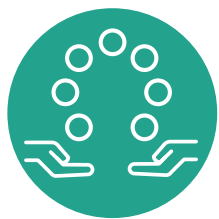


Mae gan gymunedau ran fawr i'w chwarae o ran hynny. Rydym yn gwybod bod pobl sydd â rhwydweithiau cryfach yn hapusach ac yn iachach. Gall cymunedau – ardaloedd daearyddol a meysydd diddordeb – gynnig cyfleoedd i ni gysylltu â phobl eraill, cymryd rhan mewn gweithgareddau cymdeithasol, meithrin ymdeimlad o ddiben, cael ymdeimlad o reolaeth ar ein bywydau a theimlo ein bod yn perthyn.

Cysylltu pobl â'u hasedau eu hunain a'u hasedau cymunedol

Y rôl newydd i sefydliadau cyhoeddus yw penderfynu ar y ffordd orau o hybu'r broses naturiol, organig hon heb ymyrryd ond gan ymrwymo i fod wrth law yn y tymor hir. Ceir cydnabyddiaeth gynyddol, nid yn unig yn ardal Hywel Dda ond hefyd ar draws y DU a thu hwnt, bod dull gweithredu sy'n adeiladu ar gryfderau ac adnoddau presennol ein cymunedau ac sy'n eu gwella yn ddull gweithredu effeithiol, llawn parch sy'n grymuso pobl. Roeddem yn teimlo'n gryf y dylai asedau fod yn un o egwyddorion sylfaenol y Fframwaith Iechyd a Llesiant. O fewn gwasanaethau, os ydym am newid y system gyfan fel ei bod yn canolbwyntio ar lesiant pobl yn hytrach na'u salwch, mae'n gwneud synnwyr i ganolbwyntio ar eu cryfderau ac mae cysylltu pobl â'u hadnoddau lleol yn gwneud cymunedau'n fwy cydnerth.

Mae enghreifftiau o asedau'n cynnwys y canlynol



Sgiliau pobl a'u hymdeimlad o bwrpas



Pobl a'r cysylltiadau rhyngddynt



Adnoddau amgylcheddol



Dysgu

Yn ffodus, nid ydym yn gorfod dechrau o'r dechrau. Yn 2015, bu Adroddiad Blynyddol y Cyfarwyddwr Iechyd Cyhoeddus yn archwilio dulliau o wella iechyd a llesiant, a oedd yn seiliedig ar asedau, gan gynnwys llawer o enghreifftiau gwych o waith sy'n digwydd eisoes yn Hywel Dda. Mae mwy o bobl yn dechrau gweithio yn y modd hwn, ac mae'n adnodd pwerus. Fodd bynnag, mae hefyd yn golygu bod angen i weithwyr proffesiynol a gwasanaethau wneud pethau'n wahanol, gan ildio'r rheolaeth a'r grym sydd ganddynt er mwyn rhoi cyfle i gymunedau eu trefnu eu hunain. Bydd newid ein bwriad a chanolbwynt ein sylw yn ein galluogi i ddod o hyd i ffyrdd mwy creadigol o weithio gyda phobl i wella eu llesiant.

Fel pobl mae gennym allu naturiol i gadw'n iach beth bynnag fo brwydrau bywyd. Mae llawer ohonom yn cymryd camau i'n cadw ein hunain yn iach – gwneud gweithgarwch corfforol, bwyta'n iach, sicrhau ein bod yn cael digon o gwsg a dod o hyd i ffyrdd o leihau straen. Rydym i gyd hefyd yn defnyddio'r asedau sydd o'n cwmpas. Mae ein ffrindiau, ein teuluoedd a'r bobl rydym yn eu hadnabod, y pethau da am y lleoedd rydym yn byw ynddynt, a'r gwasanaethau gwerthfawr a ddarperir gan y sector cyhoeddus, y sector preifat neu'r trydydd sector (gwirfoddol) i gyd yn cyfrannu at ein hiechyd a'n llesiant. [Cyfieithiad]

Adroddiad Blynyddol Cyfarwyddwr Iechyd Cyhoeddus 2014/15

Sut y gwnaethom ddatblygu'r Fframwaith

Mae datblygu'r Fframwaith Iechyd a Llesiant wedi bod yn broses gydweithredol dros gyfnod o amser. I ddechrau bu cydweithwyr yn y Bwrdd Iechyd a'r Gyfarwyddiaeth Iechyd a Llesiant Cyhoeddus (sy'n cynnwys y Tîm Iechyd Cyhoeddus Lleol yn ogystal ag ymwelwyr iechyd, nyrsys ysgol, cynllunwyr ar gyfer argyfwng a chomisiynwyr gwasanaethau camddefnyddio sylweddau) yn gweithio gyda'i gilydd nes bod gennym rai syniadau ar bapur. Ym mis Awst 2018 aethom â'n hegwyddorion, ein syniadau a'n nodau drafft i ddigwyddiad mwy o faint a oedd yn cynnwys partneriaid o awdurdodau lleol, y trydydd sector ac adrannau eraill y Bwrdd Iechyd er mwyn cael eu syniadau a'u safbwyntiau nhw. Un o'n bwriadau y diwrnod hwnnw oedd gwirio bod y Fframwaith yn cyd-fynd â Chynlluniau Llesiant y tair sir a dulliau ymarfer pobl dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant. Gwnaethom lwyddo mewn modd systematig i egluro ein meddylfryd a chael y Bwrdd i gytuno ar yr elfennau sylfaenol.

Diwrnodau Datblygu'r Gyfarwyddiaeth Iechyd a Llesiant Cyhoeddus – sut y byddwn yn cyflawni hyn?
Chwefror–Mawrth 2018

Y dull Iechyd Poblogaeth o weithredu yn cael ei drafod gan y Bwrdd Iechyd
Ebrill–Gorffennaf 2018

Y gwaith caib a rhaw – gwaith ar y Fframwaith yn dechrau mewn cydweithrediad â chydweithwyr yn y Bwrdd Iechyd
Mehefin–Gorffennaf 2018

Digwyddiad pennu gweledigaeth gyda phartneriaid – pennu egwyddorion arweiniol a thri nod strategol newydd gan ddefnyddio ein Teulu Jones i wneud y gwaith yn real!
14 Awst 2018

Y Bwrdd yn mabwysiadu'r model cymdeithasol o iechyd
Medi 2018

Y Tîm Iechyd Cyhoeddus Lleol yn datblygu'r Lens Llesiant
Hydref 2018

Gwirio a Herio – Rhoi prawf ar y Lens Llesiant gyda chydweithwyr mewn cyfres o weithdai
Hydref/Tachwedd 2018

Y Bwrdd yn cymeradwyo'r strategaeth Canolbarth a Gorllewin Iachach
29 Tachwedd 2018

Y Bwrdd yn cymeradwyo'r Fframwaith Iechyd a Llesiant
31 Ionawr 2019



Tri adnodd i ategu'r Fframwaith

Ym mis Medi y llynedd, gofynnais i'm Tîm Iechyd Cyhoeddus Lleol ddatblygu 'Lens Llesiant', sef ffordd newydd o edrych ar bethau, beth bynnag y bônt. Yr hyn oedd gen i mewn golwg oedd cyfres o 'gwestiynau' a fyddai'n helpu pob un ohonom i gael math gwahanol o sgwrs – sgwrs am atal afiechyd, am lesiant, am yr hyn sy'n bwysig i bobl yn hytrach nag am dargedau; a gofyn beth fyddai'n digwydd pe baem yn rhoi cyfle i bobl ddatrys eu problemau eu hunain yn lle meddwl bod modd i ni eu datrys drostynt. Arweiniodd yr ymarfer hwn at dri adnodd:

■ Y LENS LLESIANT

Adnodd Ysgogi'r System Gyfan

■ Y COMPENDIWM

Ffynhonnell hygyrch o wybodaeth a champau ar sail tystiolaeth ar gyfer mynd i'r afael â gordewdra, ysmegu ac alcohol

■ Y LENS TIMAU

Adnodd Ysgogi Timau a Gwasanaethau

Y Lens Llesiant yw'r adnodd sydd wedi'i fireinio fwyaf, a dyma'r adnodd y byddaf yn canolbwyntio arno yn rhan nesaf fy adroddiad. Mae croeso i chi gysylltu â ni i gael rhagor o wybodaeth am y Compendiwm neu'r Lens Timau.

Y Lens Llesiant – Adnodd Ysgogi'r System Gyfan

Ein bwriad ar y dechrau oedd dylunio rhywbeth a fyddai'n dod â'r Fframwaith Iechyd a Llesiant yn fyw; rhoi adnodd ymarferol i bobl, a fyddai'n eu helpu i 'newid y sgwrs' a dechrau siarad am waith atal ac asedau gan gefnu ar ddiwylliant o ddibyniaeth a throi at ddiwylliant o annibyniaeth, a chefnu ar wasanaethau er mwyn cynorthwyo cymunedau i greu eu hiechyd a'u llesiant eu hunain.

Gwnaethom ddychmygu grŵp o bobl yn eistedd gyda'i gilydd i drafod problem. Gallai fod yn broblem ar unrhyw lefel – problem strategol, problem yn ymwneud ag iechyd poblogaeth neu'n broblem gymhleth mewn gwasanaeth rheng flaen – ond gorau oll pe bai'n cynnwys pobl o wahanol sectorau, adrannau neu ddisgyblaethau y byddai gan bob un ohonynt ddiddordeb mewn newid y system neu'u rhan nhw ohoni – system fach. Roeddem am gael rhywbeth a fyddai'n newid safbwynt pobl – sbectol symbolaidd i'w gwisgo er mwyn gallu meddwl yn wahanol.



Cenedlaethau'r Dyfodol: Yn Byw'n Dda Fframwaith Iechyd a Llesiant ar gyfer Hywel Dda



**Newid i ffyrdd
newydd o fesur a
ydym wedi gwneud
gwahaniaeth**

Byddwch yn uchelgeisiol, yn eofn ac yn ddewr

**Adnabod a hybu
ymddygiad sy'n
gwneud i bethau
ddigwydd**

Sut mae newid y sgwrs?



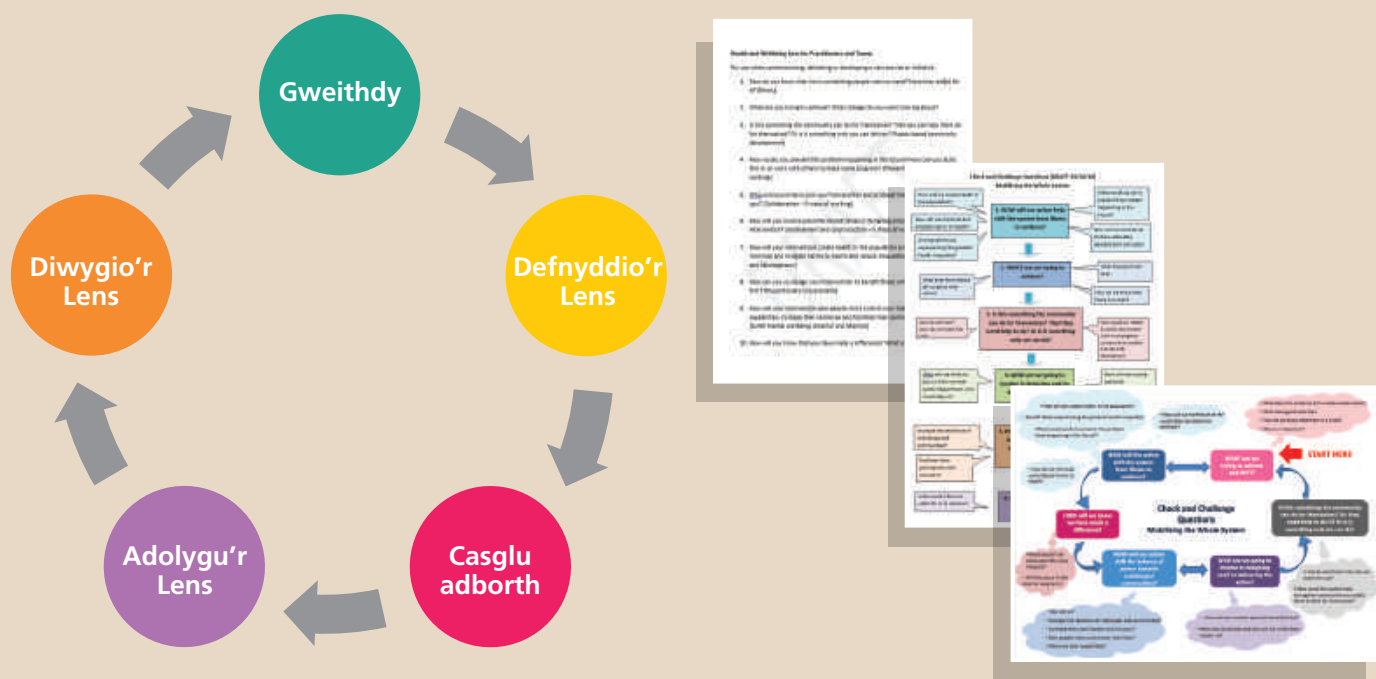
Fy helpu i greu awydd i newid

Gwnaethom roi sylfaen gadarn i'r Lens drwy ei seilio ar y Pum Ffordd o Weithio sydd yn y Ddeddf Llesiant Cenedlaethau'r Dyfodol (hirdymor, atal, integreiddio, cydweithio a chynnwys), Blaenoriaethau Strategol Iechyd Cyhoeddus Cymru a phedair egwyddor Gofal Iechyd Darbodus, a ategwyd gan ddull gweithredu'n ymwneud ag asedau a chan uchelgais i fynd i'r afael ag anghydraddoldebau iechyd.

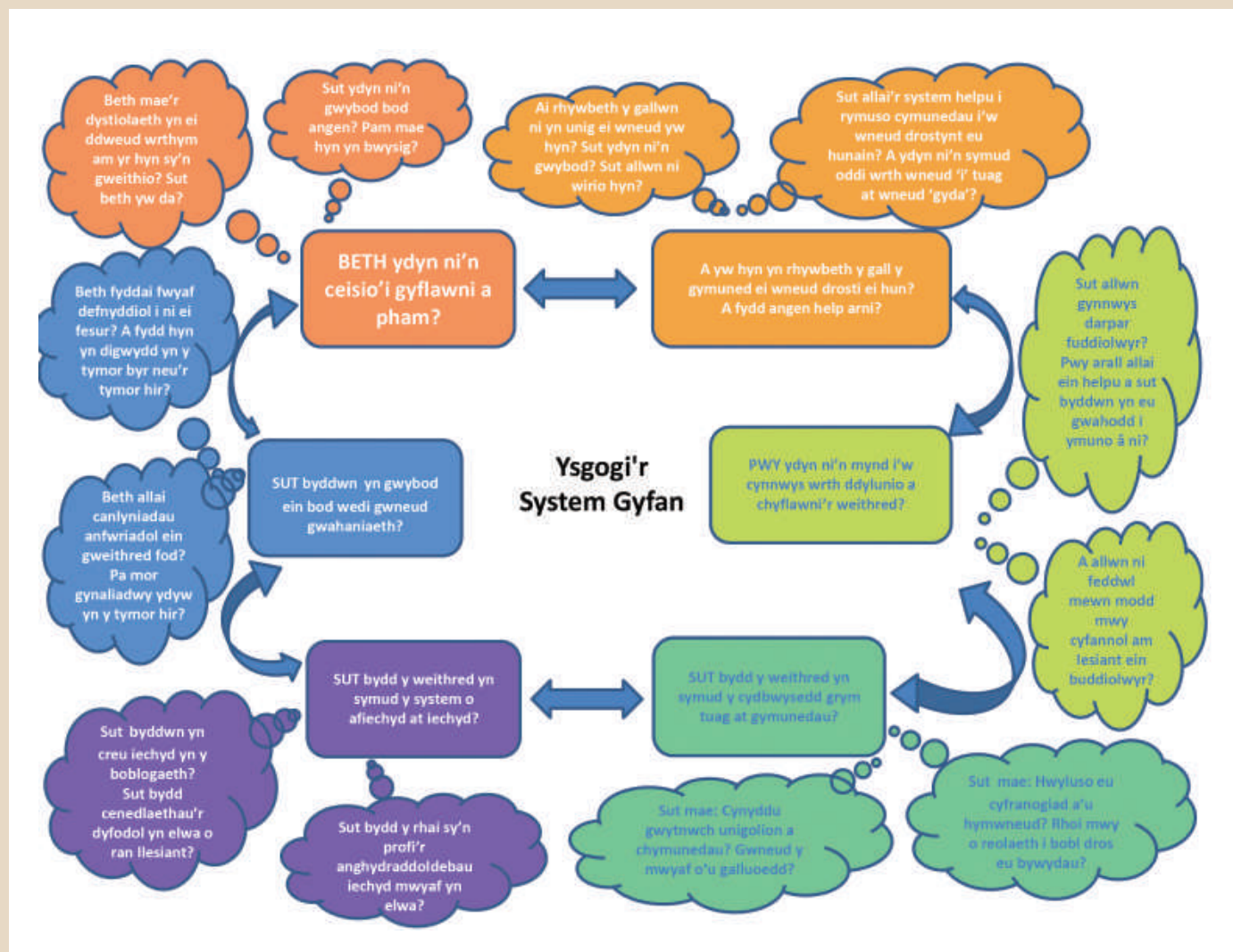


Gwnaethom ofyn i staff allweddol yn y Bwrdd lechyd (sydd wrthi hefyd yn gweithio'n ddiwyd i ymgorffori'r Pum Ffordd o Weithio yn nulliau ymarfer y Bwrdd lechyd) am eu sylwadau. Euthum â fersiwn ddrafft y 'Lens Llesiant' i gyfres o weithdai gyda chydweithwyr mewn grwpiau partneriaeth ym mhob sir, er enghraifft ein Timau Rheoli Sirol a'n Byrddau Gwasanaethau Cyhoeddus, er mwyn rhoi prawf arni. Gwnaethom ddisgrifio senario syml gan ofyn i'r grwpiau roi'r 'Lens' ar waith:

Gwnaethom ofyn am adborth ynghylch sut brofiad oedd defnyddio'r adnodd (gan ddefnyddio cyfres o gwestiynau adfyfyriol a fwriadwyd ar gyfer y dasg). Gwnaethom ofyn hefyd a wnaeth yr adnodd newid eu sqwrs, ac os felly sut.



Mae ein fersiwn derfynol o'r Lens Llesiant yn edrych fel hyn.



Ym Mhennod 2, rydym yn adrodd pedair stori am yr hyn ddigwyddodd pan wnaethom geisio cael sgwrs wahanol â grŵp o bobl er mwyn mynd i'r afael â phroblem go iawn.

PENNOD 2:

BLE'R YDYM NI

ARNI'N AWR?

STRAEON AM DDEFNYDDIO'R

LENS LLESIANT

Cyflwyniad

Yn yr adran flaenorol, amlinellais ddiben datblygu Fframwaith Iechyd a Llesiant Hywel Dda a'r broses a ddefnyddiwyd i wneud hynny. Nodais fod newid diwylliant a meddylfryd yn debygol o fod yn broses hirdymor, a chydabwlm fod angen i systemau newid er mwyn cynorthwyo i gyflawni ein blaenoriaethau cyffredin dros y 3 blynedd, y 10 mlynedd a'r 20 mlynedd nesaf.

Mae'r adran hon o'r adroddiad yn bwrw golwg ar rai enghreifftiau o'r modd y mae'r Gyfarwyddiaeth Iechyd a Llesiant Cyhoeddus wedi dechrau gweithredu'r newidiadau hyn gan ddefnyddio'r Lens Llesiant i 'ysgogi'r system gyfan'.

Mae'r stori gyntaf yn disgrifio sut y gwnaeth y Lens Llesiant gynorthwyo partneriaeth amlasiantaeth i adeiladu ar gynllun peilot bach a'i ddefnyddio ar raddfa fwy i greu newid system gyfan ar draws ystod o sefydliadau.

Mae'r ail enghraifft yn dangos sut y gallai'r Lens Llesiant hwyluso'r broses o ddatblygu partneriaeth gymunedol newydd. Yn yr achos hwn, roedd defnyddio'r Lens Llesiant yn fodd i gynnwys pob sector yn y gwaith o ddatblygu gwasanaethau iechyd a gofal cymdeithasol integredig a chynaliadwy ac yn fodd i sicrhau bod pob sector yn teimlo perchnogaeth arnynt. Mae wedi cynorthwyo'r rhwydwaith i weithio gyda'i boblogaethau i ddatblygu cysylltiadau cryfach mewn cymunedau ac i greu cymunedau mwy dyfeisgar.

Mae ein trydedd enghraifft yn dangos sut y gwnaeth grŵp amlasiantaeth ddefnyddio'r Lens Llesiant i archwilio sut y gallai atal problemau camddefnyddio cyffuriau ac alcohol yn y dyfodol trwy ganolbwyntio ar y blynyddoedd cynnar ym mywydau plant.

Mae'r stori olaf yn dangos yr effaith a gafodd dull gweithredu ac adnodd sy'n seiliedig ar asedau (sef Ymchwiliad Gwerthfawrogol yn yr achos hwn) ochr yn ochr â'r Lens Llesiant ar forâl tîm ac ar gynllunio rhaglen waith y tîm yng nghyswllt problem glinigol allweddol i'r Bwrdd Iechyd.

GWNEUD I BOB CYSWLLT GYFRIF YN SIR GAERFYRDDIN

Mae Gwneud i Bob Cyswllt Gyfrif yn ddull gweithredu sy'n defnyddio'r miliynau o gysylltiadau pob dydd, y mae pobl mewn sefydliadau'n eu cael â phobl mewn cymunedau, i'w cynorthwyo i wneud newidiadau cadarnhaol i'w hiechyd a'u llesiant. Ym Mwrdd Gwasanaethau Cyhoeddus Sir Gaerfyrddin, rydym yn defnyddio Gwneud i Bob Cyswllt Gyfrif i geisio rhoi gwybodaeth gyson a defnyddiol am iechyd a llesiant i drawstoriad eang o'n poblogaeth.

Yn dilyn prosiect peilot llwyddiannus, daeth grŵp amlasiantaeth ynghyd i archwilio sut mae hyfforddi mwy o bobl sy'n gweithio i'r gwasanaethau brys, yr awdurdod lleol a'r bwrdd iechyd i gael mwy o sgysiau Gwneud i Bob Cyswllt Gyfrif â mwy o bobl, pryd bynnag y bydd cyfle'n codi.

Cytunwyd y dylid defnyddio'r 'Lens Ysgogi'r System Gyfan' yn y cyfarfod cynllunio cyntaf er mwyn cynllunio sut i gyflawni hynny. Cafodd y sesiwn ddwyawr ei hwyluso gan aelod o'r Tîm Iechyd Cyhoeddus, a gyflwynodd y Lens i ni gan awgrymu'r ffordd orau o'i defnyddio er mwyn archwilio'r broblem dan sylw.

Heb os, newidiodd y Lens y sgwrs yn y cyfarfod hwnnw. Roeddem wedi dechrau arni trwy ofyn i ni ein hunain: 'Sut y gallwn wneud mwy o ddefnydd o Wneud i Bob Cyswllt Gyfrif? Faint yn fwy o bobl y gallwn eu hyfforddi?'. Fodd bynnag llwyddodd cwestiynau'r Lens, sef *Beth sy'n gwneud dull gweithredu da? a Sut y byddwn yn gwybod a ydym wedi gwneud gwahaniaeth?*,

i newid y sgwrs yn sylweddol. Ysgogodd hynny ni i drafod nid yn unig gwneud mwy ond hefyd ei wneud yn dda mewn modd a allai esgor ar y newid yr ydym yn dymuno'i weld.

Buom yn ystyried beth fyddai'n gwneud hyfforddiant o safon a sut y gallai hynny arwain at gael sgysiau mwy ystyrlon yn rhan o Wneud i Bob Cyswllt Gyfrif. Buom yn trafod sut y gallem fesur y gwahaniaeth yr oedd y rhaglen wedi'i wneud i lesiant pobl, yn hytrach na gwneud dim byd mwy na chyfrif nifer y bobl yr oeddem wedi'u hyfforddi. Yn benodol, wrth ymateb i'r cwestiwn *Pwy y byddwn yn eu cynnwys yn y gwaith o ddylunio a chyflawni'r camau gweithredu?*, cytunodd y partneriaid i wirio eu 'negeseuon' gydag ystod ehangach o bobl.

Helpodd y Lens ni i ganolbwyntio ar yr hyn sy'n wirioneddol bwysig, ac osgoi sefyllfa lle mae niferoedd a thargedau'n tynnu ein sylw oddi ar hynny. Fe'i gwnaeth yn bosibl i grŵp o sefydliadau gwahanol gytuno ar ffordd gyffredin o fesur llwyddiant, gan sicrhau ar yr un pryd bod pob un ohonynt yn cadw eu hunaniaeth a'r hyn sy'n eu gwneud yn unigryw. Adeiladodd hynny ar y cydberthnasau gwaith ardderchog a fu'n hanfodol i lwyddiant cynnar y prosiect peilot. Roedd y partneriaid yn teimlo bod defnyddio'r Lens yn gam blaengar a buddiol. Yn ôl y partneriaid byddai'r Lens, pe bai wedi bod ar gael ar ddechrau'r prosiect, wedi bod yn ddefnyddiol i egluro nodau ac i ddylunio proses werthuso.



RHWYDWAITH CYMUNEDOL INTEGREDIG SIR BENFRO

Yn Sir Benfro, rydym wedi mynd ati i ddefnyddio'r Fframwaith Iechyd a Llesiant yng nghyswllt darparu gwasanaethau iechyd a gofal cymdeithasol integredig yn y gymuned. Mae'r Bwrdd Iechyd a'i bartneriaid wedi cytuno ar Rwydweithiau Cymunedol Integredig newydd. Mae'r rhain wedi'u seilio ar 'ardaloedd' daearyddol sy'n seiliedig ar le ac sydd ar raddfa lai, ac mae eu haelodaeth yn ehangach nag aelodaeth y sefydliad blaenorol. Trwy ddod ag ystod ehangach o bobl a sefydliadau ynghyd, maent yn gobeithio y bydd ffordd well o ddarparu gwasanaethau a gweithio gyda chymunedau i hybu iechyd a llesiant yn dod i'r amlwg.

Cynhaliwyd pum gweithdy ar draws y sir er mwyn ceisio deall beth y dylai'r rhwydwaith newydd fod yn ei wneud a sut y gallai ei drefnu ei hun orau. Roedd sefydliadau gwahanol iawn i'w gilydd yn yr ystafell, a chanddynt fuddiannau a phryderon gwahanol. Roedd y sefydliadau hynny'n cynnwys Cynghorau Tref a Chymuned, mudiadau elusennol, y Gwasanaeth Tân a'r Heddlu, Cyfoeth Naturiol Cymru, y sector Addysg Bellach, practisiau meddygon teulu, Grwpiau Cyfranogiad Cleifion a grwpiau cymunedol yn ogystal â'r Bwrdd Iechyd a Chyngor Sir Penfro.

Defnyddiwyd y Lens Llesiant i ddechrau trafodaeth ynghylch blaenoriaethau'r rhwydwaith newydd – tasg ddigon anodd o ystyried yr ystod o safbwyntiau. Roedd defnyddio cwestiynau'r Lens o gymorth i bobl ddod o hyd i dir cyffredin – canlyniad gwerthfawr i grŵp a oedd newydd ei ffurfio. Roedd trafod y cwestiwn *Beth sy'n gwneud dull gweithredu da?* yn ddefnyddiol tu hwnt o safbwynt dangos bod mwy o gonsensws na'r disgwyl.

Llwyddodd i droi'r sgwrs o fod yn un a oedd yn sôn am y diffygion – y diffyg meddygon teulu, er enghraifft – i fod yn un a oedd yn sôn am yr hyn y gallai'r grŵp a'r gymuned ei wneud gyda'i gilydd i wella iechyd a llesiant.

"Byddai'r sgwrs wedi canolbwyntio ar adeiladau a gwasanaethau, ond mewn gwirionedd helpodd y broses hon i nodi'r angen i wrando ar y gymuned cyn gwneud unrhyw benderfyniadau, yn hytrach na dweud wrth y gymuned wedyn."

Yn y pen draw, y canlyniad mwyaf gwerthfawr oedd y sgwrs ei hun, a gafodd ei llunio gan y Lens. Dechreuodd feithrin ymddiriedaeth mewn grŵp amrywiol a oedd newydd ei ffurfio, trwy rannu straeon a thrwy drafodaeth a gafodd ei llywio mewn modd cadarnhaol.

Megis dechrau yr oedd y gwaith o ddatblygu'r Lens Llesiant, a dysgodd y Tîm Iechyd Cyhoeddus lawer trwy ei defnyddio yn y gyfres hon o weithdai.

ATAL CAMDDEFNYDDIO CYFFURIAU AC ALCOHOL

Mae'r Bwrdd Cynllunio Ardal yn cynnwys grŵp amrywiol o bartneriaid, ac yn eu plith y mae'r Bwrdd Iechyd, yr Heddlu, y Comisiynydd Heddlu a Throseddau, gwasanaethau prawf, awdurdodau lleol, gwasanaethau iechyd meddwl, asiantaethau diogelwch cymunedol a Llywodraeth Cymru. Mae'n comisiynu gwasanaethau i drin problemau camddefnyddio cyffuriau ac alcohol yn ardal Hywel Dda.

Roeddem wedi nodi'n ddiweddar bod angen i ni feddwl yn fwy eang ynghylch gwaith atal ac, er mwyn cyd-fynd â nodau strategol newydd y Bwrdd Iechyd, penderfynwyd defnyddio dull gydol oes o weithredu. Cyfarfu'r grŵp i fapio'r ymyriadau ar gyfer helpu i atal pobl rhag cael problemau gyda chyffuriau neu alcohol – ymyriadau sy'n cael eu darparu ar hyn o bryd dan y nod strategol cyntaf, sef 'Dechrau a Datblygu'n Iach'. Roeddem am gymharu hynny â'r dystiolaeth sydd ar gael ynghylch yr hyn sy'n gweithio, ac ystyried beth arall y gallem ei wneud.

Defnyddiodd y grŵp y Lens Llesiant 'Ysgogi'r System Gyfan' i helpu i lywio'r trafodaethau. Helpodd y Lens ni i gyflwyno safbwynt newydd wrth ystyried sut y gallai ymyriadau gyda phlant a phobl ifanc atal problemau camddefnyddio cyffuriau ac alcohol yn y dyfodol. Helpodd cwestiynau cyntaf y Lens ni i ganolbwyntio ar yr hyn yr oeddem yn ceisio'i gyflawni a pham, a'i egluro; a rhoddodd hynny gyfeiriad clir i'r trafodaethau.

Roedd defnyddio'r Lens yn fodd i ehangu ein sgysiau ynghylch sut y gallem atal camddefnydd o gyffuriau ac alcohol trwy weithio gyda phlant a theuluoedd i'w gwneud yn fwy cydnherth. Helpodd y Lens ni i ddechrau meddwl am asedau a llesiant yn lle 'salwch'; roedd hynny'n cefnogi awydd y grŵp i gefnu ar ddull gweithredu lle'r ydym yn gwneud pethau 'i' bobl ac 'ar gyfer' pobl, a throi at ddull gweithredu sy'n dechrau gyda'r gymuned.

Daethom i'r casgliad nad yw 'addysgu pobl' am gamddefnyddio cyffuriau ac alcohol yn ddigon i'w hatal rhag gwneud hynny. Mae'r ffactorau sy'n peri i bobl ddod yn ddibynnol ar gyffuriau ac alcohol yn eang iawn. Mae atal problemau camddefnyddio cyffuriau ac alcohol yn dechrau yn ystod blynyddoedd cynnar plentyn ac yn parhau gydol ei oes. Yr allwedd yw creu unigolion a chymunedau mwy cydnherth lle mae'r amgylchedd yn gymorth i leihau niwed. Ni all y Bwrdd Cynllunio Ardal fynd i'r afael â'r atebion i'r problemau hyn ar ei ben ei hun.

Gwnaeth y grŵp ddau argymhelliad sydd bellach wedi'u cymeradwyo gan Lywodraeth Cymru ac wedi'u cynnwys yng nghynllun gwariant a chynlluniau strategol y Bwrdd Cynllunio Ardal ar gyfer 2019/20:

- "Uwchgynhadledd Atal" sydd i'w chynnal yn 2019, a gaiff ei chadeirio gan Gyfarwyddwr Iechyd Cyhoeddus Bwrdd Iechyd Hywel Dda a'i chydgaideirio gan y Comisiynydd Heddlu a Throseddau, i archwilio dull system gyfan o weithredu yng nghyswllt 'atal'.
- Creu uwch-rôl ddatblygu sy'n seiliedig ar asedau ym maes 'Atal a Chymunedau' am gyfnod o ddwy flynedd er mwyn datblygu ymhellach y gwaith a fydd yn deillio o'r Uwchgynhadledd, gan ddefnyddio dull gweithredu sy'n seiliedig ar asedau. Byddai hynny'n cynnwys adolygu ein gwaith presennol er mwyn gweld beth sy'n cyd-fynd â'n dull newydd o weithredu, cyn gweithio gyda chymunedau i gydgyhyrchu atebion a datblygu ymyriadau poblogaeth gyfan ac ymyriadau atal wedi'u targedu yn unol â'r sylfaen dystiolaeth.

DEFNYDDIO DULL GWEITHREDU SY'N SEILIEDIG AR ASED AU YNG NGHYSWLLT YR YMGYRCH FLYNYDDOL I ANNOG POBL I GAEL EU BRECHU RHAG Y FFLIW

Mae tîm ymroddedig o bobl yn gweithio'n galed iawn ar draws ardal Hywel Dda i sicrhau bod pobl yn cael eu brechu rhag y fflw. Mae'n ymddangos ein bod yn gweithio'n fwy caled bob blwyddyn. Eto i gyd, mae'r data swyddogol yn dangos nad ydym yn cyrraedd ein targedau ac nad yw canran y bobl gymwys sy'n cael eu brechu'n cynyddu fawr ddim.

Mae'n gallu bod yn dorcalonnus, a dweud y lleiaf. Bob blwyddyn, byddwn yn gofyn i ni ein hunain: Pam nad ydym wedi cyrraedd y targedau? Pam nad oes digon o bobl yn cael eu brechu? Beth yr ydym yn ei wneud yn anghywir? Mae'n debyg ein bod ni wedi bod yn gofyn y cwestiynau anghywir.

Pan ddaeth tymor y fflw i ben y llynedd, gwnaethom benderfynu ei bod yn bryd i ni newid y sgwrs. Aethom ati i geisio cymorth cydweithiwr i ni, sef Jan, nad oedd ganddi unrhyw brofiad o ymwneud ag ymgyrchoedd y fflw ond a oedd â digon o arbenigedd i ofyn cwestiynau da, er mwyn ein helpu i feddwl yn wahanol. Eglurodd Jan y broses sy'n gysylltiedig ag Ymchwiliad Gwerthfawrogl – sy'n ffordd o adeiladu ar yr hyn sy'n gweithio'n dda. O bendroni ynghylch problemau byddwn yn siŵr o weld mwy o broblemau; ond helpodd Jan ni i ddychmygu beth allai ddigwydd pe baem yn canolbwyntio ar ein hasedau yn lle hynny.

Mae digon o bethau yn gweithio'n dda yn ein tîm. Rydym yn gryf ac yn benderfynol, a rhyngom mae gennym lawer o wybodaeth a phrofiad. Rydym yn deall tystiolaeth ac yn gallu ei defnyddio. Rydym yn gweithio mewn partneriaeth ac yn dylanwadu ar arferion.

Mae nifer y bobl sy'n cael eu brechu rhag y fflw yn cynyddu o'r naill flwyddyn i'r llall.

Ond onid yw'r targedau yn bwysig? Wel, ydyn. Mae targedau'n dangos faint o bobl y mae angen eu brechu er mwyn lleihau'r niwed posibl y gall y fflw ei achosi. Ond y gwir amdani yw nad ydym yn brechu pobl oherwydd ein bod am gyrraedd targed; rydym yn eu brechu oherwydd ein bod am sicrhau nad yw'r fflw yn effeithio ar ein cymunedau (ac fel mae'n digwydd, brechu yw'r ffordd orau o wneud hynny). Gwnaeth y sesiwn Ymchwiliad Gwerthfawrogl i ni deimlo'n dda, ond sut y gallai 'adeiladu ar yr hyn sy'n gweithio'n dda' arwain at newid mewn gwirionedd?

Daethom â'n partneriaid ynghyd yn ôl yr arfer ar gyfer ein sesiwn rhannu gwybodaeth ar ddiwedd y tymor, ond yn hytrach na gofyn 'Pam na wnaethom ni gyrraedd y targedau eleni?', gwnaethom ofyn 'Beth weithiodd yn dda eleni?'. Roedd hynny'n golygu bod pobl yn canolbwyntio ar gamau gweithredu penodol a oedd wedi gwneud gwahaniaeth, a helpodd y wybodaeth honno ni i benderfynu ar y cyd ble y dylem ganolbwyntio ein hymdrechion yn y dyfodol.

STORI 4

DEFNYDDIO DULL GWEITHREDU SY'N SEILIEDIG AR ASED AU YNG NGHYSWLLT YR YMGYRCH FLYNYDDOL I ANNOG POBL I GAEL EU BRECHU RHAG Y FFLIW

BETH WEITHIODD YN DDA Y TYMOR HWN?	SUT Y GALLWN WNEUD MWY O HYN NY?
Cafodd mwy o weithwyr gofal iechyd eu brechu mewn timau a chanddynt eu Hyrwyddwr Brechu eu hunain (brechu gan gymheiriaid) o gymharu â'r timau a oedd heb Hyrwyddwr	Enwebu a hyfforddi mwy o staff i fod yn Hyrwyddwyr Brechu
Bu grŵp o bractisiau meddygon teulu yn monitro'n wythnosol nifer y bobl a oedd yn cael eu brechu, ac yn neilltuo mwy o amser y staff i gysylltu â chleifion a oedd heb gael eu brechu. Arweiniodd hynny at gynnydd sylweddol yn nifer y bobl a gafodd eu brechu	Rhannu data ynghylch niferoedd â phob practis meddygon teulu yn wythnosol. Cynorthwyo mwy o bractisiau meddygon teulu i alw'n ôl y cleifion hynny sydd heb gael eu brechu
Gwnaeth nyrsys ysgol hi'n haws i rieni roi caniatâd, a arweiniodd at gynnydd yn nifer y plant a gafodd eu brechu yn yr ysgol	Gwneud y broses o roi caniatâd yn gynt ac yn haws i bawb
Dywedodd rhieni mewn grŵp ffocws fod dysgu sut y caiff y brechlyn ei roi i blant (â chwistrell trwy'r trwyn) wedi gwneud iddynt benderfynu trefnu bod eu plant yn cael eu brechu	Ymgysylltu â chymunedau er mwyn cael gwybod beth sy'n bwysig iddynt
Roedd y brechlyn i blant yn effeithiol iawn. Ceir tystiolaeth gynyddol bod brechu plant yn helpu i leihau'r graddau y mae'r fflw yn ymledu, a'i fod yn diogelu'n anuniongyrchol y bobl eraill sydd mewn perygl, megis pobl hŷn, menywod beichiog a babanod newydd-anedig	Ffocws ar frechu plant yn gyntaf er mwyn lleihau'r graddau y mae'r fflw yn ymledu ac er mwyn diogelu'r gymuned gyfan

Mae'r pedair stori hyn yn dangos rhai o'r meysydd lle'r ydym wedi cyflwyno'r Lens Llesiant er mwyn newid y sgwrs. Mae pobl mewn gwahanol rannau o'r Bwrdd Iechyd a thu hwnt eisoes wedi mynegi diddordeb mewn defnyddio'r Lens Llesiant – sy'n galonogol.

Rwy'n teimlo'n llawn cyffro ynghylch y cyfleoedd y mae'r Fframwaith Iechyd a Llesiant yn eu rhoi i ni newid y sgwrs a symud ymlaen yn wirioneddol gyda ffyrdd arloesol o weithio. Mae'r straeon uchod yn dangos sut yr ydym yn ceisio bod yn uchelgeisiol, yn eofn ac yn ddewr, a sut y gall symud pwyslais y system tuag at greu iechyd ymwneud â'r system gyfan.

Dechrau proses hirdymor yw hyn. Yn rhan olaf fy adroddiad, hoffwn sôn am fy nyheadau ynghylch sut y byddwn yn defnyddio'r Fframwaith Iechyd a Llesiant yn rhan o ddull ataliol, sy'n seiliedig ar asedau, o ymdrin ag iechyd y boblogaeth.

PENNOD 3

EDRYCH I'R DYFODOL

Mae'r hyn yr ydym wedi'i ddysgu hyd yma yn gwneud i ni aros i feddwl. Annoeth fyddai tybio bod gan bobl ddealltwriaeth gyffredin o 'atal', 'llesiant' neu 'asedau'. Yng Nghyfarwyddiaeth Iechyd a Llesiant Cyhoeddus y Bwrdd Iechyd, atal a meddwl yn hirdymor yw ein bara menyn. Gwnaethom sylweddoli'n fuan, fodd bynnag, bod angen i ni ein hunain fynd ar daith ddysgu i 'newid ein meddylfryd' er mwyn deall y byd newydd a throi ein golygon yn gadarn at asedau a chydgyhyrchu. Rydym wedi buddsoddi amser eleni'n gwneud hynny. Mae rhai sefydliadau, yn enwedig yn y trydydd sector neu'r sector gwirfoddol, ar y blaen i ni o ran hynny ac maent eisoes yn gweithio gyda chryfderau pobl, yn eu cynnwys yn eu gofal ac yn creu rhwydweithiau cymunedol. Mae eraill wedi bod yn creu partneriaethau er mwyn dod â gwasanaethau ynghyd. Rydym yn dechrau ar y daith honno, diolch i'r ymrwymadau strategol y mae'r Bwrdd Iechyd wedi'u gwneud.

Mae Bwrdd Gweithredol y Bwrdd Iechyd wedi cymryd cam enfawr i'r cyfeiriad iawn trwy gymeradwyo'r Fframwaith Iechyd a Llesiant yn rhan o'i strategaeth.

Beth y byddwn yn ei wneud ac yn rhoi'r gorau i'w wneud, a beth na fyddwn yn ei wneud, a fydd yn gymorth i ddarganfod a chynyddu amser rhydd y gall y staff ei ddefnyddio i greu newid?

Mae'r Bwrdd Iechyd wedi cefnogi fy nghais i weithredu trwy ymrwymo i'r canlynol:

- Dechrau'n syth – cymryd rhan yn weithredol mewn gwneud i bethau ddigwydd
- Mabwysiadu iaith gyffredin ar draws y 'system gyfan', sy'n bosibl drwy ein hadnoddau a thrwy greu amser a lle i'n staff eu defnyddio
- Gwireddu ein huchelgeisiau – gan ddechrau gyda'r tair blynedd cyntaf
- Cefnu ar y ffordd yr ydym wedi gwneud pethau erioed, megis newid o roi diagnosis a thriniaeth i atal afiechyd
- Canolbwyntio ar y canlyniadau tymor hwy a bod yn barod am daith hir
- Symud i ffyrdd newydd o fesur a ydym wedi gwneud gwahaniaeth
- Cefnogi'r sawl sy'n 'rhoi cynnig arni' a rheoli ansicrwydd yn ein ffyrdd newydd o weithio
- Adnabod a modelu ymddygiad sy'n gwneud i bethau ddigwydd
- Dechrau'n fach ond anelu'n uchel
- Bod yn uchelgeisiol, yn eofn ac yn ddewr...

A gallaf ein hatgoffa ni i gyd o hynny'n rheolaidd.

Fydd newid ffocws ein sefydliad a gweithio'n wahanol ddim yn hawdd, ond fydd byth amser gwell i wneud hynny gan fod deddfwriaeth o'n plaid yn ogystal â'r angen i newid. Ym mhennod olaf adroddiad eleni, rwyf yn amlinellu'r camau cyntaf y mae fy Nghyfarwyddiaeth Iechyd a Llesiant Cyhoeddus wedi'u cymryd i wireddu hyn.

Ein gwaith dros y tair blynedd nesaf

Yn y Fframwaith Iechyd a Llesiant, rydym wedi pennu nifer o feysydd allweddol lle'r ydym yn credu y gallwn gael yr effaith fwyaf yn ystod y tair blynedd, y deng mlynedd a'r ugain mlynedd nesaf. Gwelir isod y meysydd ar gyfer y tair blynedd nesaf. Bydd adroddiadau blynyddol y dyfodol yn rhoi'r wybodaeth ddiweddaraf am ein cynnydd.

TAIR BLYNEDD

Tystiolaeth bod dull gweithredu sy'n seiliedig ar asedau wedi'i fabwysiadu ar draws y system gyfan drwy wahanol sgysiau.

Ymgysylltu â'r cyhoedd, ein staff a rhanddeiliaid i ddatblygu'r fframwaith hwn ymhellach, gan ddysgu beth yw'r ffordd orau o greu iechyd a llesiant gyda'n gilydd.

Defnydd helaeth o'r tri adnodd ar draws y sector iechyd, y sector gofal cymdeithasol a phartneriaethau er mwyn gwreiddio'r dull hwn o weithio ym mhob sgwrs, cynllun a phroses.

Tystiolaeth o'r modd y mae'r dull newydd hwn o weithio wedi bod o gymorth i sicrhau gwelliannau ar faterion allweddol megis yr ymyriadau sy'n flaenoriaeth i ni.

Ymyriadau sy'n flaenoriaeth – pwysau'r fam a rhoi'r gorau i ysmegu yn ystod beichiogrwydd, y blynyddoedd cynnar gan gynnwys brechu ac imiwneiddio, cydnerthedd emosïynol plant a phobl ifanc, canolbwyntio ar leihau nifer y bobl sy'n ysmegu a rheoli risg o safbwynt ymddygiad ac o safbwynt clinigol mewn gofal sylfaenol

Ymgorffori dull gweithredu sy'n seiliedig ar asedau

Mae'r hyn yr ydym yn dewis canolbwyntio arno a'r iaith a ddefnyddiwn i ddisgrifio rhywbeth yn dylanwadu ar ein ffordd o feddwl. O ganolbwyntio ar broblemau, byddwn yn cael ein temtio i geisio eu datrys. Fodd bynnag, o ddefnyddio dull gweithredu sy'n seiliedig ar asedau gan feddwl am gryfderau a'r hyn sy'n gweithio'n dda yn ein sefydliadau, mae'n newid y ddeinameg. Mae ymgorffori'r ffordd hon o feddwl yn rhan hanfodol o weithio'n wahanol er mwyn hybu llesiant. Rydym yn ymrwymo i droi gair yn weithred drwy ddefnyddio iaith sy'n ymwneud ag asedau i ddylanwadu ar y sgysiau yr ydym yn rhan ohonynt mewn unrhyw sefyllfa. Mae gwneud defnydd helaeth o'r Lens Llesiant, y mae dull gweithredu sy'n seiliedig ar asedau wedi'i ymgorffori ynddi, yn gyfrwng hefyd i newid sgwrs sy'n sôn am ddiffygion yn sgwrs sy'n sôn am asedau.

Ymgysylltu ystyrlon

Rwyf am gael 10,000 o sgysiau am iechyd a llesiant gyda phobl leol. Mae gofyn i bobl beth sy'n wirioneddol bwysig iddynt a gwrando'n ofalus ar eu hatebion yn cynnig sawl mantais. Mae'n fodd i ymgysylltu â phrif bryderon pobl gan ddangos parch. Mae'n rhoi i'r gwrandawyr wybodaeth uniongyrchol am gyfoeth a chymhlethdod bywydau pobl a'r hyn sy'n eu helpu i gadw'n iach. Bydd y sgysiau hynny'n cynnwys dull gweithredu sy'n seiliedig ar asedau, sy'n newid y pwyslais o *I* ac *AR GYFER* i *GYDA* a *GAN*. Gan gydweithio â Fframwaith y Bwrdd Iechyd ar gyfer Ymgysylltu Parhaus, bydd y sgysiau'n ein galluogi i ddysgu sut beth yw bywyd da ar gyfer ein cymunedau a beth sydd bwysicaf i bobl. Gallwn ddefnyddio'r hyn a ddysgwn i gynorthwyo pobl i ddod i gysylltiad â'i gilydd er mwyn gweithredu. Rydym yn gobeithio mai dyma lle bydd yr awydd i newid mewn cymunedau yn dechrau.

Defnydd helaeth o'r Lensys a'r Compendiwm

Bydd hynny'n rhan sylweddol o waith y Tîm Iechyd Cyhoeddus Lleol dros y flwyddyn nesaf. Bydd angen i ni newid meddyliau pobl ar bob lefel. Pa ddarnau o'r jig-so y mae angen i ni eu rhoi yn eu lle?

Y darn coll cyntaf yr ydym wedi'i nodi yw datblygu canllawiau ar gyfer defnyddio'r Lens Llesiant. Mae'n bosibl nad hwn fydd yr adnodd iawn ar gyfer rhai sefyllfaoedd. Mae'n bosibl y bydd angen hyfforddiant ar grwpiau neu bobl allweddol ynghylch defnyddio'r Lens gyda'u timau. Nid ydym yn siŵr faint o wybodaeth gefndir am y Fframwaith y mae ei hangen ar bobl. Yn yr un modd, er mwyn helpu pobl i ddefnyddio'r Lens yn gynhyrchiol, mae'n bosibl y bydd angen i ni ddeall yn well y pwysau y mae pobl yn ei wynebu yn eu gwaith o ddydd i ddydd. Sut mae creu dealltwriaeth gyffredin o asedau, cydgynhyrchu, Ymchwiliad Gwerthfawrogol a dulliau gweithredu eraill sy'n seiliedig ar asedau? Mae dull gweithredu iechyd cyhoeddus bob amser wedi golygu gweithio gyda phobl yn yr hirdymor gan feithrin sgiliau i greu newid cynaliadwy. Bydd angen i ni ddod o hyd i'r ffordd orau o wneud hynny, o gofio bod adnoddau'n brin.

Un darn sydd eisoes yn ei le yw adrannau gorffenedig y Compendiwm ar gyfer ysmygu, alcohol a gordewdra. Wrth i bobl ddefnyddio'r adnodd hwn, byddwn yn gofyn am adborth er mwyn ei werthuso. Efallai y byddwn am ychwanegu at yr adran 'Beth sy'n gweithio er mwyn galluogi newid' wrth i ni ddysgu gyda'n gilydd, arbrofi a rhoi prawf ar yr hyn a ddysgwyd. Rydym am ofyn i bobl a fyddai'n ddefnyddiol iddynt pe baem yn ychwanegu agweddau eraill at y Compendiwm. Cofiwch ddefnyddio'r Lens Llesiant a'r Compendiwm a chofiwch roi gwybod i ni beth yr ydych yn ei hoffi neu beth nad ydych yn ei hoffi amdanynt. Dywedwch wrthym beth sy'n gweithio. Dewch â'ch syniadau i ni, p'un a ydych yn aelod o staff y Bwrdd Iechyd, yn sefydliad sy'n bartner i ni neu'n grŵp cymunedol. Rydym am gynorthwyo pobl i gymryd camau bach i'r cyfeiriad iawn. Eich adnodd chi yw hwn. Mae arnaf angen eich cymorth i barhau i'w wella.

Mae'n hawdd colli golwg ar yr hyn sy'n bwysig trwy ganolbwyntio'n ormodol ar darged

A ydym yn gwneud gwahaniaeth?

Byddwch yn disgwyl i ni allu dangos bod y ffordd newydd hon o weithio wedi arwain at welliannau. Nid yw'r hen ffyrdd o fesur newid trwy ddangosyddion a thargedau'n ddigonol ar gyfer y mathau o newid yr ydym yn eu disgwyl. Bydd angen i ni weithio gydag eraill i ddatblygu dulliau ystyrlon o fesur gwelliant – rhai a fydd efallai yn adlewyrchu'n well y profiad y mae pobl yn ei gael o wasanaethau a'r gwahaniaeth y maent wedi'i wneud i'w bywydau.

Un o'r chwe chwestiwn yn y Lens Llesiant yw *Sut y byddwn yn gwybod a ydym wedi gwneud gwahaniaeth?* Chi fydd yn penderfynu beth sydd fwyaf defnyddiol i chi ei fesur yn eich sefyllfa chi, a byddwch yn dod o hyd i ffordd briodol o wneud hynny.

Gyda'n partneriaid yn Sir Benfro, rydym eisoes wedi rhoi cynnig ar ffordd wahanol o fesur llwyddiant gan ddefnyddio'r dull 'Newid Pwysicaf' (MSC). Mae'r dull gwerthuso hwn yn defnyddio straeon am newid a achoswyd gan raglen neu wasanaeth. Mae'r dull 'Newid Pwysicaf' yn rhoi gwerth ar straeon a phrofiadau pobl ac mae'n cynnwys ystod eang o bobl sydd â budd yn y canlyniad. Mae'r sgysiau sy'n deillio o chwilio am y 'newid pwysicaf' yn hoelio sylw pawb ar effaith eu rhaglen neu'u gwasanaeth.

SUT Y BYDDWN YN DEFNYDDIO'R Ffordd Newydd Hon o Weithio yng Nghyswllt Un o'r Ymyriadau sy'n Flaenoriaeth i Ni – Y Blynnyddoedd Cynnar

Ein plant yw'r genhedlaeth nesaf yn awr, ac mae'r modd yr ydym yn gofalu ac yn ymorol amdanynt yn gwneud gwahaniaeth mawr i'r graddau y byddant wedi'u paratoi ai peidio i ymdopi â byd sy'n newid. Nid wyf yn ymddiheuro dim am wneud babanod a phlant yn brif grŵp blaenoriaeth i ni yn ein nod tair blynedd.

Mae'r 'blynnyddoedd cynnar' hyn (y cyfnodau cyn-cenhedlu a chenhedlu a'r tair blynedd cyntaf) yn allweddol os ydynt am dyfu'n blant iach ac yna'n oedolion iach a chydnerth gydag ystod eang o ganlyniadau gwell mewn bywyd.

Mae ein bydwagedd a'n hymwelwyr iechyd yn gwneud gwaith gwych, ond maent am wneud mwy. Gallwn ddechrau trwy sicrhau bod pob mam feichiog yn cael sgwrs 'beth sy'n bwysig i chi' yn hytrach na chyfres o flychau i'w ticio. Rhaid i ni beidio â chaniatáu i dargedau gyfyngu ar ein ffordd o feddwl nac ar ein huchelgais ynghylch yr hyn sy'n bosibl. Wrth i ni ddechrau gweithio ar sail y ffaith bod cydberthnasau'n ganolog i'n gwaith gyda phobl, mae angen i ni allu ymddiried yn ein gweithwyr proffesiynol i wneud y gwaith y maent yn gymwys ac yn awyddus i'w wneud.



Yn y Gyfarwyddiaeth Iechyd a Llesiant Cyhoeddus, rydym eisoes yn gweithio gyda'n partneriaid i aildrefnu ein gwasanaethau blynnyddoedd cynnar i'r cyfeiriad hwnnw. Gwnaethom ddefnyddio'r Lens Llesiant fel adnodd 'gwirio a herio' er mwyn sicrhau y byddai'r hyn a oedd yn cael ei gynnig yn y cynllun Blynnyddoedd Cynnar yn ategu'r agenda lesiant. Rydym am gefnu ar ddull gweithredu sy'n seiliedig ar sefydliadau unigol a chreu dull gweithredu sy'n seiliedig ar le, sydd wedi'i drefnu o gwmpas rhwydweithiau gofal a fydd yn trawsnewid y modd y caiff gwasanaethau'r blynnyddoedd cynnar eu darparu. Yna, bydd gan deuluoedd un pwynt cyswllt clir ar gyfer cael mynediad i'r holl wasanaethau cymorth a chyingor sy'n gysylltiedig â phlentyndod cynnar.

Byddwn yn cynorthwyo i greu timau integredig ar gyfer y blynnyddoedd cynnar, a fydd yn gweithio gyda theuluoedd mewn cymunedau penodol gan ddefnyddio model cymunedol sy'n seiliedig ar gryfderau. Bydd y model hwn yn meithrin ymddiriedaeth ac yn creu cydberthnasau cryf, gan wella gwaith ymgysylltu â'r gymuned a chyfrannu at greu amgylchedd diogel a chefnogol i blant gael eu magu ynddo. Mae'n arbennig o bwysig i ni ddechrau gwrando ar bobl ifanc a phlant. Nhw fydd yn byw, maes o law, gyda'r newidiadau yr ydym yn ceisio eu gwneud.

SYLWADAU CLO

Nid yw hon yn dasg hawdd. Mae llawer o bobl yng Nghymru, y DU a thu hwnt yn ymgodymu â'r argyfwng gofal iechyd a'r problemau systemig yr ydym yn eu hwynebu. Ar hyn o bryd, mae llawer iawn o'n buddsoddiad mewn gwasanaethau iechyd yn mynd i gyfeiriad ysbytai a gwasanaethau aciwt. Mae'n anodd ailgyfeirio hyd yn oed cyfran o'r arian hwnnw at greu iechyd ac atal afiechyd. Ar hyn o bryd, mae cryn bellter rhwng realiti'r sefyllfa a'n gweledigaeth hirdymor.

Er hynny, rhaid i ni ddechrau arni. Nid arian yw'r cyfan – mae yna gamau bach y gallwn eu cymryd ar unwaith. Bydd yna heriau: nid yw newid ein harferion byth yn hawdd. Cyn i ni newid y ffordd yr ydym yn gwneud pethau, mae'n rhaid i ni newid yr hyn yr ydym yn ei gredu amdanom ein hunain, am bobl eraill ac am yr hyn sy'n bosibl. Yn gudd yn yr heriau y mae cyfle mawr – i fod yn arloesol ac i'n cynnwys i gyd mewn awydd i greu newid er budd iechyd a llesiant.

Fy nghyfarwyddyd i'm Tîm yw bod yn 'uchelgeisiol, yn eofn ac yn ddewr' ac annog

**Does dim yn tyfu'n gynt
nag ymddiriedaeth** [Cyfieithiad]
Steven Covey, The Speed of Trust

pobl eraill i fod felly hefyd. Os ydym am weld y dull hwn o weithredu'n llwyddo, bydd yn rhaid i ni wneud a dweud rhai pethau sy'n gwneud i ni deimlo'n anghyfforddus. Yn y GIG, mae'n bosibl y bydd angen i ni herio ein gilydd, ar draws y system gyfan, er mwyn ein hannog i arbrofi a dysgu gyda'n gilydd.

Mae'n rhaid i ni newid am nad yw'r system yn gweithio i ni mwyach, ond yn y pen draw gallwn ddewis newid am mai dyna'r peth iawn i'w wneud.

Rydym yn rhannu gweledigaeth o Ganolbarth a Gorllewin lle mae unigolion, cymunedau a'r amgylcheddau lle maent yn byw, yn gweithio ac yn chwarae ynddynt yn ymaddasol, yn gysylltiedig ac yn cefnogi ei gilydd. Golyga hyn bod pobl yn wydn, yn fedrus ac yn gallu byw bywydau llawn, iach a phwrrpasol gydag ymdeimlad cryf o berthyn.

Asedau

'Asedau iechyd' yw unrhyw ffactor sy'n cynorthwyo unigolion, cymunedau a phoblogaethau i gynnal eu hiechyd a'u llesiant. Mae'r dull gweithredu sy'n seiliedig ar asedau yn ffordd o weithio sy'n cydnabod y capasiti, y sgiliau, y wybodaeth, y cysylltiadau a'r potensial mewn cymuned ac sy'n rhoi gwerth ar y pethau hynny. Mae dulliau gweithredu sy'n seiliedig ar asedau yn seiliedig hefyd ar le ac ar gydberthnasau, ac maent yn cael eu harwain gan ddinasyddion ac yn hybu cyfiawnder cymdeithasol a chydaddoldeb.

Ased yw unrhyw un o'r canlynol:

- Sgiliau ymarferol, capasiti a gwybodaeth trigolion lleol
- Y pethau y mae gan drigolion lleol ddiddordeb ynddynt ac y maent yn teimlo'n angerddol yn eu cylch, sy'n rhoi egni iddynt geisio newid
- Y rhwydweithiau a'r cysylltiadau – a elwir yn 'gyfalaf cymdeithasol' – mewn cymuned, gan gynnwys cyfeillgarwch pobl â'i gilydd a'u cymwynasgarwch
- Effeithiolrwydd mudiadau cymunedol a gwirfoddol lleol
- Yr adnoddau sydd ar gael gan sefydliadau yn y sector cyhoeddus, y sector preifat a'r trydydd sector i gynorthwyo cymuned
- Adnoddau ffisegol ac economaidd lle, sy'n hybu llesiant.

(‘A Glass Half Full: how an asset approach can improve community health and wellbeing’, Jane Foot a Trevor Hopkins, IDEA 2010)

Ymchwiliad Gwerthfawrogl

Mae Ymchwiliad Gwerthfawrogl yn un o'r adnoddau sy'n gwireddu dull gweithredu sy'n seiliedig ar adnoddau. Yn ogystal â bod yn ddull o ddatblygu sefydliadau, mae hefyd yn ffordd o feddwl. Yn lle gofyn 'Pa broblemau rydych chi'n eu cael?', mae Ymchwiliad Gwerthfawrogl yn gofyn 'Beth sy'n gweithio'n dda i chi?'.

Gellir ei ddefnyddio yng nghyswllt unrhyw system lle dymunir gweld newid – nid yn unig gyda sefydliadau ond hefyd gydag unrhyw grŵp o bobl, bron iawn. Mae Ymchwiliad Gwerthfawrogl yn adeiladu ar brofiadau pobl er mwyn cael gwybodaeth newydd a gwneud gwelliannau.

“Mae Ymchwiliad Gwerthfawrogl yn awgrymu ein bod yn chwilio am yr hyn sy'n gweithio mewn sefydliad. Canlyniad diriaethol y broses Ymchwilio yw cyfres o ddatganiadau sy'n disgrifio ble mae'r sefydliad yn dymuno bod, ar sail yr uchafbwyntiau y mae wedi'u profi eisoes. Oherwydd bod y datganiadau wedi'u seilio ar brofiad go iawn a hanes, mae pobl yn gwybod sut mae ailadrodd eu llwyddiant.” [Cyfieithiad] (The Thin Book of Appreciative Inquiry, Sue Hammond)

Mae Ymchwiliad Gwerthfawrogl yn tybio bod natur y cwestiynau yr ydych yn eu gofyn yn dylanwadu ar y mathau o atebion y byddwch yn eu cael, a bod gofyn cwestiynau cadarnhaol yn unig yn annog pobl i roi gwerth ar yr hyn sy'n gweithio ac adeiladu arno. Mae'n bwysig nodi nad yw Ymchwiliad Gwerthfawrogl yn anwybyddu problemau; yn hytrach, y syniad yw bod gwneud mwy o'r hyn sy'n gweithio yn fodd i wthio problemau na ellir eu datrys o'r neilltu.

Datblygu Cymunedol sy'n seiliedig ar Asedau

Cymuned yw grŵp, bach neu fawr, o bobl sydd â rhywbeth yn gyffredin. Gall fod yn grŵp o bobl sy'n byw yn yr un lle, sy'n gweithio i'r un sefydliad, sy'n rhannu set o werthoedd neu grefydd, neu y mae'r un broblem o ran iechyd yn effeithio arnynt.

Mae'r rhan fwyaf o waith datblygu cymunedol, er ei fod yn cael ei gyflawni trwy ddulliau cyfranogol, yn ceisio datgelu problemau ac anghenion na chânt eu diwallu. Yna, caiff ymyriadau eu datblygu i fynd i'r afael â'r problemau hynny ac ymgynghorir yn eu cylch, gan ddibynnu'n aml ar adnoddau o'r tu allan i'r gymuned. Ar y llaw arall, mae datblygu cymunedol sy'n seiliedig ar asedau yn adeiladu ar sgiliau ac adnoddau unigolion, grym cymdeithasau gwirfoddol o unigolion a'r asedau sydd i'w cael mewn sefydliadau lleol ac yn y seilwaith ffisegol a'r economi leol.

Un gwahaniaeth arall rhwng gwaith datblygu cymunedol traddodiadol a gwaith datblygu cymunedol sy'n seiliedig ar asedau yw'r ffocws ar aelodau unigol y gymuned fel cyfryngau newid. Dechreuir gyda'r asedau a nodwyd, sy'n perthyn i unigolyn, a chaiff y rhain eu paru wedyn â phobl neu grwpiau sydd â budd yn yr ased hwnnw neu y mae angen yr ased hwnnw arnynt. Mae cymunedau yn amlhaenog ac mae ganddynt fwy nag un llais. Mewn gwaith

datblygu cymunedol sy'n seiliedig ar asedau, unigolion sy'n ffurfio cydberthnasau ac sy'n gweithredu er mwyn diwallu anghenion sy'n codi yn eu cymuned a chreu cysylltiadau ar sail meysydd diddordeb cyffredin. Mae gweithio gyda hynny fel cryfder, yn hytrach na cheisio creu consensws, yn hanfodol o safbwynt ymarferol. Yn ganolog i waith datblygu cymunedol sy'n seiliedig ar asedau y mae'r rhagdybiaeth bod gan bawb ryw ddawn. Gyda hynny'n egwyddor arweiniol, mae gwaith datblygu cymunedol sy'n seiliedig ar asedau wedi llwyddo i gynnwys y sawl sydd wedi'u labelu mewn rhyw fodd – gan broblem neu ddiagnosis, neu fel 'pobl anodd eu cyrraedd', neu'n syml iawn fel 'defnyddiwr gwasanaeth'.

Cydgynhyrchu

Cydgynhyrchu yw dull seiliedig ar asedau o ddylunio a darparu gwasanaethau cyhoeddus. Hyd yn hyn, nid oes un diffiniad cyffredin ar gael ar ei gyfer, ond mae'r canlynol yn ddisgrifiad defnyddiol.

"Mae cydgynhyrchu yn golygu darparu gwasanaethau cyhoeddus yn rhan o berthynas gyfartal a chytbwys rhwng gweithwyr proffesiynol, pobl sy'n defnyddio gwasanaethau, eu teuluoedd a'u cymdogion. Os caiff gweithgareddau eu cydgynhyrchu fel hyn, mae gwasanaethau a chymdogaethau yn dod yn gyfryngau newid llawer mwy effeithiol." [Cyfieithiad] (Boyle, D. a Harris, M. (2009). *The Challenge of Co-production. Discussion paper. Y Sefydliad Economeg Newydd, NESTA, Llundain t. 11*)

Mae cydgynhyrchu yn syniad eithaf syml – sef, mewn unrhyw berthynas rhwng pobl a'i gilydd, bod cronni gwybodaeth a phrofiad yn creu rhywbeth sy'n fwy na phob un o'r elfennau hynny'n unigol. Caiff adnoddau neu asedau'r defnyddiwr gwasanaeth a'r gweithwyr proffesiynol eu cyfuno i ailddylunio gwasanaethau a'u darparu. Yn ganolog i'r dull hwn y mae cydberthnasau cytbwys sy'n seiliedig ar ymddiriedaeth, parch a chydymddibyniaeth. Ceir gwahanol lefelau o gydgynhyrchu, sy'n amrywio o ofyn am farn pobl neu gynnwys defnyddwyr gwasanaeth yn y gwaith o ddylunio gwasanaethau, i symud y grym yn barhaol o ddarparwyr gwasanaeth i ddinasyddion a'u cymunedau.

Awgrymwyd y dylai mentrau cydgynhyrchu gael eu llywio gan yr egwyddorion canlynol:

- Cydnabod bod pobl yn asedau
- Adeiladu ar allu pobl

- Hybu cydberthnasau cytbwys lle ceir cydymddibyniaeth
- Datblygu rhwydweithiau cymorth gan gymheiriaid
- Dileu rhwystrau rhwng gweithwyr proffesiynol a defnyddwyr
- Hwyluso yn hytrach na darparu

Boyle, D. (2009) *The Challenge of Co-production, Y Sefydliad Economeg Newydd*

Ymgysylltu ystyrion

Mae sawl dull a modd o ymgysylltu â phoblogaeth. Gall gwaith ymgysylltu gynnwys unigolion, grwpiau wedi'u targedu sy'n cynrychioli buddiannau rhan o grŵp daearyddol neu grŵp diddordeb penodol, neu randdeiliaid sefydliadau perthnasol. Fodd bynnag, gall y pwysau cynyddol i gynnwys gwaith ymgysylltu ystyrion ag ystod o randdeiliaid arwain at ymdrechion tocenistaidd neu aneffeithiol sy'n ymarfer gweinyddol yn unig ac nad ydynt o fudd i'r naill ochr na'r llall.

Felly, sut mae sicrhau bod ein gwaith ymgysylltu'n ystyrion a bod canlyniadau cadarnhaol i'r sawl sy'n cymryd rhan yn y broses a'r sawl sy'n ei harwain?

Datblygodd Rowe a Frewer fframwaith a oedd yn nodi tair lefel o gyfranogiad. Y lefel isaf yw cyfnewid gwybodaeth (cyfathrebu) lle caiff gwybodaeth ei rhoi i'r cyhoedd neu'r grŵp o randdeiliaid. Yn y lefel ganol, mae'r cyhoedd yn darparu gwybodaeth i'r sawl sy'n gwneud penderfyniadau ond nid oes unrhyw ryngweithio rhyngddynt. Mae'r lefel uchaf o gyfranogiad go iawn yn digwydd pan fydd 'sgwrsio a thrafod yn trawsnewid barn aelodau'r naill ochr a'r llall' [Cyfieithiad].

(Rowe, G., a Frewer, L. J. (2005). *A Typology of Public Engagement Mechanisms. Science, Technology, & Human Values, 30(2), 251–290*)

Gall rhai camau allweddol helpu i gyflawni hynny:

- Cynnwys y gallu i geisio mewnbwn parhaus cynaliadwy gan y cyhoedd, gan ddefnyddio ystod o opsiynau hyblyg a realistig
- Cytuno ar fanteision ymgysylltu i bawb dan sylw
- Cael eglurder ynghylch ffocws a chanlyniadau'r gwaith ymgysylltu
- Rhoi gwybodaeth i gyfranogwyr am bob agwedd ar y gwaith ymgysylltu ar ddechrau'r broses, a darparu adborth ynghylch sut y mae eu cyfranogiad wedi effeithio ar y canlyniad.

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Gallwch weld fersiwn o'r adroddiad hwn ar gyfer y we

www.bihyweldda.wales.nhs.uk/AdroddiadIC2019

Cofiwch ei rannu'n eang

Byddwn yn hyrwyddo cynnwys yr adroddiad blynyddol hwn a'n fideos cysylltiedig trwy ein cyfrifon cyfryngau cymdeithasol, dilynwch ar:



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@Hywelddahb @bihyweldda



HywelDdaHealthBoard1

Rydyn ni wrth ein bodd yn clywed eich adborth, defnyddiwch yr hashnod

#HywelDdaAdroddiadIC2019

Gallwch hefyd gysylltu â ni neu ofyn am fersiynau amgen gennym ni ar 01267 239711

neu ysgrifennwch at y Cyfarwyddwr Iechyd Cyhoeddus, Bwrdd Iechyd Prifysgol Hywel Dda, Ystwyth, Hafan Derwen, Parc Dewi Sant, Heol Jobswell, Caerfyrddin, SA31 3BB.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Healthcare Services in Ceredigion: Porth Gofal
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joe Teape, Deputy Chief Executive/Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, County Director & Commissioner (Ceredigion)

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

On the 25 July 2018, Hywel Dda University Health Board's (HDdUHB) former Chairman, Mrs Bernadine Rees OBE, handed over the keys of Minaeron to contractors and work commenced on the development of the Aberaeron Integrated Care Centre. An update on the plans for the services was provided within the [Ceredigion report presented to the September 2018 Board meeting](#) and with capital works now complete and the facility being commissioned ready for its opening on 21 October 2019, this report now sets out what the £2.4m investment provided by Welsh Government has achieved.

Cefndir / Background

The building that is now known as Aberaeron Hospital was built in 1838 and served as the Aberaeron Union Workhouse. At the end of the First World War, it became a hospital for injured servicemen, prior to it becoming a cottage hospital in 1930. A wide range of services were provided from the hospital and continued to so be after the inpatient beds were closed in the 1990s.

The hospital remained a much valued and in demand centre for health services, including consultant outpatient clinics, physiotherapy, audiology and podiatry, but at 180 years of age, is of a construction, size and condition that is no longer suitable for the delivery of modern health services.



Aberaeron was also served by two GP practices until retirement resulted in the closure of the smallest practice with the patients transferring to the remaining Tanyfron Surgery.

The provision of services in Aberaeron, which is a centre for the surrounding population, has significantly outstripped the space available with staff and teams being spread over a wide geographical area. These teams have to respond to the continually increasing needs presented by a population that is living longer, with greater co-morbidities, surviving conditions that were once deemed “end of life”. There are also challenges presented by an area where “young” people move away, but which attracts older people who wish to retire to the countryside, but who do not necessarily have established social or support networks at a time when these would be of benefit.

An appropriate infrastructure is required to appropriately meet the health needs, but with rapidly changing technology, fixed assets need to increasingly be designed with flexibility in mind so that their use can evolve alongside the needs of the population and the opportunity presented to meet these. The programme of development of Ceredigion’s Integrated Care Centres (ICC) is essential to ensuring that current and future needs are met, however, buildings and equipment are, in themselves, currently unable to provide direct patient care and the plans to address the recruitment and retention of staff are fundamental to ensuring long term sustainability of our services.

The co-location of the GP practice in the ICC, together with the outreach consultant clinics, will take services beyond those of a traditional health centre and into agile, proactive and truly holistic care provision and support the delivery of the North Ceredigion GP Cluster’s priorities:

- Sustainability: Ensuring sustainability of core GP services and access arrangements, including through agreed collaborative arrangements
- Strengthen pathways: Prudent planned care pathways that facilitate rapid, accurate diagnosis and a strong primary/secondary care interface, including development of shared protocols
- Coordinating care: High quality, consistent urgent care including better coordination of care resulting in fewer inappropriate admissions and improved discharge
- Managing chronic conditions: Improved management of chronic conditions including a new service model for diabetes
- Collaborate and federate: Developing stronger collaborative and federated ways of working to build sustainability and ensure continuity of service provision

The ICC will also support realisation of the benefits of a whole system approach to care delivery that challenges traditional models of care:

Improved clinical decision making	<ul style="list-style-type: none"> • Increased number of multidisciplinary discussions • Patients able to access most appropriate services • Community based diagnostics to inform decision making
Increased capacity to enable collaboration and improve access to care closer to home	<ul style="list-style-type: none"> • Increased range of services available • Increased number of Outpatient contacts • Increased patient education sessions available • Increased participation in patient education sessions • Increased involvement of third sector partners • Increase in children's referrals within Porth Gofal • Increased access to children's social worker • Access to care in first languages without obstacles
Sustainable Workforce	<ul style="list-style-type: none"> • Increased opportunities to develop shared roles
Better quality of care	<ul style="list-style-type: none"> • Improved clinical outcomes reducing emergency admissions • Improved patient and service user experience • Improved patient access and attendance
Estates sustainability	<ul style="list-style-type: none"> • Designated parking spaces • Reduced health and safety risks • Provision of DDA compliant facilities • Facilities that provide functional suitability • Facilities that provide privacy and dignity • Facilities that meet infection control standards
Financial sustainability	<ul style="list-style-type: none"> • Remove backlog maintenance liability from Health Board • Improved care within same recurring revenue envelope

Porth Gofal is a partnership between Ceredigion County Council, Hywel Dda University Health Board, and third sector organisations. This includes Prevention Support Officers alongside a Senior Social Worker, Occupational Therapist, Physiotherapist, Districts Nurses, links with the third sector and a dedicated input from Families and Children Services.

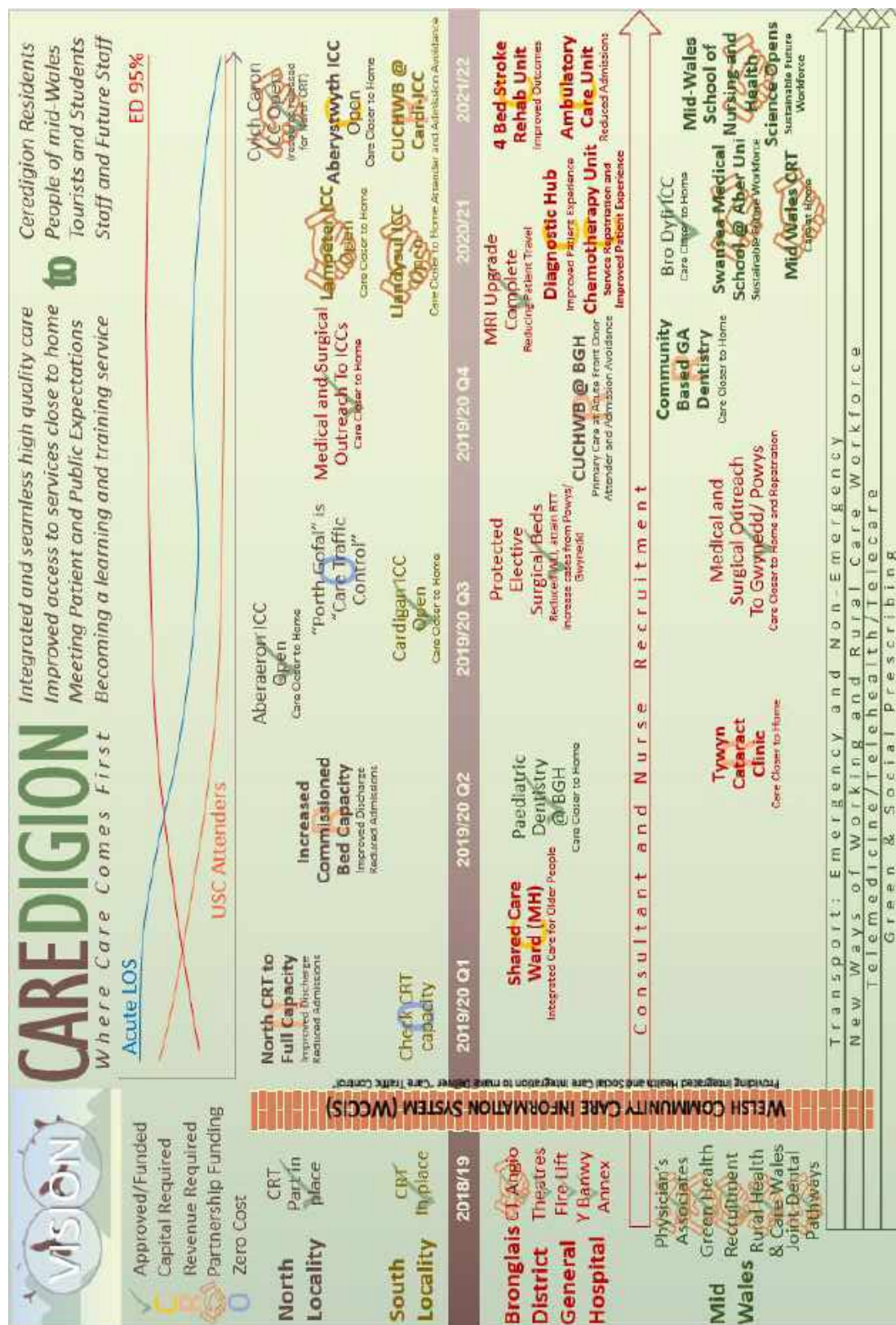
Ceredigion's "Porth Gofal" will provide a single point of contact to respond to the requirements of the most vulnerable people and families in our community by improving the flow of information between agencies to ensure faster decisions and a more consistent, coordinated care and support.

This integrated team of professionals will closely consider every new referral that comes through to ensure the most appropriate response. Dedicated support will then be discussed with the individual and put in place to support their wellbeing.

This service model has been identified as a model to watch by Welsh Government and this paper sets out the key ingredients that make up the service and how it is put together.

Under the new model, the focus of assessments will shift from identifying problems and generating demand towards promoting the independence of residents.

Partnership and collaboration are a key ingredient in the delivery of integrated services and this is set out in the report. Partnership working is a key enabler of “Caredigion”, Ceredigion’s vision of delivering high quality, locally accessible care and is embedded throughout the delivery plan:



What the report does not, however, reflect is the significant teamwork and partnership that enabled the delivery of the Aberaeron ICC and the input and hard work of the Health Board's Facilities, Information & Technology, Finance and Workforce departments in achieving this strategically important goal.

Aberaeron is the first ICC to open in line with the Health Boards agreed strategy, [A Healthier Mid and West Wales](#), and will be closely followed by the Cardigan ICC in December 2019. Plans for Cylch Caron in Tregaron have been delayed, but are expected to be back on track soon. Additionally, work is underway to develop ICCs and Integrated Care Hubs in Aberystwyth, Llandysul and Lampeter and Ceredigion health service is a partner in the re-development of the Bro-Dyfi hospital in Machynlleth which together with other facilities in mid-Wales, offers an opportunity for us to provide accessible care to that remote rural population.

Ceredigion is very much at the forefront of the delivery of a social model of health care delivery.

Argymhelliad / Recommendation

The Board is asked to note and discuss the report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:

Datix Risk Register Reference and Score:

This report focusses on health improvement and strategic provision.

Safon(au) Gofal ac Iechyd:

Health and Care Standard(s):

[Hyperlink to NHS Wales Health & Care Standards](#)

All Health & Care Standards Apply

Amcanion Strategol y BIP:

UHB Strategic Objectives:

[Hyperlink to HDdUHB Strategic Objectives](#)

1. To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours

3. To improve the prevention, detection and management of cardiovascular disease in the local population.

5. To improve the early identification and management of patients with diabetes, improve long term wellbeing and reduce complications.

8. To improve early detection and care of frail people accessing our services including those with dementia

	specifically aimed at maintaining wellbeing and independence.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each scheme is underpinned by specific evidence bases.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are no specific financial impacts associated with this report.
Ansawdd / Gofal Claf: Quality / Patient Care:	This report sets out how service change in Ceredigion is leading the way in the attainment of the Health Board' strategy "A Healthier Mid and West Wales" and is delivering care close home. There are no specific patient care issues, although patient stories are used to illustrate the services provided.
Gweithlu: Workforce:	There are no specific workforce impacts associated with this report. By setting out how community based teams can be supported in working together and new professional roles can be utilised, the report provides a model for developing similar partnerships elsewhere.
Risg: Risk:	There are no specific risks associated with this report. The services set out and manage their own risk and quality through the relevant governance structures.
Cyfreithiol: Legal:	There are no specific legal impacts associated with this document.

Enw Da: Reputational:	<p>The services set out in the document provide positive reputational impact to the organisation as a future model of “bedless” care in and closer to home. There are no identified negative reputational impacts associated with this document.</p>
Gyfrinachedd: Privacy:	<p>The patient stories used in this document have been anonymised to prevent identification. The use of WCCIS to provide an integrated information system is a Welsh Government supported system and the relevant information sharing protocols will be adopted.</p>
Cydraddoldeb: Equality:	<p>There are no specific impacts of this report on any protected characteristics. Equality of access to the services described will be promoted by the provision of “Porth Gofal” and the development of a range of similar services across the County.</p>

CEREDIGION HEALTH AND CARE SERVICES



Making Porth Gofal

September 2019

Introduction

A year ago we presented a [report](#) to the Board setting out how the development of the Aberaeron Integrated Care Centre (ICC) would lead the way in the delivery of the Health Boards strategy for [A Healthier Mid and West Wales](#).

After a lengthy period of anticipation, the opportunity to re-provide the now outdated Aberaeron Hospital presented itself in summer 2017 and, after 2 years of design and construction, the ICC is now being commissioned and will open its doors on Monday, 21 October 2019.

The Aberaeron ICC brings together many services comprising the MDT that will deliver Porth Gofal.

This innovative collaborative partnership brings together services into a single multi-disciplinary team (MDT) to deliver care and support that responds to the needs of the whole person and delivers that wherever possible at home or in a locally and accessible setting.

The service is built upon other examples of services across the world and, having undertaken the hard work in putting this together, we think it's a model that others may wish to use and develop in a way that is appropriate to their population's needs and present, below, the basic recipe for how to make your own Porth Gofal.

You will need

- Nurses
- Social Workers
- Therapists
- Psychologists
- General Practitioners
- Medicines Management
- Third Sector Services
- Mental Health and Learning Disabilities
- Technology
- Cooperation
- Partnership
- Facilitation
- Agile Working
- (1 Cherry)

Nursing Team

Aberaeron ICC is “home” to the Aberaeron and mid-Ceredigion district nursing team and the county wide Acute Response Team. These nurses deliver most of their care in patients’ homes and the ICC provides an accessible base where they can touch down, participate in MDTs, liaise with colleagues, and utilise a range of technologies to share essential information about their patients with other professionals involved in their care.

Senior community nurses are members of the Porth Gofal MDT and utilise the intelligence gathered by the wider team to ensure that the changing needs of patients in the community are met and, when patients have been admitted to hospital either for planned care or in an emergency, that the community health and care services respond in an appropriate and timely way to promote safe discharge from acute care once the patient has achieved their optimum recovery.

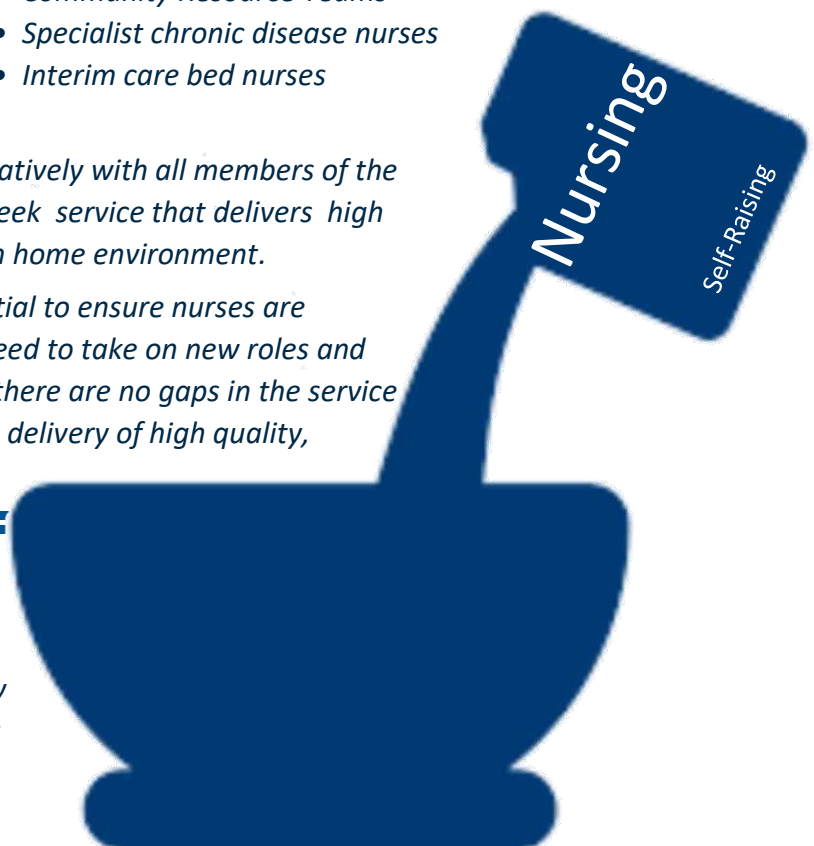
The community nursing team comprises:

- District nurses
- Frailty nurses
- Acute Response Team
- Specialist nurses
- Community Resource Teams
- Specialist chronic disease nurses
- Interim care bed nurses

The community teams work collaboratively with all members of the MDT to provide a 24 hour, 7 days a week service that delivers high quality care to individuals in their own home environment.

As the service evolves, it will be essential to ensure nurses are supported to develop the skills they need to take on new roles and that recruitment is promoted so that there are no gaps in the service that might otherwise compromise the delivery of high quality, accessible care.

One of the biggest challenges facing community nurses is provision of effective information systems that allow remote access to and data entry into a centrally held record. Currently the system is largely paper based and has a considerable lag between care being delivered and the rest of the team knowing about it.



Practice Nurses are employed by the GP practice and support the delivery of primary care services and provide a wide range of services to patients. They are key members of the GP team and co-location with the ICC will promote sharing of skills and knowledge, the promotion of whole patient care and rapid response to patients presenting in primary care who need support that is not available in that setting.

Social Care Team

Porth Gofal encompasses integrated health and social care referral, triage and assessment function accessible via a Single Point of Access (SPA).

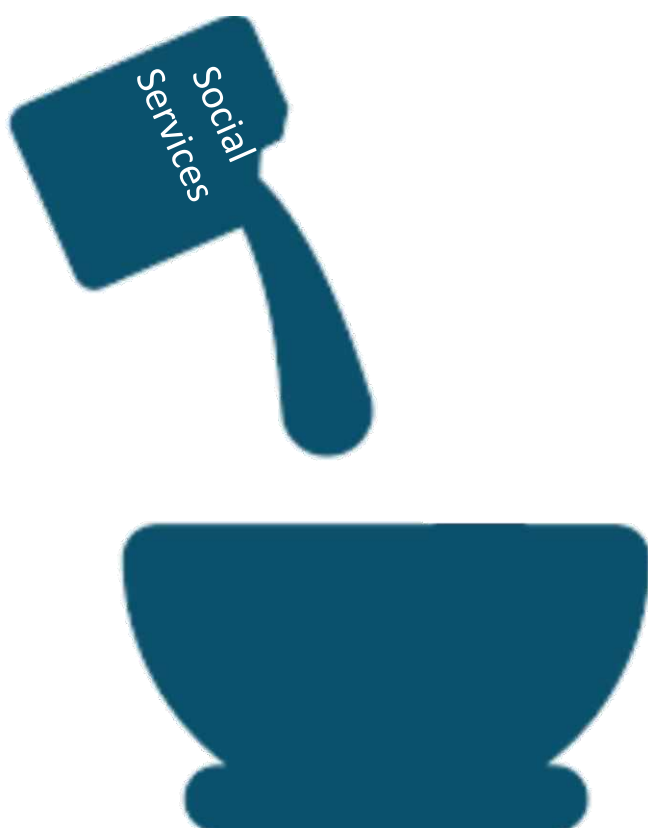
This enables professionals to arrange the right care for urgent and non-urgent referrals, help prevent avoidable hospital admissions and effectively manage long-term conditions in the community, and will be the means by which Reablement, including all Interim Care Beds, is accessed by everyone.

The triumvirate of professionals that support this triage and assessment function are:

- *Senior nurses with advanced skills in clinical assessment, diagnostic and prescribing*
- *Senior Therapists: Occupational Therapists and Physiotherapists*
- *Social workers*

Working in partnership and electronically allows members of staff to access, where appropriate, the current situation and activities in relation to the individual. The sharing of information and partnership working avoids duplication, and looks at the holistic situation of the individual, to be able to provide the right care from the right person at the right time.

All members of the social care team use WCCIS extensively to record all activities and contact they have had with the individual and their family.



Social care for older people team:

- 1 Team Manager*
- 1 Senior Practitioner*
- 2.5 Social Workers*
- 3 Trainee Social Workers*
- 2 Social Work Assistants*
- 2 Assessing & Reviewing Officers*
- 6 Occupational Therapy Aides*

Enablement Team comprising:

- 3 Care Co-ordinators*
- 21 Enablement Assistants.*

Whilst the majority of this team will not be based in the ICC, the opportunity it presents for closer working and collaboration between Health and Social Care services will provide a catalyst for future integrated service improvement.

Therapy and Health Psychology Services

There are a range of therapy services whose practitioners holistically assess and evaluate patient needs to plan and deliver interventions that enable and empower people to recover from and self-manage conditions in order that they can live to their maximum. Patients most commonly come into contact with dietetics, occupational therapy, physiotherapy, podiatry & orthotics and speech & language therapy, but others, such as clinical health psychology, have equally important impacts on the health and well-being of patients and the population, bridging mental health and physical health and working with people with long term conditions.

Different conditions require a different mix of therapist input; each therapy service provides specialist approaches and techniques depending on the individual's needs and their goals.

MDT working is key to the provision of a whole person approach to care. MDTs are supported by technology that enables information sharing and discussion. MDT work is also about bringing a team together to deliver patient care in a one stop service, for example for paediatric diabetes annual reviews. The ICC will also provide a suitable environment and facilities for delivery of patient-groups e.g. Living Well with Heart Failure groups co-delivered by Heart Failure Nursing & Clinical Health Psychology Service and using a technological infrastructure that will support the delivery and increased reach of patient group interventions e.g. Virtual Pulmonary Rehabilitation (VIPAR) service.

The agile working environment will enable services, such as dietetics, that are not based at the ICC to participate more fully as members of the wider integrated team to develop and deliver MDT solutions to complex health needs.



Brian Llewellyn-Jenkins: *Diagnosed with type 1 diabetes when he was 35*

Brian, who lives alone and is now 59, remains extremely anxious about his diabetes management. His fear of having high glucose levels (hyperglycaemia) and the future complications these could cause have led Brian over-testing and injecting too much insulin. This has resulted in Brian becoming hypoglycaemic (hypos) many times, which are also bad for long term health. Due to the frequency of his hypos, the diabetes specialist nurse had been seeing him on a fortnightly basis, but there was no change in his behaviour.

Noting his anxiety, the nurse referred Brian to the psychology service to explore this and its impact on his diabetes management.

The clinical psychologist discussed Brian's beliefs, day to day thoughts and decision making and his feelings were explored using psychological therapy techniques. After 5 sessions he reported feeling more confident and relaxed. His blood glucose levels have stabilised with significantly less hypos. He no longer needs to see the diabetes nursing team fortnightly and has requested his next follow up appointment in 6 months' time.

General Practitioners

General Practitioners (GPs) lead a team of health care professionals (the Primary Health Care Team {PHCT}) and are the main point of patient contact for general healthcare. GPs are highly skilled doctors who, with the PHCT, deliver home and community based care throughout their patients' lives. GPs provide urgent care services to people who are ill, but who do not require hospital care, diagnosis, treatment and ongoing management of health care conditions, and are the link for patients to access more specialist elective health care services.

A GP typically cares for around 2,500 patients. Together with the PHCT, they are strategically placed to deliver a population health based service. Promotion of healthy lifestyles and the use of social prescribing, where appropriate, as an alternative or complement to medication, together with health screening and immunisation, provide a broad foundation of health promotion and disease prevention that is essential to the attainment of better health for all. GP practices are also a rich source of information that can help inform how we deliver and develop our services to best meet the needs of the population at a community level.



In recent years, the traditional model of General Practice has become less attractive to newly qualified doctors, impacting upon the ability to recruit to vacancies. The placement of GP trainees at Aberystwyth University shows that the challenges of delivering care in a rural setting are not the primary concern and a core business model of premises ownership has been cited as a significant factor in new doctors being unwilling to become partners. The Aberaeron ICC provides accommodation for the local GP practice and allows the partnership to focus on the delivery of care to its patients with the added benefit of being co-located with a wider range of professionals and services than in their own premises. Outreach by secondary care into the ICC will help reduce isolation and promote good relationships between GPs and hospital colleagues in an environment that is fit for the 21st century with the Health Board being responsible for the risks associated with maintenance and upkeep.

Medicines' Management Team

Medicines' Management is about ensuring medicines are used in the right way. By ensuring professionals prescribe appropriately and patients use medicines correctly, significant benefit can be gained in terms of patient outcomes and a reduction in medicines wasted.

Medicines management is a key component of prudent care and is provided by pharmacists and pharmacy technicians working in partnership with other care professionals to ensure patients are receiving the best treatment possible.

Over ¼ of the population has a long term condition with ¼ of people over 60 having two or more long-term conditions.

The use of multiple medicines (known as polypharmacy) is increasing which brings about potential problems with adverse interactions and compliance with taking the right medicines at the right time.

It is estimated that between 30-50% of medicines prescribed for long term conditions are not taken as intended.

Medicines management, therefore, is essential to enabling people with long term health conditions live well in the community and is a key component of the services provided to support people who are at risk of becoming frail.

The team at Aberaeron ICC comprises experienced pharmacists and pharmacy technicians.

Team members regularly work in all the GP practices across Ceredigion, supporting prescribers to ensure the safe and cost-effective use of medications.

Being based in an integrated care setting will strengthen contacts across teams to ensure seamless care for our patients.



Patients do not all have the same experience when taking certain medicines or combinations of medicines.

It is important to understand this together with a patient's own objectives in order that a review of medication can best marry the evidence based medicines of choice with the impact they have on a person's life.

It is important that patients feel empowered to say when something does not feel right for them and regular monitoring against treatment and personal goals is important to ensure that problems are captured before they result in medication not being taken.

Third Sector Services

Third sector and community groups offer a host of services which address people's needs at a local level and remove or reduce the dependency upon statutory service provision. Some of these services are commissioned by statutory service providers, but many are funded by charity or are self-funding and can vary from local knitting groups to help and advice associated with finance and housing. These services form a key resource for professionals who use "social prescribing".

Services vary from town to town and over time new ones start and existing ones change. It is essential, therefore, to ensure that care professionals have access to accurate information that they can confidently pass on to the patient. There are two apps, [InfoEngine](#) and [Dewis](#), on which organisations can provide and update their information. Both systems are linked and can be used by the public.

Two 3rd Sector Integration Facilitators have been funded by the Welsh Government's Integrated Care Fund. Their role is to increase health and social care staff awareness of third sector services and community groups. They promote services registering/updating their information and the professionals' use of the apps, but also identify potential gaps in provision that could be filled and which would provide additional support for people to help them keep mentally, physically and socially active.



3rd Sector
Services
Pick and Mix

When Emyr contacted Porth Gofal and asked how he could regain some time for himself, they talked with him to identify some of the interests he had prior to his caring role and discovered that he used to enjoy the outdoors and spotting wildlife. The Nurse searched for "[ecology](#)" on Dewis and found that a local ecological group was undertaking some protected species surveys in the area and gave Emyr their contact details. Emyr made contact with the group and became involved in several surveys and this gave Emyr a reason to leave the house, be physically active outside and allowed him to spend time with like-minded people.

Mental Health

Aberystwyth 24/7 will deliver the Transforming Mental Health programme by developing an integrated service that responds to people, their needs and their goals. This model includes the development of Community Mental Health Centres (CMHC) with services available on a drop-in basis with no referral criteria.

By providing a drop-in service, we will be able to intervene at an earlier stage and prevent service users from reaching crisis point. The CMHC will also allow service users to return post discharge from higher levels of care by providing additional, locally accessible safeguards.

The current Community Mental Health Team, Crisis Resolution and Home Treatment Team and Local Primary Mental Health Support Services will merge into one team to create the CMHC with a single point of access. This will promote coordination with the Porth Gofal MDT in order that services provided in Ceredigion are truly “whole person”.

The CMHC will provide a local venue for mental health assessments to be undertaken, including for those detained under Section 136 of the Mental Health Act and the development of peer mentor support roles.

Care will be closer to home with access to specialist in-patient provision with highly skilled practitioners as required. The service will be delivered in collaboration with partners. Included within this is a commitment to the development of our workforce to build on our skill mix to deliver modern services.



Mental Health Practitioners will no longer work within individual teams but will work within the CMHC.

Service users will be provided with a seamless service with most needing no repeat assessments once accepted by the service.

It is important to manage the transition into new ways of working and integrated roles in order that lessons learnt can be used to feed into the implementation of the other CMHCs.

After an initial period of 7-day working and refurbishment, the service will become accessible 24/7, moving away from hospital admissions to time-out and hospitality, no waiting lists and meaningful day-time engagement.

This new way of working will improve appropriate and timely assessment with an anticipated reduction of referrals for Part 1 and 2 of the Mental Health Measure Wales (2010).

Mix

Addressing the strategic call to deliver a social model of health care in Mid and West Wales requires openness and honesty across all partners that allows alignment of strategic thinking and planning, service development and implementation, and a culture that recognises and values every effort made to achieve the goal of a truly seamless system of care with the patient firmly at the centre that delivers what matters to them.

Collaboration and partnership must be more than just words. To be effective they must be based upon a full understanding and agreement to mutual goals and, as with any other relationship, require effort to maintain and develop with a specific focus on all partners ensuring solutions to individuals are optimal for all.

There is no one single determinant of “health” and in order to achieve genuine improvement, our collaborative partnership must be inclusive and broad. It includes and welcomes partners who have seemingly opposite and sometimes uncomfortable views and proposals for what good looks like and we must never lose sight of the fact that a lone voice can sometimes be the one to which we need to listen.

All partners to Ceredigion’s shared objective are working within a controlled budget environment, and prudence both drives and underpins the development of the collaborative approach, including:

Workforce Development and Modernisation:

Maximising opportunities to share support functions and non-specialist expertise.

Challenging traditional boundaries within and across professions to develop “versatilists” to enable us to provide the right care at the right time as close to home as possible.

Infrastructure:

Using our facilities and equipment to deliver our shared vision.

Developing a shared plan for estates to ensure development and disposal plans are considered in light of the whole system.



The vision of “CAREdigion” (Ceredigion Health Service’s Integrated Medium Term Plan) starts to align the directions of fragmented health services.

The next step is to take this plan and formally integrate this with Ceredigion Council’s vision for its services in order that that together we maximise our shared potential and purchase to deliver real change and improvement for the population of Ceredigion.

Leadership will support the alignment of partners’ objectives and nurture an organic culture focused on the delivery of truly population health based care.

Bake in Technology Enabled Oven

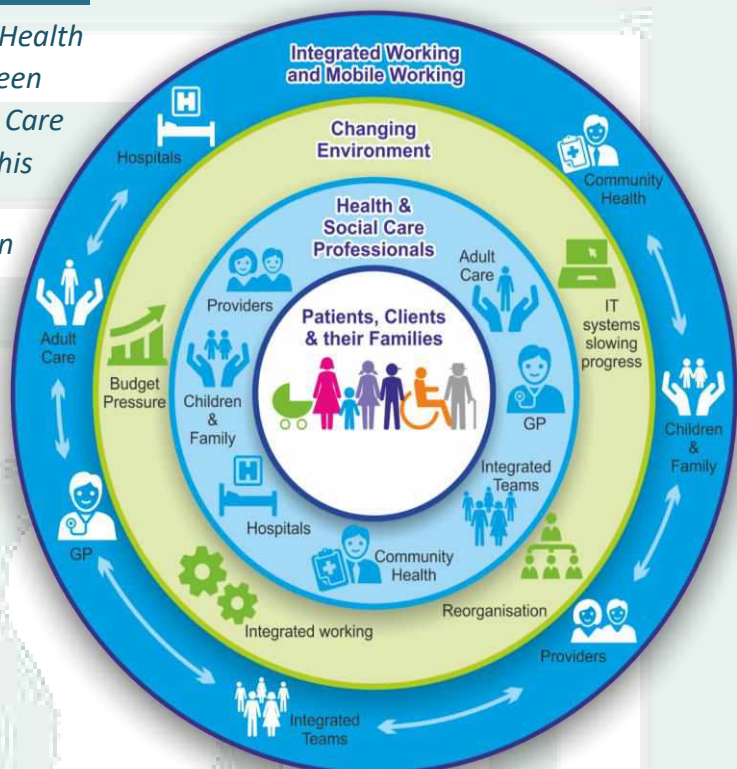
Bringing the ingredients for our service together takes time, leadership and determination. The physical destination may not, itself, be clear, but the intent is known and to some extent an adaptive approach is required in order that when an opportunity arises, it can be rapidly assessed and, if appropriate, utilised to help deliver our shared vision.

Service development and improvement can and does happen outside of the provision of buildings and equipment, but we must ensure that we utilise the potential offered by modern technology and infrastructure design to help our staff deliver and maximise the impact of their interventions.

The ability to share information across Health and Social Care services in Wales has been frustrated by the use of different Social Care and NHS community health systems. This is a consistent problem that has often created a barrier to effective integration between Local Authorities and Health Boards.

The Welsh Community Care Information System (WCCIS) provides a solution to many of these information sharing problems, with some of the key advantages being:

- *Access to comprehensive, joined up client and patient information*
- *Less chasing for information*
- *Less paperwork*
- *More time for staff*
- *Reduced duplication of record keeping and data entry*
- *More person-focused, coordinated care for individuals and their families*



WCCIS is an electronic information sharing platform designed to deliver improved care and support for people across Wales.

By allowing information to be shared quickly and securely, the WCCIS enables Health Boards and Social Services staff to work together to plan, co-ordinate, and deliver services and support for individuals, families and communities.

WCCIS shows a patient's/client's progress within their Health and Social Care journey and provide professionals with clear and consistent data records.

The WCCIS platform provides a familiar, user friendly menu structure, detailed search functions and electronic client records that are easy to navigate. Users are able to make referrals, manage their caseloads and share information with ease.

Assemble with Cooperation; Ice with Agile Working

“Agile working” describes how staff work flexibly from different locations, at different times and using mobile devices. This can be from a dedicated building, within the community, client homes or by varying degrees of home working and hot-desking. Agile working encompasses all forms of work outside the usual base including touchdown spaces, remote and virtual working. Mobile devices such as a portable computing device, smartphone or tablet computer enable agile working by providing access to information alongside other portable equipment.

Clinicians and practitioners are the main staff “users” of the Aberaeron ICC. Their time is mostly spent seeing patients either in Aberaeron ICC clinical areas or in their homes so hot-desks and touchdown spaces ensure that the available space is best utilised.

When working away from base, these staff have been required to return in order to “do” their paperwork and record that day’s activity. Agile working will, together with WCCIS, allow for flexibility.

Agile working also promotes integrated working by removing traditional organisational and departmental boundaries. Staff can use any space within the building which will facilitate rapid responses to patient’s/clients’ specific needs from an appropriate team of professionals.



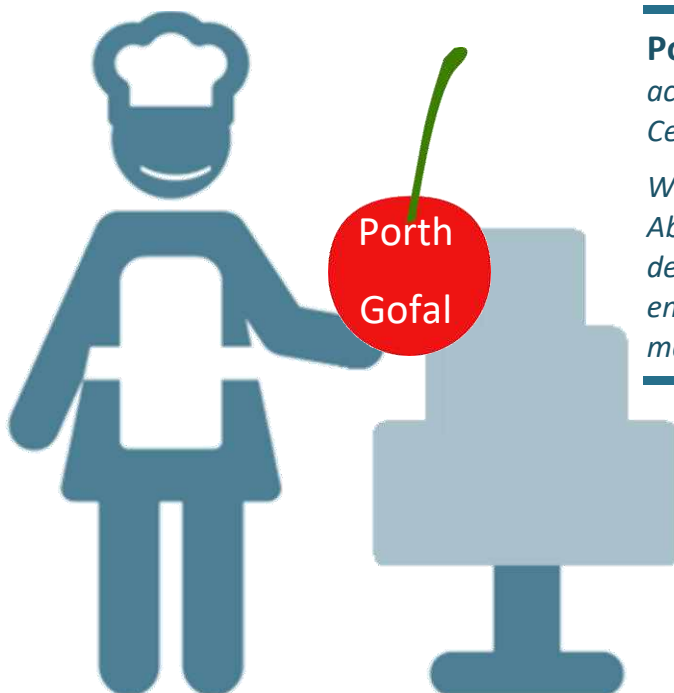
Agile working provides staff with more options with regards to where and when they undertake their roles by introducing an element of choice which will ensure that the needs of the service user are best met.

Agile working allows staff to influence how they carry out their role and promotes varying levels of flexibility within the workplace.

Agile working not only enables staff to work flexibly to best meet patient needs, but also reflects in the way in which we use building infrastructure.

The Porth Gofal MDT will have its own ‘home zone’, but will have the space to pull on different professions if the multi-disciplinary team so requires.

Top Off With a Cherry



Porth Gofal will provide a single point of access for patients and professionals across Ceredigion.

With the MDT being centrally located at the Aberaeron ICC, rapid mobilisation and deployment of teams will be promoted to ensure the quickest possible response to maintain people in their own homes.

“Whole Person” Multi-Disciplinary

Team will bring agencies and professions together under one roof to build stronger working relationships, facilitate collaborative approach to patient care and improve timeliness of communication amongst professionals delivering care to the same individuals.

WCCIS enables teams to access common information, reduce duplication of record taking and promote coordinated intervention and the delivery of timely, safe, effective and prudent care to individuals and support to their carers.

Enfys Jenkins: *Enfys has Multiple Sclerosis; her husband, Emyr, is her carer.*

Last Tuesday, Emyr injured his back whilst moving Enfys. When he next tried to move her, he found that he couldn't. He called Porth Gofal at 21:00 to inform them of the situation and that although his son, Elgan, was able to help he wasn't able to be there all the time.

Enfys does not have a formal package of care, but a range of equipment has been provided to help Emyr and Enfys to live together at home. Emyr has reported some problems in using the hoist provided because he has not got the grip he used to have.

Emyr saw his GP on Wednesday who advised against lifting for 3 weeks.

Porth Gofal Team met on Wednesday and mobilized a team comprising an Occupational Therapist, Social Worker, District Nurse and Enablement/Community Response Team for same day assessment.

The team:

- Reviewed manual handling techniques and equipment required
- Assessed pressure care / skin integrity / continence
- Discussed level of independence and daily routine to understand care needs

Outcome:

- An overhead gantry hoist has been installed to enable Enfys' safe transfers
- Support of 2 carers, 3 times a day provided whilst Emyr recovers
- Release from some of his caring role allows Emyr to have some “me” time

And Finally...

The social model of health care challenges everyone to work differently. A 1950s management style has no place in 2020 and as we encourage staff to organically break down traditional professional and organisational boundaries in Ceredigion, we have a unique opportunity to explore how co-location supported by a culture of collaboration and cooperation impacts upon team members' ability to do more “do” and less “don’t”.

Ceredigion has been successful in securing some Integrated Care Funding for a pilot study to:

- Understand the enablers and barriers to developing the integrated team
- Promote awareness of how individual belief systems impact upon individuals and professionals
- Increase the effectiveness of team working, cognitive flexibility for problem solving, and service responsiveness to the local populations in Ceredigion through understanding how staff experience their work
- Create a learning organism that continually harvests emerging ideas to improve services or efficiencies from real experiences of staff and enables these to be developed, trialled and, where successful, implemented
- Utilise an ethnographic focus that enables lived experiences to come to the fore, enabling information to be liberated that would otherwise be lost to explore how staff perceive the changes and are embracing and utilising the opportunities they are presented with

This novel anthropology study will help us understand how the way in which we implement change in the future can be adapted to gain maximum benefit in order to meet the present and future care challenges and the rapidly increasing demand for services associated with our aging population.

Embed feedback loops within the emerging systems in order that the service's default position is that of continuous improvement.

Lastly, but by no means less important, the study will inform the future development of integrated models of care, including those that follow Aberaeron and Cardigan as other areas get up to speed in meeting the Health Board's strategic vision.

As the introductory video demonstrated, the developments in Ceredigion are of national interest and we will ensure our journey from zero and the lessons we have learned along the way are available to all who want or need to know.



Cut Out and Keep Recipe Card

Porth Gofal

★★★★★

Whatever the occasion, provide services in style with this showstopper of a collaborative service. Layers of nursing, social care, general practice, therapy and third sector services sandwiched with cooperation, all encased in an icing of agile working and topped with a juicy cherry. This stunning service delivers the right care in the right place at the right time.

 Serves 78,000 11 months preparation, 13 months to cook, plus cooling Negative calories / serving Do not freeze

Ingredients

Nurses	Social Workers
Therapists	Psychologists
General Practitioners	Medicines Management
Third Sector Services	Technology
Cooperation	Partnership
Facilitation	Agile Working
Mental Health and Learning Disabilities	
2 nd Care Consultants	1 Cherry

Method:

It is essential to ensure all your key ingredients are of the right consistency and at the correct temperature when you put this cake together. They don't have to be on the same shelf, but it can help.

It is recommended that you only have one chef, but delegation to a number of sous chefs with specific remits is essential to achieve a successful bake.

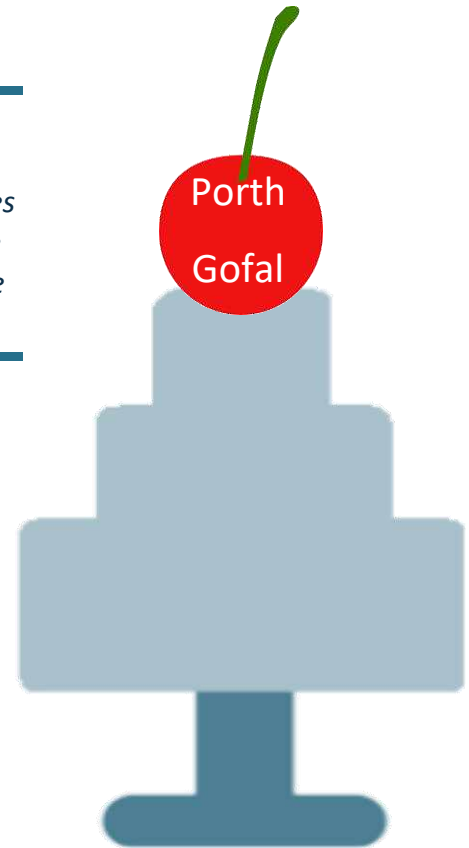
You need a clear vision of how your cake will taste and what you want people to feel when they consume it; ensure that the whole team have contributed to and are signed up to this.

Preparation of the ingredients must be pro-active, but you should not mix these until you are ready to bake as some adjustment may be required to ensure a perfect rise. We want to ensure that the finished product has a light and airy finish so once the batter has been mixed, whisk the egg whites and gently fold together.

Baking follows a slightly unconventional method because once a suitable tin has been sourced, this must be hot before the batter is poured in. This must be done quickly to ensure as little heat is lost from the cooking process as possible or your final product will not have the correct crumb and risks a soggy bottom.

Once iced, feel free to add additional decorations as may suit your consumers' taste.

Enjoy.



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Development of a New Chemotherapy Day Unit at Bronglais General Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joe Teape, Deputy Chief Executive/Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, County Director Ceredigion

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>This paper presents plans for the development of a new Chemotherapy Day Unit (CDU) at Bronglais General Hospital (BGH) together with sources of funding confirmed for the project, associated risks and timescales for delivering the new Unit. The attached Business Case has been developed following the format of the 5 case model.</p> <p>In order to follow due process, an update on the BGH CDU scheme, together with the funding required for the development, was provided to the Executive Team on 25th March 2019 and the Business, Planning and Performance Assurance Committee on 30th April 2019.</p> <p><u>Cefndir / Background</u></p> <p>The physical environment of the BGH CDU was highlighted as unsatisfactory for both patients and staff in the 'Oncology Services Review 2015', undertaken by Hywel Dda University Health Board (HDdUHB).</p> <p><u>Governance arrangements</u></p> <p>Governance arrangements have been established in line with the University Health Board's corporate requirements. A Project Group, established in autumn 2017, has led on/been responsible for identifying/agreeing a suitable site for the scheme; developing an initial schedule of accommodation; identifying initial costs and a potential processes for funding the scheme; generating a Business Case to support the development. The Senior Responsible Officer for the scheme is Joe Teape, Deputy Chief Executive and the Project Director is Peter Skitt, Ceredigion County Director.</p> <p>The aim of the redevelopment of the CDU at BGH scheme is "to ensure that a safe, local and fit for the future solution is implemented for the delivery of chemotherapy (and associated medicines) for Ceredigion patients" (BGH CDU Project Initiation Document {PID} September 2017).</p> <p><u>Current service and its location</u></p> <p>The current service delivers systemic anticancer treatment (SACT) to patients with a confirmed cancer diagnosis. Multi-Disciplinary Team (MDT) meetings are held away from the CDU in the</p>

Management Team Offices.

New referrals for SACT average around 25 per month, and have been fairly consistent over the past 3 years. The Unit currently runs with 6 treatment chairs and there has been a gradual increase in chair occupancy over the past 3 years from 41% to 50%. The increase in chair usage, despite consistency in referral rates, reflects changes in treatment to longer regimes and/or more frequent treatments, eg weekly rather than 3 weekly regimes.

Historically, the Pharmacy Aseptic Service has expected a 7% year-on-year increase in SACT workload. Further information is provided in the 'Strategic Context' section of the Business Case.

The CDU is currently located within part of Leri Ward on the ground floor of BGH, occupying a total of 149sqm. The area is functionally unsuitable and there have been documented issues around patient confidentiality, dignity, privacy and safety (see Haemato-Oncology and Lung Cancer Peer Review reports 2016).

Photographs of the current facility are shown below:



Current
consulting/treatment
room



Current waiting
area



Current treatment area
(based in corridor)



Current treatment room
(privacy area)

Proposed location

A number of site options have been reviewed and discounted by the Project Group, due to the reasons outlined below. These options included:

- Ty Geraint – Separate from main Hospital Building and situated next to A& E
- Angharad Ward – located within the main hospital building with no direct external access
- Extension of current area (Leri Day Ward) – area adjacent to rehab and stroke facility not suitable in the long term due to possible constraints placed on the stroke unit
- Do nothing – this is not considered a feasible option, due to the condition and position of the current estate as described in the attached Business Case.

The relocation of the discharge service from Y Banwy Ward to Enlli Ward provides the opportunity for the CDU to relocate to Y Banwy and occupy a total area of approximately 600sqm. It is envisaged the Y Banwy Ward area will be vacant from Spring 2020, on completion of the Shared Care pilot based on Enlli ward.

Asesiad / Assessment

An evaluation was undertaken of the Pembrokeshire Haematology and Oncology Day Unit (PHODU) scheme which opened in Withybush General Hospital in January 2017. Key learning points included:

1. The value of engagement (staff/patients) in designing the floorplans for the new Unit;
2. The value of co-location of teams such as the Cancer Research Nurses; and
3. The need to ensure that rooms are flexible/large enough to accommodate specific functions/services such as Multi-Disciplinary Teams.

Outline of benefits

A suggested Schedule of Accommodation is shown in Appendix 1 of the Business Case – if agreed, a detailed layout/design will be developed. The benefits of the relocation include improving the patient experience via promotion of dignity and respect, and the ability to deliver chemotherapy in a dedicated, safe environment via:

- A 6 bay treatment area with potential to expand to 8 bays;
- Dedicated consultation/examination rooms, together with chemotherapy treatment rooms;
- Provision of a dedicated reception area, together with dedicated outpatient areas (for up to 20 persons and 2-3 wheelchair users);
- Provision of quiet room/counselling room area;
- Provision of a Multi-Disciplinary Team meeting room;
- A social area (information centre);
- Increased patient WC facilities, etc.

Outline of risks

A number of risks have been identified by the Project Group as summarised below:

1. Failure to identify a suitable site for the scheme;
2. Delays in relocating services (currently based in preferred site);
3. Failure to secure sufficient funding to progress and complete the scheme;
4. Failure to develop robust expenditure plans for the charitable funds held for cancer services at Bronglais Hospital;
5. Unforeseen structural and drainage works on the chosen site leading to changes in the floor plans;
6. Disruption to other services whilst CDU works are undertaken;
7. Client (the service) requests layout changes;
8. Construction delays and contractor performance;
9. Project exceeds budget;
10. Contractor goes into liquidation;
11. Services incident/accident on site, creating delay;
12. Variations in scheme spiral out of control;
13. Quality of product failing short of expectation (during construction phase);
14. Group 3 and 4 items of equipment (UHB responsibility) unavailable, creating delays.

Financial assessment

Once tendered costs have been received, more accurate capital costs will be known. In the interim, capital costs have been estimated on the Development Approval Form as below:

Element	Total £
Works costs	935,994
Planning contingency	140,399
Statutory fees	8,500
Enablement/adaption works	40,000
Informatics & telecommunications	93,599
Variable items - VAT	243,698
Internal & external fees	165,679
Non works costs	15,000
Equipment/furniture	179,437
Total cost	1,822,306

NB: VAT would be recoverable on medical equipment and associated works if funded from charitable funds.

A contribution of 20% of the cost of the scheme (c. £364,461) is intended to be provided from the 2020/21 Discretionary Capital Programme (DCP). The UHB previously contributed 20% of the funding required to the PHODU scheme via its DCP. Securing this funding demonstrates UHB commitment to the scheme and lessens the risk attached to the scheme being solely dependent on a charitable fundraising appeal.

There is currently in the region of £863,473 of charitable funds available to support the scheme, subject to approval by the Charitable Funds Committee (CFC) to commit these funds and approve a dedicated fundraising appeal, consideration of which will be given at their meeting on 20 September 2019. The timescales relating to the duration of the appeal will be dependent upon the phasing of the capital development and associated works.

It is estimated that the value of the UHB's fixed assets will increase by £584,885 as a consequence of the project. There will be a revenue consequence of £18,550 pa (largely due to the increase in rateable value) and a baseline depreciation non-cash funding requirement of £72,326.

Outline of timetable

Should support for re-location of the CDU into Y Banwy Ward be forthcoming, an estimated timetable for the process is below:

Action	Timescale
CFC – approval of fundraising appeal	20 th September 2019
Fundraising launch	November/December 2019
Estates – preparation and brief	September to November 2019
Estates – concept design	November 2019 to March 2020
Estates – detailed technical design	April 2020 to December 2020
DCP funding released (if required)	April 2020
Estates – construction	April 2021 to April 2022
CDU “go live” date	April 2022

Argymhelliad / Recommendation

The Board is requested to approve the re-location of the Chemotherapy Day Unit to Y Banwy Ward, together with the process and detailed schedules in the attached Business Case and timelines/funding assumptions identified in this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 55 (Privacy and dignity of patients receiving care at BGH Chemotherapy Day Unit) current risk score 4x4=16.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	1.1 Health Promotion, Protection and Improvement 3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Hywel Dda University Health Board Oncology Needs Assessment 2015. Haemato-oncology and Lung Cancer Peer Review reports (2016).
Rhestr Termiau: Glossary of Terms:	Included in the body of this report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	BGH CDU Project Group Director of Operations/Deputy Chief Executive Assistant Director of Strategy and Planning County Director for Ceredigion Discretionary Capital Projects Manager Head of Hywel Dda Health Board Charities Lead Cancer Nurse Associate Specialist – Oncology Assistant Head of Capital and Service Modernisation

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Included in the body of this report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The refurbishment and upgrade of facilities is intended to improve patient facilities, care and experience.
Gweithlu: Workforce:	There will be no direct impact on workforce costs, however the provision of a modern, fit for purpose Chemotherapy Day Unit will support recruitment and retention of staff to the service.
Risg: Risk:	Included within the body of this report.

Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	There is a reputational risk to the UHB, should the scheme be delayed or not be approved. This risk is highlighted and managed via the scheme Risk Register held by the Project Group.
Gyfrinachedd: Privacy:	Privacy Impact Assessment (PIA) screening has indicated that a PIA will be beneficial. This will be undertaken and managed by the Project Group.
Cydraddoldeb: Equality:	<p>Equality Impact Assessment screening has been undertaken and, at this stage, does not indicate adverse impacts for protected groups. Engagement with service users on the proposals to date will commence shortly. The needs of protected groups will be considered at all stages and there will be continuing engagement with key stakeholders to inform developments.</p> <p>This development will assist the UHB in meeting the duties of the Equality Act 2010 to eliminate discrimination and advance equality of opportunity in giving the UHB an opportunity to tailor the ward environment and service delivery to meet the needs of service users.</p> <p>The proposals will align with the UHB's Health & Care Strategy, and provide an accessible environment that promotes dignity and respect for all.</p> <p>The relocation of the CDU area will provide an opportunity to address the problems identified in relation to the previous location with regards to over-crowding, lack of privacy and compromised dignity.</p> <p>Continuing engagement with staff and other key stakeholders will provide opportunities for feedback from all protected groups at all stages from planning and development through to delivery of services.</p>

Business Case for the development of a new Chemotherapy Day Unit at Bronglais District General Hospital



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Appendices

Reference	Description
1	Site plans, schedule of accommodation, ward plans
2	Development approval form
3	Project timetable of works
4	Fundraising appeal for the development of a new Chemotherapy Day Unit at Bronglais General Hospital (SBAR)
5	Project Group terms of reference

Glossary

Abbreviation	Description
BGH	Bronglais General Hospital
CDU	Chemotherapy Day Unit
CNS	Clinical Nurse Specialist
CE&IMT SC	Capital, Estates and Information Management Technology Sub Committee
CFC	Charitable Funds Committee
DAF	Development Approval Form
DDA	Disability Discrimination Act
MDT	Multi-disciplinary Teams
PID	Project Initiation Document
PPE	Post Project Evaluation
SACT	Systematic Anti Cancer Therapy
SC&IM	Subcutaneous and intramuscular
SO	Spending Objectives
SOA	Schedule of Accommodation
SWCN	South Wales Cancer Network
UHB	University Health Board

EXECUTIVE SUMMARY

This business case aims to demonstrate the need for relocation and refurbishment of the Chemotherapy Day Unit (CDU) at Bronglais District Hospital (BGH) to the Y Banwy Ward located on the ground floor of the Hospital. The Y Banwy Ward area will become vacant by January 2020 as services are relocating to the Enlli Ward.

The current location of the Chemotherapy Day Unit at BGH is unsuitable with issues around patient confidentiality, dignity/privacy as it is based in an open plan area which is surrounded by other clinics and used as a walk through corridor. The CDU runs with limited space and shares a number of facilities including the quiet room and consultation/treatment room.

There were three key agreements required in order to progress this development:

- 1) Formal agreement for the services currently located on Y Banwy Ward to relocate to Enlli Ward, of the process being followed and this business case (Executive Team 25.3.19);
- 2) Formal agreement of the discretionary capital requirement (Business Planning and Performance Assurance Committee 30.4.19) with an update provided to the Capital, Estates and IMT Sub Committee on 27.3.19;
- 3) Formal agreement to launch a fundraising appeal (Charitable Funds Committee 20.9.19).

If the scheme is successful, it will enable the following benefits:

- Provision of a larger chemotherapy treatment room area which will future proof the service;
- Provision of consultation and examination rooms which will enable out-patient clinics to be held within the Chemotherapy Day Unit
- Provision of a dedicated MDT room, a dedicated reception area, outpatient area, quiet room/counselling room, social area (information point), dedicated drugs preparation room, etc

Overall, the scheme will offer modern services which are co-designed by our staff and users to offer an improved patient experience.

A provisional cost estimate has been provided of £1,822,306 including VAT which includes the enabling works required on the chosen site (Y Banwy Ward). A capital cost summary is overleaf:

Element	Total £
Works costs	935,994
Planning contingency	140,399
Statutory fees	8,500
Enablement/adaption works	40,000
Informatics & telecommunications	93,599
Variable items - VAT	243,698
Internal & external fees	165,679
Non works costs	15,000
Equipment/furniture	179,437
Total cost	1,822,306

Project costs will be further developed following a robust design and development process which will include wide ranging engagement with key stakeholders. It is intended that approximately 20% of the total scheme cost will be provided via the Health Board's Capital Discretionary Programme.

It is estimated that the value of the Health Board's fixed assets will increase by £584,885 as a consequence of the development. There will be a revenue consequence of around £18,500 per annum however, largely due to the increase in rateable value.

A detailed programme is provided in **Appendix 3** and it is anticipated that the scheme will take in the region of 28 months noting that the funding will be raised in advance of the building works commencing. The process will be overseen by the Bronglais Chemotherapy Day Unit Project Group.

This business case has been prepared to accompany an SBAR to the Health Board's Board Meeting on 26th September 2019 and also, if agreed, to assist with the fundraising appeal.

STRATEGIC CASE

Background and Case for Change

The purpose of this Business Case (BC) is to outline proposals for the relocation of the current Chemotherapy Day Unit located in Leri Ward to the refurbished Y Banwy Ward within Bronglais General Hospital.

The physical environment of the Chemotherapy Day Unit at BGH was highlighted as unsatisfactory for both patients and staff in the Hywel Dda University Health Board “Oncology Service Review 2015” where it was recommended that the CDU be developed as a matter of priority.

The area the current Chemotherapy Day Unit is located in is functionally unsuitable. Due to the nature of clinics run around the CDU there are issues around patient confidentiality, dignity, privacy and safety.

The Chemotherapy Day Unit is based in an open plan type area which is surrounded by other clinics and used as a walkthrough/corridor. It currently operates with 6 chairs (no beds) and a quiet room. The quiet room is used for S.C and I.M. injections along with oral treatments. The quiet room is also used to examine patients and due to the increased number of treatments by this route, there are often delays for patients. This room is also used for breaking bad news – as it is located in the main chemotherapy treatment area, if patients are given bad news, they walk out to face others receiving treatment. Patient activity information is given at the end of this section.

The department has limited access to a consultation/treatment room. There is a rapid access lung diagnostic clinic on Monday. There was previously one oncology clinic running from the Unit and this has now increased to four (occasionally five) clinics. There is also a weekly clinic run by the osteoporosis team along with a monthly telemedicine neurology clinic. This is in addition to the Orthotics and Speech and Language therapy clinics that are based on the Unit which causes disruption to patients receiving treatment. There is one patient w/c and no dedicated waiting area.

The majority of procedures undertaken in the CDU are oncology and haematology related. The Locum Consultant in Oncology treats her own patients and also oversees treatment prescribed by the ABMU Consultants (Gynae, Skin, Head and Neck, Sarcoma and Thyroid). There is a Haematologist and an Oncologist who treat patients locally along with patients being treated locally who are under Consultants elsewhere in the Network (with staff liaising directly with Singleton Consultants for these patients). There is also a Haematology Nurse Specialist who sees patients on the unit who are on SACT treatments along with newly diagnosed patients.

Multi-disciplinary Team meetings are currently held away from the Chemotherapy Day Unit (in the first floor of the Management Team offices). There is no disabled access to the area and limited availability as it is used a meeting room for other services.

In terms of backlog maintenance, only minor works have been highlighted. This is possibly due to the small area the CDU occupies and that it is situated along a corridor. It has been noted in both the Haemato-oncology and Lung Cancer Peer Review reports (2016) that the current facilities are inadequate.

National/local strategic alignment and local service model development

Alignment with national strategies

Strategy/Policy	How these proposals are addressed
Social Services and Wellbeing (Wales) Act 2014	The scheme aligns with the Act's core principles including voice and control, wellbeing, co-production, co-operation, partnership and integration.
Well-being of Future Generations (Wales) Act 2015	The scheme supports Well-being goals by working towards developing an integrated model and collaborative working that improves access to local services and contributes to sustainable facilities and services.
Prudent Healthcare: Securing Health and Well-being for Future Generations	Embodies the principles of prudent healthcare by ensuring that our healthcare services are safe, effectiveness, efficient and achieve the best outcomes.
Prosperity for All, the National Strategy	The scheme is working towards co-locating and integrating public services, contributing to a prosperous and secure Wales, a healthy and active workforce, united and connected services.

Alignment with local strategies

The Bronglais Chemotherapy Day Unit is included in the current version of the draft Annual Plan 2019/20 which is intended to be submitted to Welsh Government at the end of March 2019 following a request for approval at the Health Board's March 2019 Board meeting.

The Chemotherapy Day Unit project is included in the Ceredigion Integrated County Plan, a supporting document to the Annual Plan 2019/20, which comprises of population health and wellbeing, community care, primary care, long term care and links into the servicing of Bronglais General Hospital and aligns to the Annual Plan 2019/20 through our Integrated Pathway for All People, our Health and Care Strategy and moving our organisation from one in turnaround to one of transformation.

Bronglais Hospital has developed a capital development plan that is précised in the executive summary of the Integrated County Plan and the capital section in the county plan and the Annual Plan Capital Enabling Plan itself.

Finally, it should be noted that the development of a Chemotherapy Day Unit at Bronglais Hospital is in alignment with the Health Board's care closer to home principles and specifically that Chemotherapy Day Units will remain in each district general hospital site. This is also consistent with "A Healthier Mid & West Wales" and the "Bronglais Hospital Strategy 2019".

Future local service model

Whilst there are difficulties with recruitment, retention rates within the service are positive. Due to the rurality of Bronglais Hospital there have been recruitment issues the service is keen to develop and strengthen the role Clinical Nurse Specialists (CNS) to deliver clinical service requirements.

It is intended the new Unit will enable this model to run effectively via the repatriation of out-patient clinics within the refurbished Y Banwy Ward. Clinics will be run by the CNS's such as lung cancer, nurse led haematology clinics and will enable Research Nurses to undertake clinical trials. Pre-chemotherapy assessment clinics would also be held in the new Unit.

Site plans and a proposed schedule of accommodation for the new Chemotherapy Day Unit are shown in **Appendix 1**.

Geographical context and local need

The oncology and haematology unit within BGH serves the population of Ceredigion and a proportion of patients from Powys and Gwynedd. The travel time from the Cancer Centre in Swansea to BGH is approximately 2.0 hours (76 miles), the travel time from GGH to BGH is approximately 1.5 hours (48 miles). More than half the patients receiving chemotherapy have travel times to the hospital of more than 30 minutes (South Wales Cancer Network data, SWCN).

Local service information and activity

The current service centres around the delivery of systemic anticancer treatment (SACT) to patients with a confirmed cancer diagnosis. MDT meetings are held away from the CDU in the Management Team Offices. Clinical leadership is provided by Dr Elin Jones (Acting Consultant). The unit is operationally managed by Senior Sister Rhian Jones who is also a Non-Medical Prescriber.

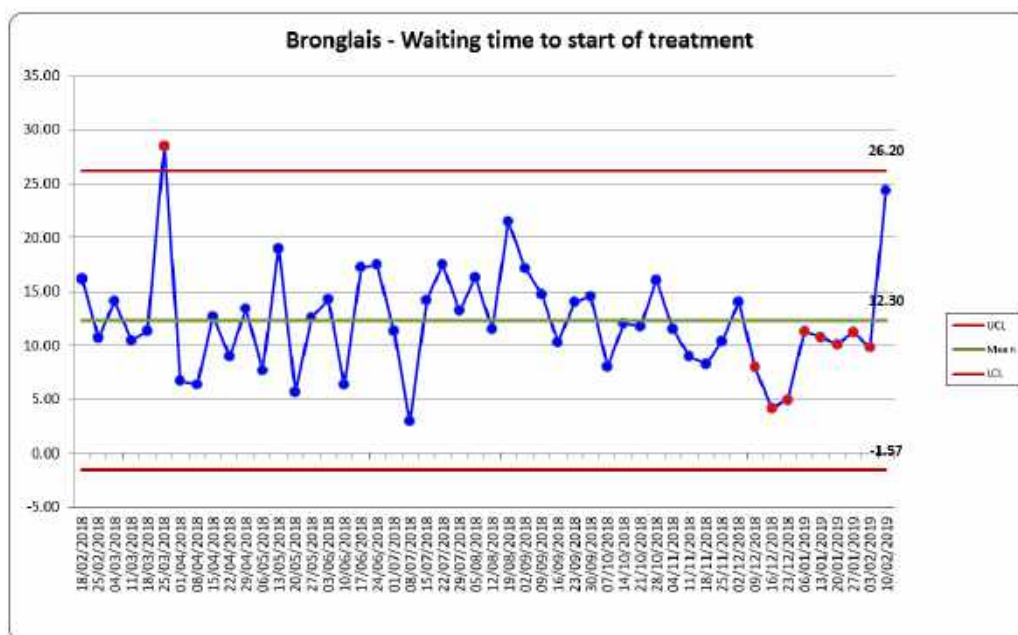
New referrals for SACT average around 25 per month and this has been fairly consistent over the past 3 years. Treatment regimes can be oral, intravenous or subcutaneous and can involve treatments times of between 30 minutes and 8 hours depending on these regimes which are specific to cancer type. Each new patient will be individually counselled by a SACT trained nurse prior to their first treatment. These appointments can expect to take between 30 minutes and an hour depending on the needs of the individual patients. These appointments take place in a consultation room wherever possible to maintain

patient privacy and dignity and this activity is therefore not reflected in the chair usage figures. Currently, consultation rooms may not be available and this is not ideal for patients who are often in a distressed state. The area currently runs with 6 treatment chairs and there has been a gradual increase in chair occupancy over the past 3 years from 41% to 50%. The increase in chair usage despite consistency in referral rate reflects the changes in treatment to longer regimes and/or more frequent treatments e.g. weekly rather than 3 weekly regimes.

Historically, Pharmacy Aseptic Services have expected a 7% year on year increase in SACT workload. With the advent of Immunotherapy and other targeted treatments this expectation in going forward is now 10-15% per year, though this cannot be applied directly to chair usage as these pharmacological items may be oral or injection/infusion so treatment times are more difficult to predict.

Since NICE approval of immunotherapy for multiple tumour sites, Hywel Dda Health Board have repatriated the administration of patients receiving treatment with this drug group from Swansea Bay UHB, where they had historically been administered for Melanoma and Renal Cell Carcinoma. This repatriation commenced in October 2017 and the cohort of patients was fully repatriated by the end of the year. In real terms there was just one patient in this cohort that represented Ceredigion therefore the impact at the time in this local unit was minimal. Since that time all new patients prescribed immunotherapy are referred to local Hywel Dda units keeping SACT as close to patients home as possible. All patient numbers related to this repatriation are now included in the monthly activity figures provided.

While current recorded chair usage in Bronglais unit averages at 50%, it should be noted that this is prospective data collected from Chemo Care and will not reflect delays in treatment availability, patient transport, reactions to treatment resulting in increased chair dwell time etc. Current waiting times for treatment commencement at Bronglais are 12.3 days from referral to treatment and this sits within a Health Board average of 13.5 days. In comparison Singleton Chemotherapy Unit currently have a waiting time averaging 19.2 days.



The level of new referrals/treatments at Bronglais Chemotherapy Day Unit compared to other sites is shown below:

	Total	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018
Total	672	143	159	144	163	136	153
Bronglais	115	26	26	22	26	23	31
Glangwili	190	40	42	39	35	37	38
Prince Philip	158	32	44	33	48	35	38
Withybush	212	45	48	51	54	41	47

Project constraints and dependencies

The project must work within the following constraints and dependencies:

- Location of the service – the development is dependent on the move of the current occupiers of Y Banwy as part of shared care model with Enlli Ward.
- Funding for the project – the development is dependent on sufficient charitable funding being raised via a dedicated fundraising appeal.

ECONOMIC CASE

The economic case demonstrates that the preferred solution will offer best value for money by considering the costs and benefits it will incur.

Spending objectives

The aim of the scheme is “to ensure that a safe, local and fit for the future solution is implemented for the delivery of chemotherapy (and associated medicines) for Ceredigion patients”, BGH CDU PID September 2017.

In exploring solutions, the Health Board has considered the following objectives:

Ref	Spending objective	Related benefits
SO1	Compliance with statutory objectives.	Ensure compliance with statutory legislation including fire, disability discrimination, infection control, health and safety, etc
SO2	Clinical effectiveness and functional suitability	To provide a safe, sustainable service for the treatment of oncology and haematology patients in an environment that meets current standards
SO3	Value for money	To maximise the use of charitable funds and donations raised for the project
SO4	Engagement and communication	To ensure key stakeholders are regularly briefed via media updates and engagement mechanisms

Consideration of options

There are limited options for this scheme’s location due to the space needed for the chemotherapy day unit and as the Bronglais is a working, land locked district general hospital.

A number of potential sites have been informally considered by the Project – a summary and a rationale for them being discounted is below:

Site location	Rationale for being discounted
Ty Geraint	Separate from main Hospital Building and situated next to A& E, with limited car parking capacity and would require to be over 2 floors
Angharad Ward	Located within the main hospital building with no direct external access for potentially immunocompromised patients
Extending current Leri Ward	Area adjacent to rehab and stroke facility not suitable in the long term due to possible constraints placed on the stroke unit, this option requires greater enabling work which would lead to increased costs overall circa 4M pounds in total

As a result, the only feasible options are to:

1. Do nothing
2. Relocate to the vacated Y Banwy Ward area (which will accommodate the chemotherapy day unit, outpatient related out-patient clinics, etc). dependent on the Enlli/ Y Banwy pilot being successful

Economic appraisal

Capital costs

Capital costs are detailed as below:

Element	Total £
Works costs	935,994
Planning contingency	140,399
Statutory fees	8,500
Enablement/adaption works	40,000
Informatics & telecommunications	93,599
Variable items - VAT	243,698
Internal & external fees	165,679
Non works costs	15,000
Equipment/furniture	179,437
Total cost	1,822,306

Please also see the Development Appraisal Form attached to **Appendix 2**.

Revenue costs

Estates running costs have been considered and are summarised below:

Area	Cost £ per annum	Notes
Catering costs	0	
Waste disposal	0	
Utilities	3,050	
Rates	15,500	Reflects the increase in rateable value
Portering	0	
Cleaning	0	
Misc	0	
Total	18,550	

There are no expected increases in staffing costs as a result of this development.

Benefits management

Financial benefit

Benefit	Benefit type	Measure	Quantified benefit
Best stewardship of NHS Charitable Funds and ensure donations are used to maximise benefits for patients, staff and relatives.	Cash releasing	Delivery of a modern chemotherapy day unit with supportive services.	Delivery of service against an approved Schedule of Accommodation.

Non-financial benefits

Benefit	Benefit type	Measure	Quantified benefit
Improved estates compliance	Quantifiable	Improvement in infection control requirements, Disability Discrimination Act, patient privacy and dignity, etc. Increase in patient/relatives/carers satisfaction as care is provided in an improved environment.	Reduction in infection control outbreaks (before/after change). Meeting of DDA requirements Reduction in complaints re: dignity and privacy. Compliance with Oncology Peer Reviews
Improved service resilience. Sustainability and ability to meet future service needs/projected demand.	Quantifiable	To provide the best functional layout possible against the site constraints. Enable implementation of stronger CNS service led model	Staff and patient survey (undertaken as part of the scheme's evaluation). Reduction in complaints re: dignity and privacy Reduction in staff turnover
Better integration of related services	Quantifiable	Improved patient access to outpatient clinics including oncology, haematology and pre-assessment clinics.	Increased access to clinical trials (measured by activity) Activity in out-patient clinics
Improved patient satisfaction	Quantifiable	Reduction in complaints Assessment of patient	No of complaints reduction from X to Y Patient evaluation of

Benefit	Benefit type	Measure	Quantified benefit
		satisfaction before/after development	scheme
Improved/increased MDT clinics	Quantifiable	<p>Dedicated MDT area with disabled access</p> <p>Potential to establish tele-medicine links with Consultants in Swansea, Cardiff, Shrewsbury, North Wales</p>	<p>Increase from the 7 MDTs currently held.</p> <p>Reduced patient travel for consultations.</p> <p>Potential to link in with Aberystwyth University's rural health care research.</p>

COMMERCIAL CASE

Procurement route

This section of the Business Case outlines the procurement strategy and routes that have been followed to deliver the preferred solution for the Chemotherapy Day Unit.

The delivery of the preferred solution requires procurement in relation to the design and refurbishment of the ward area. This business case has been prepared on the working assumption that funding (charitable funding of approximately 80% and discretionary capital funding of approximately 20%) will become available in the financial years 2019/20 and 2020/21 respectively. A full timetable of works can be found in **Appendix 3**, it is intended the project will follow approximately a 28 month programme as detailed below:

Area	Timeline
Preparation and brief	2 months
Concept design	4 months
Detailed and technical design	8 months
Construction phase	14 months

The project size and low level of complexity lends the procurement route to a traditional competitive tender based on the JCT IC (2011) incorporating amendment 1 issued March 2015. This is considered to offer local expertise and value for money. The procurement process will be in compliance with the Health Board's Procurement Policy, Standing Orders and Standing Financial Instructions, as well as relevant procurement law.

The adoption of this process is commensurate with a non-complex project with a project out-turn cost of in the region of £1,822,306. This similarly lends the procurement process to a competitive tender.

The tender selection process will be based on the Health Board's approved list of contractors for projects of this nature. Exact selection criteria will be based on the successful track record of contractors in delivering projects of this nature for the Board, and a standard rotation process to ensure all contractors on the Board's approved list are equally exposed to project opportunities.

The Invitation to Tender will be issued to the selected suppliers on 28.9.2020 with a return date of 23.10.20. The tender documentation will include:

- Schedule of works;
- Architectural design information, inclusive of plan layouts, keys sections and elevations (where applicable) cross referenced in the Schedule of Works;
- Mechanical and electrical drawings and specifications;
- Tender preliminaries and preambles;

- Pre-construction information plan;
- Health and Safety Guidance Notes.

Following receipt of the tenders, they will be independently analysed. The key elements of the proposed contractual arrangements with the refurbishment contractor are outlined in the next section of this report. The final tender cost will be reported to the Business Planning and Performance Assurance Committee to ensure the appropriate discretionary capital is allocated.

Equipping meetings will be held with staff and a fully costed schedule prepared. The equipment list details all equipment transfers, new purchases and abatements and will be signed off by the Project Group.

The purchase and delivery of all equipment will be overseen by the Commissioning Group and Commissioning Lead. Procurement of equipment is in line with the University Health Board's Standing Orders and Financial Instructions.

Contractual arrangements

This section of the Business Case outlines the contractual arrangements that will be negotiated to deliver the preferred solution for the refurbishment of the Y Banwy Ward area.

Description of works

Following wider staff and public/patient engagement, detailed design work layout plans will be developed. The works will comprise of the required enablement/remedial and refurbishment works on Y Banwy Ward as set out in the schedule of works that will be contained within the tender documentation.

Contract used and key contractual arrangements

The Form of Contract will be the JCT Intermediate Building Contract 2011 (IC 2011) incorporating amendment 1 issued March 2015. The terms and conditions are as per the standard IC 2011 contract and include the following:

- All of the Construction Design Management 2015 rules will apply;
- Defects liability period – 12 months from Practical Completion;
- Contactor's All Risk Insurance Limit - £5,000,000;
- Liquidated and Ascertained Damages - £300.00 per week or part thereof;
- Period of interim payments to contractor – monthly with a retention percentage of 15%;
- A Contract Guarantee Bond will be required or a retention of 10% will be imposed in accordance with the Health Board's Financial Instructions;
- The contract will be executed as a deed.

Implementation timescales

The implementation timescales for the delivery of the work are planned as follows:

Area	Timeline
Contract mobilisation	January to February 2021
Commencement of works	March 2021
Completion of works	February 2022
Risk Register	January to February 2022
Commissioning period (Health Board)	February to March 2022
CDU “go live” date	April 2022

Payment mechanisms

Monthly payments will be made over the contact period based on valuations produced by the Quantity Surveyor. Contactor claims will be paid on an interim certificate basis.

FINANCIAL CASE

Capital investment requirements

The project requires capital funding (from a mixture of charitable and discretionary funding) of £1,822,306 for the refurbishment of the vacated Y Banwy Ward area. The table below shows the breakdown of this cost:

Element	Total £
Works costs	935,994
Planning contingency	140,399
Statutory fees	8,500
Enablement/adaption works	40,000
Informatics & telecommunications	93,599
Variable items - VAT	243,698
Internal & external fees	165,679
Non works costs	15,000
Equipment/furniture	179,437
Total cost	1,822,306

The total capital costs are based on budget estimated costs.

Discretionary application

It is intended that discretionary capital funding will be provided from the Health Board of 20% (£364,461) of the total funds required during 2020/21.

Charitable funds status

At the time of preparing this business case, the charitable funds available for the scheme are reflected below:

Contribution from	Total £	Status
Trustees of the Mid Wales Scanner Appeal	193,000	Confirmed contribution from the trustees of the external charity. Funds held externally.
Trustees of the Mid Wales Colo-Rectal Cancer Fund	123,000	Confirmed contribution from the trustees of the external charity. Funds held externally.
BA Jenkins Legacy Fund T332	259,977	UHB charitable funds committed to the scheme in 2015 (£250k). Approval of the additional £9,977 (interest growth) required by CFC.
Ceredigion Cancer Services T865	287,496	Contribution from charitable funds held for cancer services at Bronglais Hospital. Represents 75% of the current fund balance. CFC approval required.
Total	863,473	

Fundraising appeal

Subject to Board approval of scheme it is proposed that a formal fundraising appeal will be launched under the umbrella of Hywel Dda Health Charities to meet the estimated £0.594m shortfall in funds required for the scheme.

A paper relating to the development of fundraising appeal for the scheme is being presented to the Charitable Funds Committee (CFC) meeting being held on 20th September 2019. This paper provides the CFC with a summary of areas for consideration relating to the development of a fundraising appeal for the scheme in line with Charity Commission guidance and is available as appendix 4.

Balance sheet and capital charges

It is estimated that the value of the Health Board's fixed assets will increase by £584,885 as a consequence of the project.

The estimated impairment of the scheme equals £1,237,424.

Revenue affordability

There will be revenue consequences of approximately £18,550 as a result of this development (largely due to an increase in rateable value).

There are also revenue consequences of the capital expenditure (depreciation). These additional costs will represent an estimated increase in the Health Board's baseline depreciation non-cash funding requirement of £72,326.

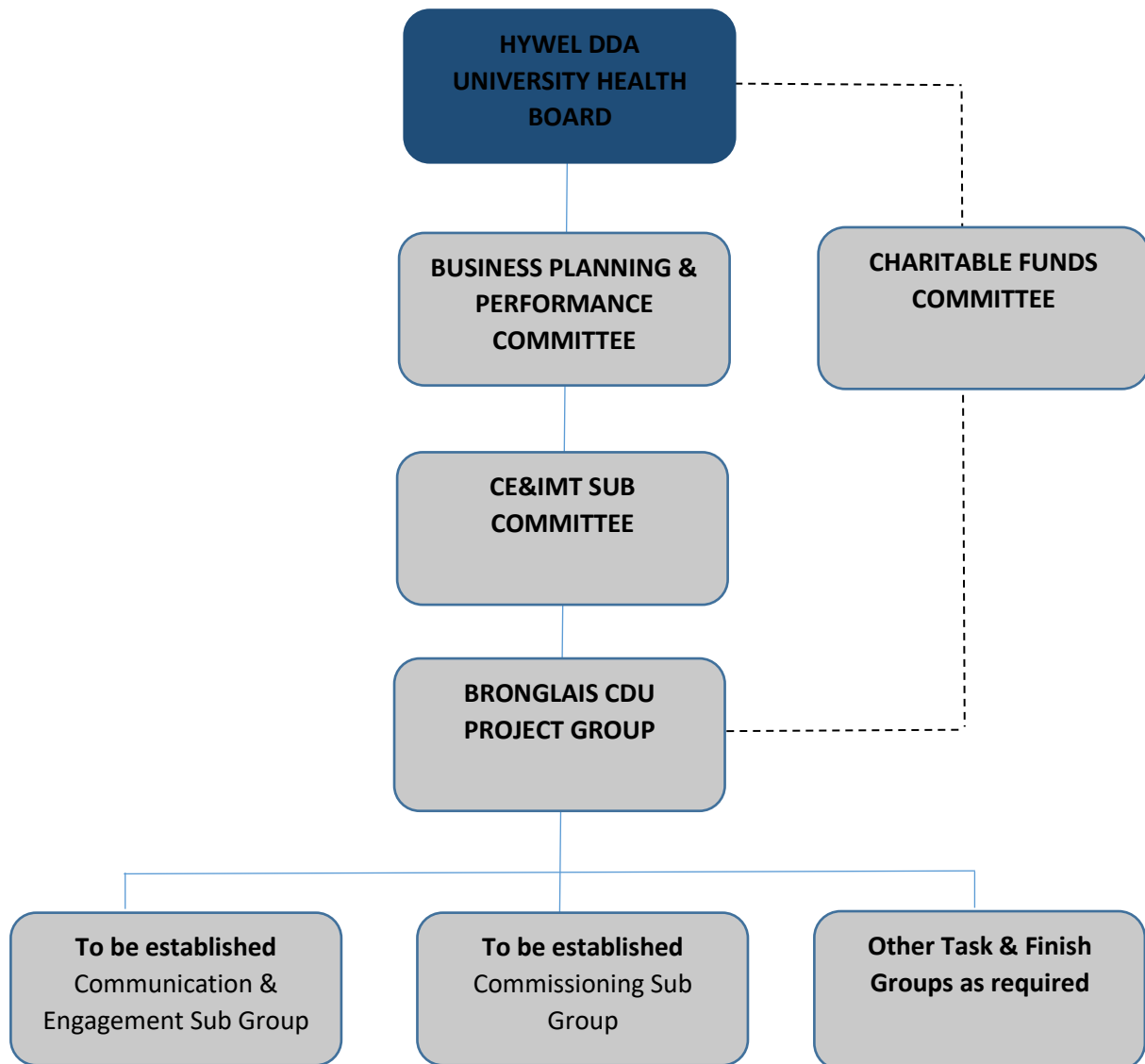
Overall affordability

The project requires £364,461 of the Health Board's discretionary capital funding and a total of £864,473 of charitable funding with an estimated £593,372 being raised via a dedicated fundraising appeal.

MANAGEMENT CASE

Project governance arrangements

The project governance arrangements are outlined below:



The Project Group terms of reference are shown in **Appendix 5**. Key roles and responsibilities within the governance structure are outlined below:

Role	Responsibilities
Senior Responsible Officer: Joe Teape, Deputy Chief Executive	<ul style="list-style-type: none"> • Defines the project objectives, ensuring that they are met to agreed time, cost and quality constraints; • Represents the Health Board in defining what is required and oversees the effectiveness of the project management team, ensuring the appropriate project management structure is in place to deliver the project objective and that the benefits are realized; • Provides a broad specification of what the project should deliver and ensures that any change in circumstance affecting the project is evaluated and appropriate action taken.
Project Director: Peter Skitt, County Director (Ceredigion)	<ul style="list-style-type: none"> • Responsible for project management; • Managing the Health Boards interest in the project, including co-ordination of and the production of the brief for the contractors; • Selecting and appointing consultants and contractors who will undertake the design and construction activity and ensuring they deliver according to the construction project programme; • Acting as the point of contact in all dealings with contractors and other external organisations involved in the project and providing all decisions and directions on behalf of the Health Board.

Project reporting is from the Project Group to Capital, Estates and IM&T Sub Committee generally via Capital Highlight Reports or specific SBARs if required.

Project management arrangements

The project will be managed in line with best practice principles of programme and project management as set out in the Cabinet Office's Managing Successful Programmes (MSP) and Projects in Control Environments (PRINCE2) methodologies.

A project programme (see **Appendix 3**) has been developed to control and track the progress and deliver the project and resulting outcomes. Key milestones are summarised below. Achievement of this is dependent on the success of the fundraising appeal:

Action	Timescale
CFC – approval of fundraising appeal	20 th September 2019
Launch of fundraising appeal	October 2019
Estates – preparation and brief	September to November 2019
Estates – concept design	November 2019 to March 2020
Estates – detailed technical design	April 2020 to December 2020
DCP funding released (if required)	April 2020
Estates – construction	April 2021 to April 2022
CDU “go live” date	April 2022

Communications plan

The communications and engagement plan will support the delivery of the project by ensuring that key stakeholders including staff, patients and members of the public are kept informed and included in the project “to ensure that a safe, local and fit for the future solution is implemented for the delivery of chemotherapy (and associated medicines) for Ceredigion patients” throughout the process. The plan will identify engagement opportunities for views to be expressed, shared and fed back into the organisation and will be supported by a communications plan designed to publicise engagement events and keep relevant stakeholders informed of progress at key milestones, while also managing any reactive enquiries from the media.

Risk Management

A Project Risk Register is in place for the scheme. Key risks along with mitigation measures are summarised below:

Key risk	Mitigation measure
Identification of a suitable site for the scheme.	Y Banwy Ward has been identified as the most suitable site for the scheme. A separate process has been followed to secure the Enlli Ward relocation development and this is subject to the Mental Health shared care model being successful
Availability of sufficient funding (charitable funds and discretionary funding) to progress the development.	Discretionary capital funding of 20% will be provided to support the scheme from the 2020/21 programme.
Unexpected contingencies require an increase in capital cost.	The scheme will be subject to a tender exercise to determine precise costs.
Project governance structure and reputational risk	The scheme is currently managed by Project Group. Other sub groups will be established as required to lead on particular areas of work.
Delays in completion	A Project Plan will be monitored by the Project Group.

Post Project Evaluation

An approach to evaluating the scheme will be developed via the Project Group but a suggested format is below. The University of Wales will also be asked to be part of the evaluation process.

The purpose of the post project evaluation will be to improve future project delivery through lessons learned during the project delivery phase and to appraise whether the project has delivered its anticipated outcomes and benefits.

The Health Board and its partners are committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process to ensure that lessons are learnt. The PPE also sets in place a framework within which the spending objectives and benefits identified for the scheme can be tested.

We envisage four key stages to the evaluation, outlined below:

Stage 1: Project procurement

The objective of the evaluation at this stage is to assess how well the project was managed from the time of BJC approval to commencement of the construction phase. It is planned that this evaluation will be undertaken within three months of construction commencement. The evaluation at this stage will examine:

- How effectively the project was managed;
- The quality of the documentation prepared by the Health Board and its partners;
- Communications and involvement during procurement;
- The effectiveness of advisers used on the scheme; and
- The efficacy of NHS guidance in delivering the scheme.

Stage 2: Implementation

The objective of this stage is to assess how well the project was managed from the time the construction phase commences through to commencement of operational commissioning. It is considered that this should be undertaken three months following operational commissioning of the refurbished and expanded building. The evaluation at this stage will examine:

- How effectively the project was managed;
- Communications and involvement during construction; and
- The effectiveness of the joint working arrangements established by the Contractor, the design team and the project team.

Stage 3: New operational model in place

The objective of this stage will be to assess how well the project was managed during the operational commissioning phase, through to operation in the refurbished and expanded building. It is proposed that this stage will be undertaken up to 12 months after completion of operational commissioning of the scheme. The evaluation at this stage will examine:

- How effectively the project was managed;
- Effectiveness of the new operational model;
- Communications and involvement during commissioning, and into operations;
- Overall success factors for the project in terms of cost and time; and
- Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

Stage 4: New operational model well-established

It is proposed that this evaluation is undertaken two years following completion of operational commissioning. The objective of this stage will assess how well and effectively the project was managed during the actual operation of the new hospital. The evaluation at this stage will examine:

- Effectiveness of the new operational model; and
- Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

The evaluation process will be managed by the Project Manager via a bespoke team established to oversee the PPE. Evaluation reports will be made available to all relevant stakeholders.

PROPOSED STRATEGY TO DELIVER BGH CDU & CLINICAL ESTATE MODERNISATION

Rev No. Revision note

Date

Signature

Checked

Y Banwy Phase: 1 / 2



Bronglais Aerial Site plan

Proposed Chemotherapy Day Unit at
Bronglais General Hospital
Aberystwyth
Design Team / Project Review v3 dated 26/06/2018

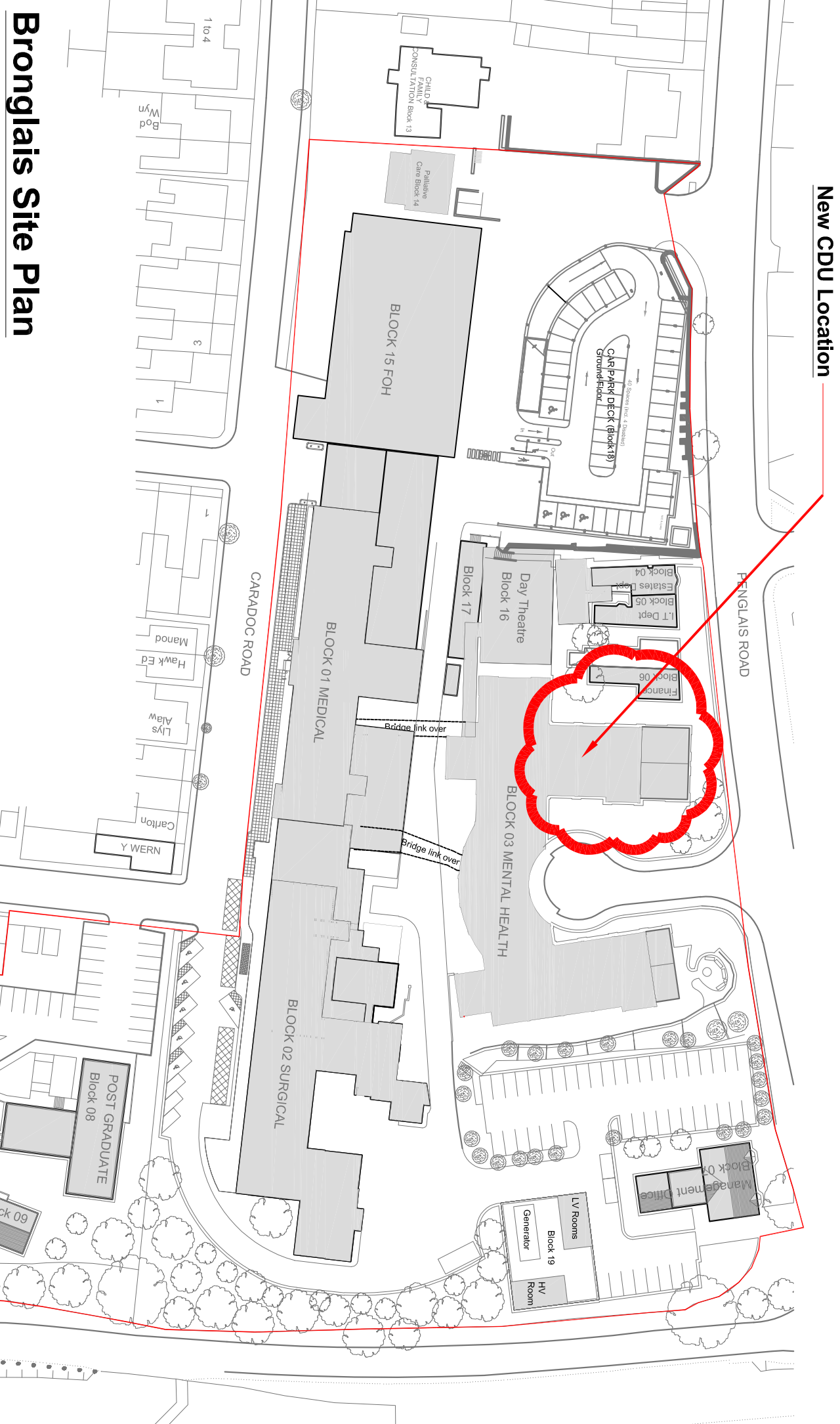
Main Summary	
Net allowance	429.5sqm
5% Planning Allowance	21.0sqm
Total	450.5sqm
3% Engineering Allowance	13.5sqm
30% Circulation Allowance	135.0sqm
Total Allowance	599.25sqm

Accommodation review based on Welsh Health Building Note WHBN 02-01 - Cancer Treatment Facilities / HBN 54 Schedule of Accommodation

Proposed Schedule of Accommodation - BGH CDU:

1. Reception: 2 Staff	10.0sqm
2. Outpatient waiting area: 15 persons inc 1/2 wheelchair users	25.0sqm
3. Consultation/Examination Rooms x 3: 16.5sqm x 3	49.5sqm
4. Chemotherapy Treatment Rms x 2no 12.0 x 2	24.0sqm
5. Quiet Room/Counselling Room (4 person)	9.0sqm
6. Patient toilet: Accessible, wheelchair: 4.5sqm x 2	9.0sqm
7. MDT Room (Group support Room for 10)	20.0sqm
8. House Keeper's Kitchen/Beverage Room	11.0sqm
9. House Keeper's Cleaning Cupboard	7.0sqm
10. Linen cupboard (General, sterile supplies & linen)	9.0sqm
11. Clinical Nurse Specialist Office (6 Staff)	36.0sqm
12. Second waiting Room (5 person inc wheelchair user)	9.0sqm
13. Social Area (information centre - 5 persons)	14.0sqm
14. Main treatment Area (8 bays)	100.0sqm
15. Patient toilets x 3: 2 semi ambulant + acc w/c shower	13.0sqm
16. Sluice (Dirty Utility Room)	12.0sqm
17. Drug prep room (Clean Utility Room)	14.0sqm
18. Nurses station included	
19. Staff Rest room (5 person)	11.0sqm
20. Staff toilet/shower/change @ 5.0sqm x 2	10.0sqm
21. Storage room (general)	10.0sqm
22. Store Rooms @ 4.0sqm x 2	8.0sqm
23. Storage of waste	6.0sqm
24. Storage for hoist and moving and handling equipment	12.0sqm
25. Crash trolley, defib etc (parking bays)	2.0sqm
Net allowance	429.5sqm

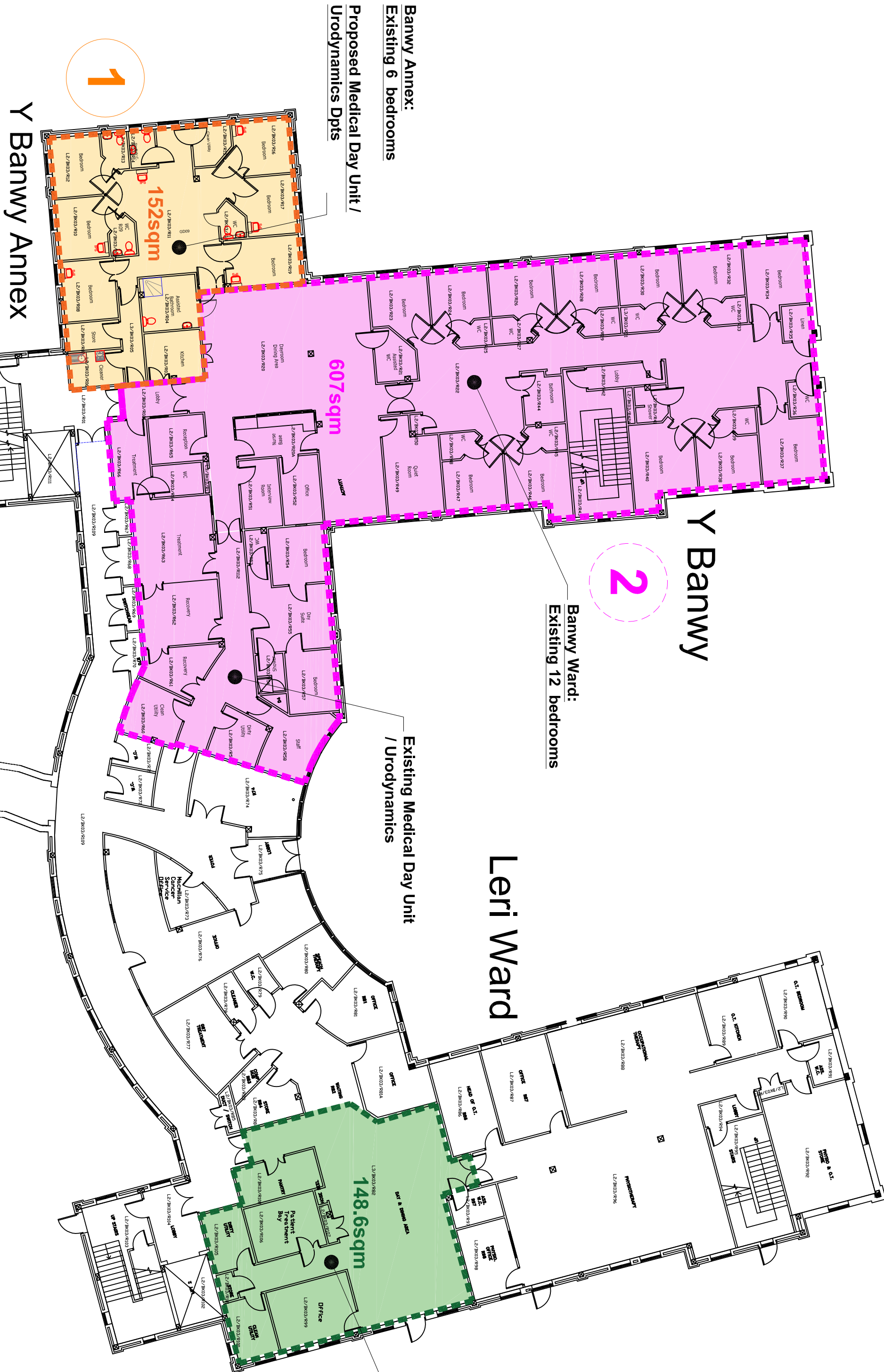
Phase 1	
Adaption / Refurbishment & Alteration works	
Medical Day Unit	163m2
Urodynamics	
Phase 2	
Refurbishment & Alteration Works	
Y Banwy Ward	454m2



Bronglais Site Plan

New CDU Location

PROPOSED PHASING STRATEGY	
Adaption and Refurbishment alteration works to be carried out withing existing Medical Day Unit & Urodynamics to provide alternate reception / waiting area.	
Full Refurbishment & Alteration Works to Y Banwy Ward to facilitate new Chemotherapy Day Unit Facility.	
PROPOSED STRATEGY TO DELIVER BGH CDU & CLINICAL ESTATE MODERNISATION	
PHASE 1 - Relocation & adapting works (Proposed Medical Day Unit & Urodynamics Area)	
<ul style="list-style-type: none">Relocation of Medical Day Unit/Urodynamics into Y Banwy AnnexOutside scope of project - relocation of office facility / medical secretaries	
PHASE 2 - Y BANWY WARD (New Chemotherapy Day Unit Relocation)	
<ul style="list-style-type: none">Alteration & Full level refurbishment works throughout existing Y Banwy template to accommodate New Chemotherapy Day Unit	



Phase 1/2: New Chemotherapy Day Unit (Block 03 Level 2)

PROJECT		CLIENT	CLIENT COM CO-ORDINATION
Proposed Strategy to Deliver BGH CDU & Clinical Estate Modernisation		Hywel Dda Un Health Board	Construction Safety Team
DESIGNER		PRINCIPAL CONTRACTOR	TBA
DRAWN BY		SCALE	NTS
RHB			
TITLE		CHECKED BY	DATE
Briefing/Phasing Strategy As Existing/Proposed Plans Phases 1 & 2			15th November 2018
FILE NO. BGH		DWG NO. CDU/REV 07	





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

DEVELOPMENT APPROVAL FORM

ESTATES, FACILITIES & CAPITAL MANAGEMENT - ESTATES DESIGN TEAM

STATUS - PROVISIONAL COST ESTIMATE

Project Name: Proposed Chemotherapy Day Unit @ Y Banwy Ward, BGH, Aberystwyth - Phases 1 & 2

Client Unit & Project Director: Ceredigion / Peter Skitt

Supervising Officer: Julian Wheeler-Jones

File/Capital Reference: BGH

Project Allocation: TBA

Issue Date & Revision: 20th February 2019 - v4

(Major Refurb)

This estimate is based on current market costs and are valid for 90 days. Applications for revisions should be made after 90 days of this date if these works are being further considered.

Timescales (weeks):

138 weeks from provisional cost estimate approval to completion of project - 4th October 2021

Cost Statement

1	CDU Works Cost @ £1,542.00sqm x 607sqm	£	935,994.00
2	Planning Contingency 15 %	£	140,399.10
3	Statutory Fee(s) Cost / Asbestos / Sampling	£	8,500.00
4	Enablement / Adaption Works	£	40,000.00
5	Informatics & Telecommunications @ 10%	£	93,599.40
6	Vatable Items above: VAT @ 20%	£	243,698.50
7	Design Fee Cost @ 10.5 %	£	98,279.37
8	Time Charge	£	1,881.00
9	External Fees	£	65,519.58
10	In House - Direct Labour Assistance	£	5,000.00
11	Hotel Services / Contract Cleaning	£	5,000.00
12	Other / Non Cost Items	£	5,000.00

13	Equipment/Furniture - As Schedule	£	179,437.78
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14	Provisional Cost Estimate - Includes VAT.	£ 1,822,308.73
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Estimators Comments:

To be read in conjunction with:

- Phasing Strategy Drawing dated 15th November 2018 - ref: CDU/REV07
- Project Programme (Phases 1 & 2) v4 dated 20th February 2019

Scheme works costs in-line with Spons 2021 on overall square metre rates - these would include for contractors preliminaries andd gernal conditions and overheadsprofit, but not external works, furniture, loose or special equip

Scheme based on Schedule of Accommodation v3 dated 26/06/2018 - located at Y banwy Ward/No Scheme Brief

Ancilliary Project Information

a	Change in Heated Volume	TBA
b	Change in Heated Floor Area	TBA
c	Change in Energy Costs	TBA
d	Change in Maintenance / Hotel Services Costs	TBA
e	Capital Commitment Charge	£ 109,338.52
f	Change in Waste	TBA
g	Change in Rates	TBA
h	Change in Departmental Costs	TBA
i	Change in Equipment Costs	TBA

Extra over Revenue Costs Per Annum - TBA by Department/Directorate

BGH CDU PROJECT – PHASES 1 & 2 v6

12th June 2019

Task Name	Duration	Start	Finish
Stage 0 - Business Case / DCP Stage	92 days	Thu 14/02/19	Fri 21/06/19
Capital Planning Group Notification	1 day	Thu 14/02/19	Thu 14/02/19
Enlli Project Approval - CDU Enablement Stage	170 days	Mon 17/06/19	Fri 07/02/20
Executive Team Endorsement - CDU	1 day	Mon 25/3/19	Mon 25/3/19
Board Meeting	1 day	Thu 26/08/19	Thu 26/08/19
Internal Development of Fund Raising Appeal	50 days	Mon 30/9/19	Fri 06/12/19
CFC Meeting / Charitable Funding Approval	1 day	Thu 20/09/19	Thu 20/09/19
Launch Fund Raising Appeal	365 days	December 2019	December 2020
Stage 1 - Preparation and Brief	40 days	Mon 30/09/19	Fri 22/11/19
Phasing Strategy/Provisional Estimate	1 day	Wed 20/02/19	Wed 20/02/19
Prepare initial project brief and 1:200 layouts	30 days	Mon 30/09/19	Fri 08/11/19
Sign off 1:200 layouts	0 days	Fri 08/11/19	Fri 08/11/19
Review equipment costs and abatement	10 days	Mon 11/11/19	Fri 22/11/19
Review project costs and VE - Budget Cost Estimate	10 days	Mon 11/11/19	Fri 22/11/19
Stage 2 - Developed Design	90 days	Mon 25/11/19	Fri 27/03/20
Design development	40 days	Mon 25/11/19	Fri 17/01/20
Appoint design team	5 days	Mon 25/11/19	Fri 29/11/19
Prepare 1:50 drawings and RDS. Issue for review	20 days	Mon 02/12/19	Fri 27/12/19
Users 1:50 and RDS review period	10 days	Mon 30/12/19	Fri 10/01/20
User group 1:50 review meeting	1 day	Mon 13/01/20	Mon 13/01/20
Update 1:50 drawings and RDS. Issue for review	10 days	Mon 13/01/20	Fri 24/01/20
Users 1:50 and RDS review period	5 days	Mon 27/01/20	Fri 31/01/20
User group 1:50 review meeting	1 day	Mon 03/02/20	Mon 03/02/20
Update 1:50 drawings and RDS. Issue for review	10 days	Mon 03/02/20	Fri 14/02/20

BGH CDU PROJECT – PHASES 1 & 2 v6

12th June 2019

Users 1:50 and RDS review period	5 days	Mon 17/02/20	Fri 21/02/20
User group 1:50 review meeting / Sign-off	1 day	Mon 24/02/20	Mon 24/02/20
Update Cost Estimate - Budget Cost	10 days	Mon 24/02/20	Fri 06/03/20
Approval to proceed	15 days	Mon 09/03/20	Fri 27/03/20
Stage 3-4 Detailed and Technical Design	185 days	Mon 06/04/20	Fri 18/12/20
Design development	90 days	Mon 06/04/20	Fri 07/08/20
Prepare detailed and technical design	40 days	Mon 06/04/20	Fri 29/05/20
Review and feedback	5 days	Mon 27/04/20	Fri 01/05/20
Review and feedback	5 days	Mon 25/05/20	Fri 29/05/20
Sign off detailed design	0 days	Fri 19/06/20	Fri 19/06/20
Update cost estimate - Pre Tender Estimate	10 days	Mon 01/06/20	Fri 12/06/20
Prepare Tender	65 days	Mon 29/06/20	Fri 25/09/20
Tender period	20 days	Mon 28/09/20	Fri 23/10/20
Tender review and UHB approval	40 days	Mon 26/10/20	Fri 18/12/20
Stage 4 - Construction			
Construction Phases 1 & 2	326 days	Mon 04/01/21	Mon 04/04/22
Appoint Contractor	1 day	Mon 04/01/21	Mon 04/01/21
Contractor mobilisation Period	40 days	Mon 04/01/21	Fri 26/02/21
Phase 1 - Y Banwy Adaption/Enablement	50 days	Mon 01/03/21	Fri 07/05/21
Phase 2 - Y Banwy Ward (Proposed CDU)	160 days	Mon 10/05/21	Fri 17/12/21
Contractor Commissioning Period	20 days	Mon 03/01/22	Fri 28/01/22
Risk Register	20 days	Mon 31/01/22	Fri 25/02/22
Anticipated Project Completion	1 day	Fri 25/02/22	Fri 25/02/22
Health Board Commissioning	20 days	Mon 28/02/22	Fri 25/03/22
<u>CDU Go-Live Date</u>	<u>1 day</u>	<u>Mon 04/04/22</u>	<u>Mon 04/04/22</u>

**PWYLLGOR CRONFA ELUSENNOL
CHARITABLE FUNDS COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 th September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fundraising appeal for the development of a new Chemotherapy Day Unit at Bronglais General Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Jennings, Director of Partnerships & Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Nicola Llewelyn, Head of Hywel Dda Health Charities

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar gyfer penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>A business case relating to the development of a new Chemotherapy Day Unit (CDU) at Bronglais General Hospital (BGH) is being presented at the Hywel Dda University Health Board (UHB) Public Board meeting on 26th September 2019.</p> <p>An element of the business case will discuss the capital investment requirements for the development and the status of funding available. The business case will also propose that a fundraising appeal is developed under the umbrella of Hywel Dda Health Charities to meet the shortfall in funds required for the development.</p> <p>This paper presents the Charitable Funds Committee (CFC) with a summary of areas for consideration relating to the development of a fundraising appeal for a new CDU at BGH, in line with Charity Commission guidance.</p> <p><u>Cefndir / Background</u></p> <p>It has long been recognised that the physical environment of the current CDU at BGH is not fit for purpose. Whilst the excellent clinical teams deliver the very best care possible, the physical location of the current unit is unsuitable. As a result, an internal project group was formed in autumn 2017 to explore the options to develop a new CDU within the hospital to ensure that a safe, local and fit for the future solution is implemented for the delivery of chemotherapy and associated medicines for our patients.</p> <p>The business case being presented to the UHB's Public Board meeting on 26th September 2019 will demonstrate the need for a new CDU at BGH and ask the Board to approve the development of a new CDU.</p> <p>The business case will confirm that the project requires funding of £1,822,306 for the development based on the following budget estimated costs:</p>

Element	Total £
Works costs	935,994
Planning contingency	140,399
Statutory fees	8,500
Enablement/adaption works	40,000
Informatics & telecommunications	93,599
Variable items - VAT	243,698
Internal & external fees	165,679
Non works costs	15,000
Equipment/furniture	179,437
Total cost	1,822,306

The business case will also present the current status of funding available for the development:

Contribution from	Total £	Status
UHB discretionary capital funding	364,461	Approved as a pre-commitment from the UHB's 2020/21 discretionary capital programme.
Ceredigion Cancer Services T865	287,496	Proposed contribution from existing charitable funds held for cancer services at Bronglais Hospital. Represents 75% of the current fund balance. CFC approval required.
BA Jenkins Legacy Fund T332	259,977	UHB charitable funds committed to the scheme in 2015 (£250k). Approval of the additional £9,977 (interest growth) required.
Trustees of the Mid Wales Scanner Appeal	193,000	Confirmed contribution from the trustees of the external charity. Funds held externally.
Trustees of the Mid Wales Colo-Rectal Cancer Fund	123,000	Confirmed contribution from the trustees of the external charity. Funds held externally.
Total	1,227,934	

To meet the estimated £0.594m shortfall in funds required for the development, it is proposed that a fundraising appeal is developed under the umbrella of Hywel Dda Health Charities, subject to the development being approved by Board.

Asesiad / Assessment

Hywel Dda University Health Board (UHB) was appointed as corporate trustee of its charitable funds by virtue of Statutory Instrument 2009 No. 778 (W.66), with the Board serving as its agent in the administration of the charitable funds held by the UHB.

In accordance with the UHB's Standing Orders and Scheme of Delegation, the Board has nominated the Charitable Funds Committee to:

- i. Make and monitor arrangements for the control and management of the UHB's charitable funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- ii. Provide assurance to the Board in its role as corporate trustees of the charitable funds held and administered by the UHB.
- iii. Agree issues to be escalated to the Board with recommendations for action.

The role of the Charitable Funds Committee (CFC) should therefore involve consideration of whether a fundraising appeal to meet the estimated shortfall in funds required for the development of a new CDU at BGH is in the best interests of the charity.

To ensure that the CFC is discharging its duties to act in the best interests of the charity when making decisions, members are asked to consider the following:

1. Public benefit requirements

In accordance with charity law, all charities must have purposes that are for the public benefit. Any charitable fundraising appeals must therefore be for charitable purposes and 'for the public benefit'.

The BGH CDU fundraising appeal would seek to raise sufficient funds to meet the estimated funding shortfall required for the development. The development of the new unit would ensure that the population of Ceredigion and the neighbouring counties of Powys and Gwynedd would be treated in a modern and welcoming environment to match the outstanding care they receive from staff. It would also provide:

- A significantly improved environment for patients to offer comfort in more modern surroundings.
- Additional facilities such as counselling rooms and private spaces to ensure the ability to deliver privacy and dignity to patients and their families.
- A fit-for-the-future environment to deliver chemotherapy and haematological services, resulting in greater clinical efficiency and effectiveness for clinical staff.

2. Application of funds raised

The Charity Commission recommends that careful consideration is given to the purpose(s) of a charitable appeal and to the terms and wording used in an appeal. The Charity Commission has jurisdiction over funds raised as charitable appeals and those holding these funds. The Charity Commission can intervene if necessary to ensure that funds are applied for the charitable purposes for which they have been raised. If the purpose specified in an appeal cannot for some reason be achieved, or too much or too little money is raised, it can often present difficulties which can only be resolved by formal processes.

These difficulties can be avoided if proper attention is paid to the wording of charitable appeals to ensure that all appeals clearly state what would happen to any surplus funds and what would happen to donations if not enough funds are raised.

2.1 Single purpose appeals

Where one single purpose for an appeal has been specified, there is a higher risk of the charity either not raising enough funds to carry out that purpose or having funds left over which cannot be used for any other purpose.

'To provide a new Chemotherapy Day Unit for Bronglais General Hospital'

In this case if too much or too little money is raised to achieve this purpose, the charity would be required to go through a formal process to allow funds to be used for any other purpose.

2.2 Twin purpose appeals

If a charitable appeal has a twin or multiple purposes, each purpose has equal priority. This offers more flexibility in applying the funds however this may dilute the strength of the appeal to the public.

‘To provide a new Chemotherapy Day Unit for Bronglais General Hospital and more generally relieving the needs of those affected by cancer across Ceredigion’

In this case the funds raised could be used for either or both of the purposes.

2.3 Secondary purpose appeals

Alternatively, an appeal with one single purpose could make provisions in the appeal literature for what happens to funds raised after the primary purpose has been achieved and what happens to funds if not enough is raised to carry out the primary purpose. This is described as having a secondary purpose which differs from having twin or multiple purposes because the priority is to apply money to the primary purpose.

2.3.1 ‘To provide a new Chemotherapy Day Unit for Bronglais General Hospital. Once this aim has been achieved, or not enough money is raised to carry out this aim, any surplus or unused funds will be used to relieve the needs of those affected by cancer across Ceredigion.’

2.3.2 ‘To provide a new Chemotherapy Day Unit for Bronglais General Hospital. Once this aim has been achieved, any surplus or unused funds will be used to relieve the needs of those affected by cancer across Ceredigion’.

The examples above set out how funds will be used if there are any funds left over after achieving the primary purpose of the appeal or not enough money is raised. This secondary purpose would result in any remaining funds being used for wider aims but those closely associated with the overall aim of the appeal.

3. Fundraising appeal target

As outlined above, the current budget estimated costs for the development of a new CDU at BGH are £1,822,306. The current estimated shortfall in funds required for the development is £0.594m and it is proposed that the target for the fundraising appeal is set to meet the shortfall in full.

We are in a well-placed position to achieve this target due to our track record of attracting considerable charitable donations into our Ceredigion cancer services charitable fund:

2015-16	2016-17	2017-18	2018-19	M4 July 2019
£32,067	£59,005	£100,708	£167,207	£32,663

There has been a considerable increase in charitable donations in recent years to cancer services in Ceredigion. Our local communities have demonstrated their commitment to support local cancer services and are motivated in helping us to develop a new CDU at BGH. In recent times of economic uncertainty and increasing competition amongst charities nationally, our

charity has seen a notable increase in donations for Ceredigion cancer services and the appeal will build on these firm foundations.

4. Approach to fundraising

Our approach to fundraising would adopt the standard four phase model for a capital fundraising appeal. This model has been followed by a number of NHS charities who have developed successful fundraising appeals:

Phase 1	Planning	<ul style="list-style-type: none"> • Ensuring appropriate governance arrangements are in place • Developing a case for support • Identifying the resources required to manage a successful appeal • Planning of fundraising activities/campaigns in line with fundraising regulations and legislation • Developing communications/marketing plans
Phase 2	Private	<ul style="list-style-type: none"> • Making private approaches to potential supporters (e.g. trusts and foundations, corporate, high net worth individuals) to create momentum for phase 3 • Developing relationships with key stakeholders
Phase 3	Public	<ul style="list-style-type: none"> • Public launch of fundraising appeal • Implementation of fundraising campaigns and communications/marketing plans • Recommended for a minimum of 12-months
Phase 4	Post-Appeal	<ul style="list-style-type: none"> • Thanking supporters • Delivery of capital project • Converting appeal donors into longer-term supporters

The timelines associated with the phases outlined above will be dependent upon the approval of the development of the new CDU by Board. Should the development be approved by Board in September, it is anticipated that a fundraising appeal will be launched during November/December 2019.

The timescales relating to the duration of the appeal will also be dependent upon the phasing of the capital development and associated works however it is recommended that the duration of the fundraising appeal is for a minimum of 12-months.

No additional staffing costs have been identified as a requirement of the appeal. All associated non-pay costs such as design and printing costs have been built into the overall cost of the development, as per customary practice.

5. Governance arrangements

The Bronglais General Hospital Chemotherapy Day Unit Project Group was established in autumn 2017 and operates in line with the 'NHS Wales Infrastructure Investment Guidance, WHC (2018) 043'.

The aim of the Project Group is to ensure a safe, local and fit for the future solution is implemented for the delivery of chemotherapy (and associated medicines) for Ceredigion patients with the following key functions:

1. To develop and agree a suitable service model for the delivery of chemotherapy for Ceredigion patients.
2. To determine and progress with the most appropriate capital funding route whether that be discretionary application, charitable funding application or accessing All Wales Capital Funding (via a Business Justification Case route).
3. To oversee, approve and monitor the project to ensure it meets its capital investment and service objectives. To approve capital investment proposals relating to the project.
4. To ensure appropriate evaluation of the service change and address any areas of concern.

It is proposed that a Fundraising Sub-Committee of the Project Group is established to oversee the development and implementation of a fundraising appeal. The Sub-Committee would in turn report to the Charitable Funds Committee on a quarterly basis.

The Sub-Committee will be responsible for monitoring progress of the appeal to ensure that it achieves its key milestones as well as ensuring co-ordination between all appeal fundraising and communications activities at both an operational and strategic level.

The Project Group is responsible for the development's risk register along with mitigation measures. Any risks identified by the Sub-Committee will feed into the Project Group's risk register.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to **NOTE** the areas for consideration relating to the development of a fundraising appeal for a new CDU at BGH.

Subject to the development being approved by Board, the Charitable Funds Committee is also asked to:

- **APPROVE** the development of a fundraising appeal under the umbrella of Hywel Dda Health Charities for a new Chemotherapy Day Unit at Bronglais Hospital, in anticipation of this scheme being approved by Board in September 2019.
- **CONSIDER** and **AGREE** the most appropriate purpose(s) for the charitable appeal.
- **REAFFIRM ITS COMMITMENT** to the £250,000 of charitable funds committed to the scheme in 2015 and **APPROVE** the additional sum of £9,977 of current and any future interest growth to the scheme.
- **APPROVE** the contribution of £287,496 from the Ceredigion Cancer Services charitable fund (T865) to the development.
- **NOTE** the governance arrangements for the fundraising appeal.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y
Pwyllgor:

- 5.1 To make and monitor arrangements for the control and management of the Board's charitable funds, within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework.
- 5.2 To provide assurance to the Board in its role as corporate trustees of the charitable funds held and

	administered by the Health Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included in the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Bronglais General Hospital Chemotherapy Day Unit Project Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No additional staffing costs have been identified as a requirement of the appeal. Any non-pay costs such as design and printing costs have been built into to the overall cost of the development.
Ansawdd / Gofal Claf: Quality / Patient Care:	The fundraising appeal seeks to provide a significantly improved environment for patients to offer comfort in more modern surroundings.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	There are reputational risks if the appeal is associated with unethical fundraising or public opposition to a NHS charity launching an appeal of this nature.
Cyfreithiol: Legal:	The fundraising appeal would be developed in line with Charity Commission guidance and fundraising regulations.

Enw Da: Reputational:	It is envisaged that the main media interest will be focused on the Board level discussions regarding the development. There are however reputational risks if the appeal is associated with unethical fundraising or public opposition to a NHS charity launching an appeal of this nature.
Gyfrinachedd: Privacy:	No impact
Cydraddoldeb: Equality:	No EqlA is considered necessary for a paper of this type.



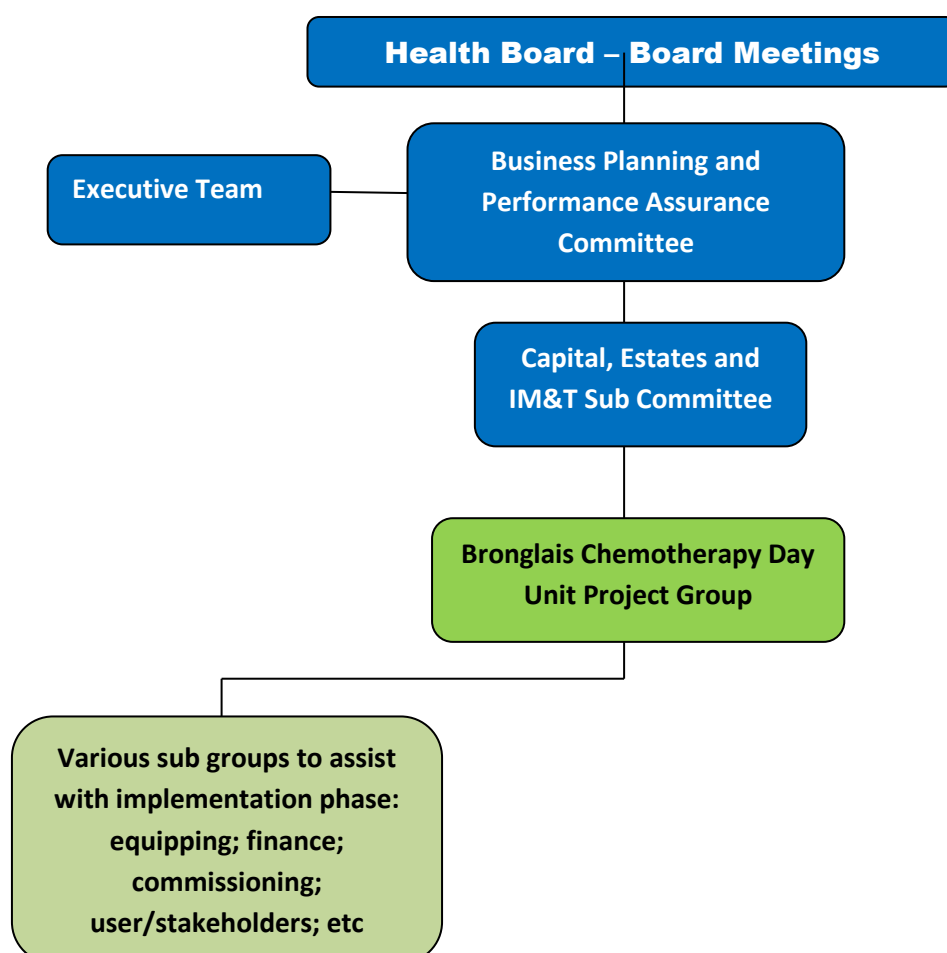
Bronglais Chemotherapy Day Unit Project Group Draft Governance Arrangements

Overview

This document outlines the governance structure arrangements for the Bronglais Chemotherapy Day Unit Project Group. It has been designed following the “Capital Investment Manual – Commissioning a Health Care Facility 2013” and details the main roles/responsibilities associated with the project.

Reporting arrangements are detailed below:

Figure 1: Bronglais Chemotherapy Day Unit Project Group



NB: A Capital Highlight Report on the scheme will be forwarded to the Capital, Estates and IMT Sub Committee and Business Planning and Performance Assurance Committee on a regular basis.

Aim

The aim of the Project Group is to ensure a safe, local and fit for the future solution is implemented for the delivery of chemotherapy (and associated medicines) for Ceredigion patients.

Functions

The Project Group will have four key functions:

1. To develop and agree a suitable service model for the delivery of chemotherapy for Ceredigion patients;
2. To determine and progress with the most appropriate capital funding route whether that be discretionary application, charitable funding application or accessing All Wales Capital Funding (via a Business Justification Case route);
3. To oversee, approve and monitor the project to ensure it meets its capital investment and service objectives. To approve capital investment proposals relating to the project;
4. To ensure appropriate evaluation of the service change and address any areas of concern.

Objectives

Planning phase

1. To describe and agree the future service model which is based on activity figures, staffing figures/issues, predicted future demographics/local health needs, cross county arrangements, telemedicine advances, linkages with key services (eg aseptic provision) etc.
2. To agree and implement the estate solution for the future service model which includes:
 - Identifying options for the location of the new service;
 - Designing, agreeing and costing floor plans and equipping requirements for the new service;

- Agreeing the funding route (eg All Wales Capital Programme, Discretionary Programme, Charitable Funding or a combination of funding sources);
 - To co-ordinate and complete the relevant application process (either Business Justification Case route, Discretionary Capital application or Charitable Funding application).
3. To give consideration to stakeholder engagement mechanisms including the establishment of a Stakeholder Engagement Group. To ensure the preparation of an agreed Communications and Engagement Plan. To undertake engagement with key stakeholders on the service change proposals and seek their input into future changes.
 4. To ensure the scheme is managed within strict governance arrangements. This includes the production of a Project Initiation Document, Project Plan, Risk Register and regular Capital Highlight Reporting to the relevant committees and sub committees (see Reporting Mechanisms).
 5. To manage and oversee the development of a Privacy Impact Assessment and Equality Impact Assessment for the project as part of the discretionary application process. Should the All Wales Capital Funding route be followed additional documentation will be required including an Integrated Impact Assessment, Health Impact Assessment, etc.

Implementation phase

6. To agree and establish various sub groups to oversee the implementation of the scheme. Some examples may include sub groups for finance, stakeholder engagement, equipping, etc.
7. To identify a service lead who will manage the commissioning phases for the new Unit and report directly back to the Project Group. To ensure a process/mechanism for undertaking the service commissioning is established/implemented.
8. To identify a service lead who will formulate an agreed service specification for the new Unit and report directly back to the Project Group.
9. To identify a lead to co-ordinate formal Health Board opening arrangements such as an open day/opening ceremony.

Evaluation phase

10. To formally evaluate the service change within one year of the service being operational to assess whether it has achieved its objectives.

10.To report the outcome of that evaluation to the Capital, Estates and IMT Sub Committee.

Reporting arrangements (defined in “Overview” section)

11Any urgent matters that may compromise patient care, affect the operation of the service and/or the reputation of the Health Board will be escalated to the Senior Responsible Officer for the scheme via the Project Director.

Membership

The Senior Responsible Officer for the scheme will be Joe Teape, Deputy Chief Executive and Director of Operations and the Project Director will be Peter Skitt, County Director (Ceredigion). A detailed description of the roles of the SRO and PD is provided in the Project Initiation Document for the scheme.

The membership of the Project Group is listed below along with the role of individual representatives:

Name	Title	Role
Peter Skitt	County Director Ceredigion	Project Director and Chair of the Project Group. To provide overall leadership and project direction to the scheme. To act as the lead reporting officer to CE&IMT Sub Committee. To brief relevant stakeholders on the progress of the scheme (see also roles and responsibilities as defined in Project Initiation Document). Assurance of financial arrangements.
Emma Brookes	PA to County Director	Co-ordinating meetings, agenda setting and the production of minutes/action points.
Vacant post	Hospital Director, Bronglais General Hospital	Overall medical lead and responsibility for the Bronglais Hospital estate. Ensuring engagement with medical colleagues.
Hazel Davies	General Manager, Bronglais General Hospital	Ensure consistency between plans and overall site/service development and ensure estates plans meet service needs. Co-ordination of any service relocation plans.
Dr Elin Jones	Associate Specialist	Professional clinical input into all relevant aspects of the scheme (including site location, schedule of accommodation, equipping requirements etc). Liaison role back to the service.
Keith Jones	Assistant Director Acute Services	Overall operational and strategic responsibility for the service.

Name	Title	Role
Debra Bennett	Cancer Services Delivery Manager	Lead service manager – input required regarding service modelling, etc.
Gina Beard	Lead Cancer Nurse	Lead cancer nurse/professional input. Responsibility for operational nursing input. Input required into preparing the schedule of accommodation, any data/demand predications, etc.
Cerith Morgan	Pharmacist	Ensure consistencies with current and planned aseptic service provision. Ensuring national standards are met.
Rhian Preece Jones	Lead Chemotherapy Nurse Specialist	Professional nursing input into all relevant aspects of the scheme (including site location, schedule of accommodation, equipping requirements etc). Liaison role back to the service.
Paul Williams	Asst Director of Planning	Ensure planning guidance is adhered to. If required to act as a conduit between the University Health Board and Welsh Government via Welsh Government Capital Review Meetings.
Emma Cadman	Health Planning Manager	To co-ordinate the planning process including facilitation of: governance arrangements, project initiation document, risk register, capital highlight reports, equality impact assessment, privacy impact assessment, discretionary application and reports to Committee/Board as appropriate.
Nicola Llewellyn	Head of Hywel Dda Health Charities	Charitable funds advisory role. Liaison between the Project Group, operational service, charities and Charitable Funds Sub Committee. Co-ordination of fundraising campaign as appropriate.
Julian Wheeler-Jones	Discretionary Capital Projects Manager	Project architect and estates design lead. Preparation of the schedule of accommodation and DAF. Co-ordination of tender and contracting processes. Liaise between the contractor and the Project Group on technical matters and progress reports. Production and monitoring of a Project Plan (estates implementation)
Tom Wilson	Communications Officer	To co-ordinate the communications and requirements for the scheme as determined by the Project Group. To jointly (with the engagement team) prepare a communications and engagement plan for the scheme.

Name	Title	Role
Delyth Evans		<p>To co-ordinate the engagement requirements for the scheme as determined by the Project Group. This will include co-ordinating a Stakeholder Group if determined appropriate.</p> <p>To jointly (with the communications team) prepare a communications and engagement plan for the scheme.</p>
Community Health Council representative	TBC	To act as the patient and public representative for the Project Group. To undertake a scrutiny and advocacy role.
Peter Evans	Assistant Head of Capital and Service Modernisation	Preparing the financial case. Ensuring robust capital and revenue budgets. Monitor project finances. Reporting financial status to the Project Group and Welsh Government (as appropriate).
Equipping representative	TBC	<p>Establish relevant mechanism s undertake the equipping necessary for the project. Liaise between the relevant service and Project Group to prepare a costed equipping schedule and co-ordinate the procurement as appropriate.</p> <p>To advise on room layouts and interior decor. Liaison between the service and IT to ensure effective comms are in place.</p>

NB: the above roles relate to the work needing to be undertaken for a discretionary application. Should the Business Justification Case application process be deemed to be the most appropriate route, roles will be reviewed accordingly.

Commissioning and opening ceremony roles/arrangements will be confirmed as the scheme progresses.

Meeting Frequency

The Project Group will meet on a monthly basis.

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Making Malnutrition Matter Business Case
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director of Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Shakeshaft, Director of Therapies and Health Science

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>In Hywel Dda University Health Board (HDdUHB), there is a risk of significant harm to adults in hospital as a result of malnutrition. This is predominantly caused by dietetic establishment capacity being unable to reach 50% of patients screened at high nutritional risk. Risk 654 is assessed as extreme in the patient safety domain with a red score of 20 and has been considered at length by both the Operational Quality, Safety and Experience Sub-Committee (OQSESC) and the Quality, Safety and Experience Assurance Committee (QSEAC).</p> <p>The 'Making Malnutrition Matter' Business Case (attached at Appendix 1) was considered by the Executive Team on 22nd July 2019, resulting in agreement in principle to support Option 3, to increase dietetic staffing for the acute hospital sites, pending formal approval by the Board in September 2019.</p> <p>The Board is asked to consider and approve Option 3, to increase dietetic staffing for the acute hospital sites, over a two year period, in order to address the extreme risk associated with Risk 654 to reduce it to tolerance level.</p> <p><u>Cefndir / Background</u></p> <p>In HDdUHB, unaddressed malnutrition in hospital is adversely impacting on patient outcomes, including increased morbidity and a contributory factor to mortality, and is leading to increased healthcare utilisation. Within establishment, the acute dietetic service cannot respond to more than 50% of patients screened at high malnutrition risk; assessed as an extreme risk with a red score of 20 (Risk 654).</p> <p>The risk was escalated following a Coroners Regulation 28 Report in November 2018, in addition to safeguarding case reviews, which identified concerns and themes relating to the nutritional care of inpatients and escalation of concerns regarding poor nutritional care on the wards.</p> <p>A detailed assessment of Risk 654 was presented for scrutiny at the OQSESC on 14th May 2019 and reported to QSEAC on 4th June 2019. QSEAC subsequently requested a report on the risk, including mitigating actions and the proposed business case, to be presented at its</p>

meeting on 1st August 2019.

The risk has also been discussed during the Chief Executive Officer Performance Review of Therapy Services, where it was agreed that a business case was required to identify the funding required for increased dietetic capacity to address the risk. The Head of Dietetics recommended the business case considered addressing malnutrition across the system to have optimal impact on patient outcomes and healthcare utilisation, in line with the evidence base.

Evidence reports that malnutrition is associated with poor clinical outcomes including accelerated disease progression, increased risk of falls, frailty, and loss of skin integrity, impaired cognitive status, and reduced muscle function, loss of functional ability and increased morbidity and mortality. The prevalence of malnutrition in the UK varies with age and setting; on admission to hospital it is estimated to be highest in those >65yrs at 33.6%, however the hospital point prevalence is higher because malnourished people stay in hospital longer (Elia, 2015). Healthcare utilisation costs are significantly higher for malnourished patients, and once in hospital, malnourished patients will have an average longer stay of 3 days (Guest et al, 2011, Stratton et al, 2003, Elia et al, 2009), mortality rates are high and failed discharges common. Investing in addressing malnutrition is ranked as the 3rd highest potential for cost savings in the NHS (NICE, 2011 & NHS England, 2015).

Asesiad / Assessment

Risk 654 is assessed as an extreme risk in the patient safety domain with a score of 20. The control measures are inadequate to control the risk and the actions required to address the risk are highly dependent on increasing dietetic capacity to respond rapidly to identified need, to educate and train others and to support establishment of improved systems to address malnutrition.

There is evidence of harm to patients due to malnutrition, including evidence that a small number of patients are very likely to have died as a result of unmanaged malnutrition either directly or indirectly.

The dietetic service triages all referrals received from the wards prioritising those with the highest risk and complexity; existing capacity is predominantly focused on patients requiring clinically assisted nutrition. At any time, 50-80 patients who have been screened at high risk of malnutrition are waiting far too long for assessment, within establishment the average response time is 12 days. During the time patients are waiting for dietetic assessment their nutritional status typically deteriorates and they are very likely experiencing harm, however, this is often not recognised as related to their malnourished state. Many of the patients dietetics cannot reach are elderly, frail patients for whom poor nutrition and hydration have a profound and rapid adverse impact.

Good nutritional care in hospital is reliant on a team approach including the identification of malnutrition risk via screening and first line nutritional support by the ward nursing team. This should act as a control measure for patients at risk of malnutrition, however, Risk 654 is compounded by Risk 303 on the Corporate Nursing risk register (score 12): there is a risk of harm to frail dependant patients as a result of not meeting their nutrition and hydration needs because it is not reliably identified, or the team do not have adequate training or adequate time to provide the level of support required, resulting in patients becoming more malnourished or dehydrated when in hospital.

Furthermore, in the community there is significant unidentified malnutrition particularly in the older population, and long delays in dietetic response to those with identified high malnutrition risk, which evidence states is adversely impacting on wellbeing and leading to increased demand on healthcare particularly in secondary care; this is captured by Risk 658 (score 16) on the Therapies risk register.

In HDdUHB there are examples of good practice: in Prince Phillip Hospital the Ward 1 frailty model has been supported by dietetics using short term Intermediate Care Fund (ICF) funding. The nutrition focussed model resulted in a cohort of frail elderly patients, experiencing reduced malnutrition risk, weight gain, and improved function during hospital stay, with an average reduction of 1 day in length of stay. This model demonstrates the patient and organisational impact, and sets a clear standard for good inpatient nutritional care.

The HDdUHB acute dietetic service establishment is 50% of recommended staffing against standards with small teams of between 1.6 and 3.5 whole time equivalent (wte) per acute site working across all adult wards including specialist areas such as critical care and stroke. The teams have wider responsibilities including outpatient clinic delivery, working with catering to ensure food provision is in line with standards and meets patients' therapeutic dietary requirements, and expert nutrition education and training of other healthcare professionals. In addition to the inability to respond to identified patient need, education delivery is significantly limited, which compromises the knowledge and skills of other professions, and waiting time pressures are an ongoing concern for the service.

Existing control measures for Risk 654 include:

- All adult inpatients are screened by the nursing team for malnutrition risk within 24 hours of admission and routinely thereafter. The nutrition screening tool identifies patients as low, moderate or high risk and informs first line actions required by the ward nursing team. It triggers referral to dietetics for patients at high risk. Evidence indicates that compliance with screening and particularly ward-based first line nutritional support is variable. Work has continued via the Nutrition and Hydration Group and the operational nutrition groups to focus on improving ward based first line nutritional support.
- The dietetic team triage & prioritise all acute referrals to focus dietetic capacity on the patients whose needs are more complex and/or at highest risk. Some patients with high complexity cannot be responded to quickly enough to reduce the harm from malnutrition. Most patients with less complex needs are older frail patients for whom poor nutrition has a rapid and significant adverse impact.
- Health Board clinical guidance is available to inform and guide ward teams to safely initiate clinically assisted nutrition. Ward teams routinely refer to starter enteral tube feeding regimes when dietetic support is not available. These regimes are safe for starting tube feeding only and must be followed by dietetic assessment to ensure individually assessed needs are met.
- Ward teams have received communication regarding first line prescribing for patients screened at high risk when a food first approach is inadequate and/or there is ongoing delay in dietetic response.
- The dietetic service has tried to maintain acute establishment by over recruiting and using agency staff on a like for like capacity to cover short term gaps. The service has successfully recruited a number of new graduate dietitians from July 2019, bringing the service to full current funded establishment.
- The dietetic service has identified the requirement for an incremental increase in acute dietetic staffing within the Annual Plan.
- The service has been working with the acute site management teams in Bronglais, Withybush and Prince Phillip Hospitals to identify the local need for increased dietetic

capacity within unscheduled care and frailty plans; and discussion with the Glangwili Triumvirate is pending. Increased dietetic capacity was included in the Pembrokeshire Transformation Fund proposal (with a front door and first 72 hour focus), however this was removed because of limited funding and the need for strict alignment with funding criteria. In Ceredigion there is potential scope for increased community dietetic capacity associated with training and education in Programme 3.

- The service has tried to work incrementally with one ward at a time where there are cohorts of patients at highest malnutrition risk to improve the system of nutritional care, thereby reducing the impact of the risk for patients in that ward. Limited capacity has restricted this development.

Despite the above control measures there remains a high number of patients (50 to 80 patients at any time) who cannot be responded to in a timely way and continue to be at high risk.

In addition to the dietetic service actions outlined above, there has been a recent review of the operational nutrition and hydration structure reporting to the Nutrition and Hydration Group (NHG) recognising the need for increased active engagement with operational nursing teams to drive improvements in ward based nutritional care. The proposed new structure includes the development of 'nutrition champion' nurses for nutrition and hydration and a change from site operational meetings to a multi-professional focus on prioritised aspects of the nutritional care pathway via task and finish groups. This change is designed to support incremental improvements towards ensuring ward based first line nutritional support can reliably act as a control measure.

The business case 'Making Malnutrition Matter', which sets out options for addressing Risk 654, and Risks 303 and 658, with the recommended option being a system wide approach to malnutrition, was considered by the Executive Team on 22nd July 2019. Agreement in principle was given to address the acute hospital dietetic shortfall in capacity (Option 3), pending formal approval by the Board in September 2019. This action will address the immediate risk associated with Risk 654 to reduce it to tolerance level. The associated revenue impact is £113k for 2019/20 and £329k from 2020/21 onwards. Winter Pressures funding has been identified as a potential initial source of funding for 2019/20, whilst further work is undertaken to identify a recurrent funding source.

It was agreed by the Executive Team that the community malnutrition elements of the business case should be considered through the Transformation Fund process, however, this may not fully meet the criteria and there is already a significant call on this funding stream. The dietetic service will continue to discuss potential areas for development to address Risk 658 with the County Directors.

Argymhelliad / Recommendation

The Board is asked to:

- Consider and approve Option 3 within the 'Making Malnutrition Matter' Business Case, to increase dietetic staffing for the acute hospital sites over a two year period, in order to address the extreme risk associated with Risk 654 to reduce it to tolerance level, at an associated revenue impact of £113k for 2019/20 and £329k from 2020/21 onwards.
- Consider the recommendation for the community malnutrition elements of the business case to be considered through the Transformation Fund process.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 654 (score 20) Risk 303 (score 12) Risk 658 (score 16)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2.5 Nutrition and Hydration 3.1 Safe and Clinically Effective Care 5.1 Timely Access 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	2. Living and working well 3. Growing older well 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the business case
Rhestr Termiau: Glossary of Terms:	Contained within the SBAR/business case
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Nutrition and Hydration Group Operational Quality, Safety and Experience Sub-Committee Quality, Safety and Experience Assurance Committee Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	See Appendix 2 If Option 3 is approved, revenue impact of £113k in 2019/20 – potential funding source Winter Pressures funding. Revenue impact year 2 onwards of £329k, source of funding not yet identified.
Ansawdd / Gofal Claf: Quality / Patient Care:	See Appendix 2 Potential adverse quality and/or patient care outcomes/impacts if risk not addressed/business case not approved

Gweithlu: Workforce:	See Appendix 2 If Option 3 is approved, additional staffing requirements: Year 1 - 2019/20 Year 2 – 2020/21 2 x band 7 dietitians 1 x band 5 dietitian 2 x band 5 dietitians 3 x band 4 HCSW 1 x band 4 HCSW
Risg: Risk:	See Appendix 2
Cyfreithiol: Legal:	See Appendix 2 Potential future legal implications if risk not addressed and patient harm experienced.
Enw Da: Reputational:	See Appendix 2 Potential for political or media interest if not approved/risk not addressed. No reason for any public opposition.
Gyfrinachedd: Privacy:	See Appendix 2 N/A
Cydraddoldeb: Equality:	See Appendix 2 Has EqIA screening been undertaken? Yes

Making Malnutrition Matter

Business Case July 2019

**'It costs 3.36 x more to care for
someone who is malnourished vs
someone well nourished'**

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Executive Summary

Why Malnutrition Matters

Malnutrition has a substantial impact on the health economy with increased demands on unscheduled care, primary care and social care (BAPEN, 2018). Malnutrition is associated with poor clinical outcomes including accelerated disease progression, increased risk of falls, loss of skin integrity, impaired cognitive status, and reduced muscle function, loss of functional ability and increased morbidity and mortality.

Across Hywel Dda University Health Board (HDdUHB) acute hospital sites, malnutrition is a patient safety issue, with the Dietetic Service being unable to respond to the number of patients referred with high malnutrition risk, which is resulting in harm. This extreme clinical risk is compounded by the inability to provide consistently robust nutritional care at ward level due to poor staffing, knowledge and skills and high patient acuity.

In the community most malnutrition is not identified or is identified too late to effectively reduce the adverse impacts. Evidence shows that unaddressed malnutrition leads to a fourfold increased risk of frailty, three times higher healthcare utilisation costs, increased admissions and higher care needs. For those identified at high risk, the wait for dietetics is too long which means nutritional intervention is often too late to optimally reduce the adverse impacts of malnutrition.

Evidence reports that the benefits of treating malnutrition far outweighs the costs (Wilson & Health, 2013).

The Health Board is asked to support the proposal to initiate a strategic approach to systematically address malnutrition, in order to improve patient outcomes, reduce clinical risk and associated harm, and reduce costs associated with malnutrition by:

- Integrating the avoidance and proactive identification and management of malnutrition and poor hydration with a focus on older people across health and social care pathways and systems
- Implementing pro-active screening for malnutrition and first line actions across the community with 'Making Malnutrition Matter' part of business as usual
- Developing services that can respond rapidly to people identified at risk of malnutrition anywhere in the system using a stratified, prudent model
- Empowering people and their families, carers and proximal community to take earlier action on malnutrition and poor hydration by embedding malnutrition and poor hydration risk factors into prevention and health improvement programmes
- Increasing stakeholders' awareness and knowledge of malnutrition and poor hydration and its impact
- Increasing the capacity of Dietetics to enable timely response to high risk complex needs (addressing extreme Health Board risks), to lead the call to action, to educate others to effectively and sustainably manage lower level needs and to drive system wide change

Within HDdUHB fully applying NICE CG32 and QS24 by targeting 85% of subjects with moderate and high risk of malnutrition in the population, has the potential to result in overall net cost efficiencies of between £620k and £1.1 million per year (Elia, 2015)

Background

Nutrition is everyone's business, achieving good nutrition and the associated positive impacts on outcomes demands a multi-professional and multi-agency, system-wide approach. Nutrition and hydration is a fundamental aspect of care and a basic human right. Failure to identify and address malnutrition in a care setting is a patient safety issue.

The prevalence of malnutrition in the UK varies with age and setting; on admission to hospital it is estimated to be highest in those >65yrs of age at 33.6%, however the hospital point prevalence is higher because malnourished people stay an average of 3 days longer in hospital (Guest et al, 2011). Malnourished adults account for about 30% of hospital admissions, 35% of older people admitted to care homes, 15% of outpatient clinic attendances and 10% of those presenting at their GP (BAPEN, 2018).

The public health and social care expenditure associated with malnutrition in England in 2011–12, identified using the 'Malnutrition Universal Screening Tool' (MUST), was estimated to be about 15% of the total expenditure on health and social care (Elia, 2015). The National Institute for Health and Care (NICE) has shown that better nutritional care reduces complications and length of stay and estimate that addressing malnutrition systematically offers the 3rd greatest potential saving to the NHS (NICE, 2011).

At any given time more than 90% of malnutrition is in the community, however, the greatest financial burden of unmanaged malnutrition is on acute healthcare; evidence states that preventative measures should be taken in the community to reduce the economic burden of malnutrition (Elia, 2016).

There is an increasing drive in healthcare provision to decrease mortality and morbidity by ensuring that people receive interventions developed in line with the principles of prudent healthcare. Malnutrition cuts across clinical conditions and pathways but is fundamental to delivery of value based healthcare. Despite strong evidence and recognised guidance and strategies there has been limited uptake across communities largely due to a lack of knowledge and competing priorities. In addition increasing rates of obesity can mask the presence of malnutrition. Too often nutritional care is assumed to be good or its impact as a determinant of well-being not understood, meaning its integral role in achieving good clinical outcomes is not adequately considered.

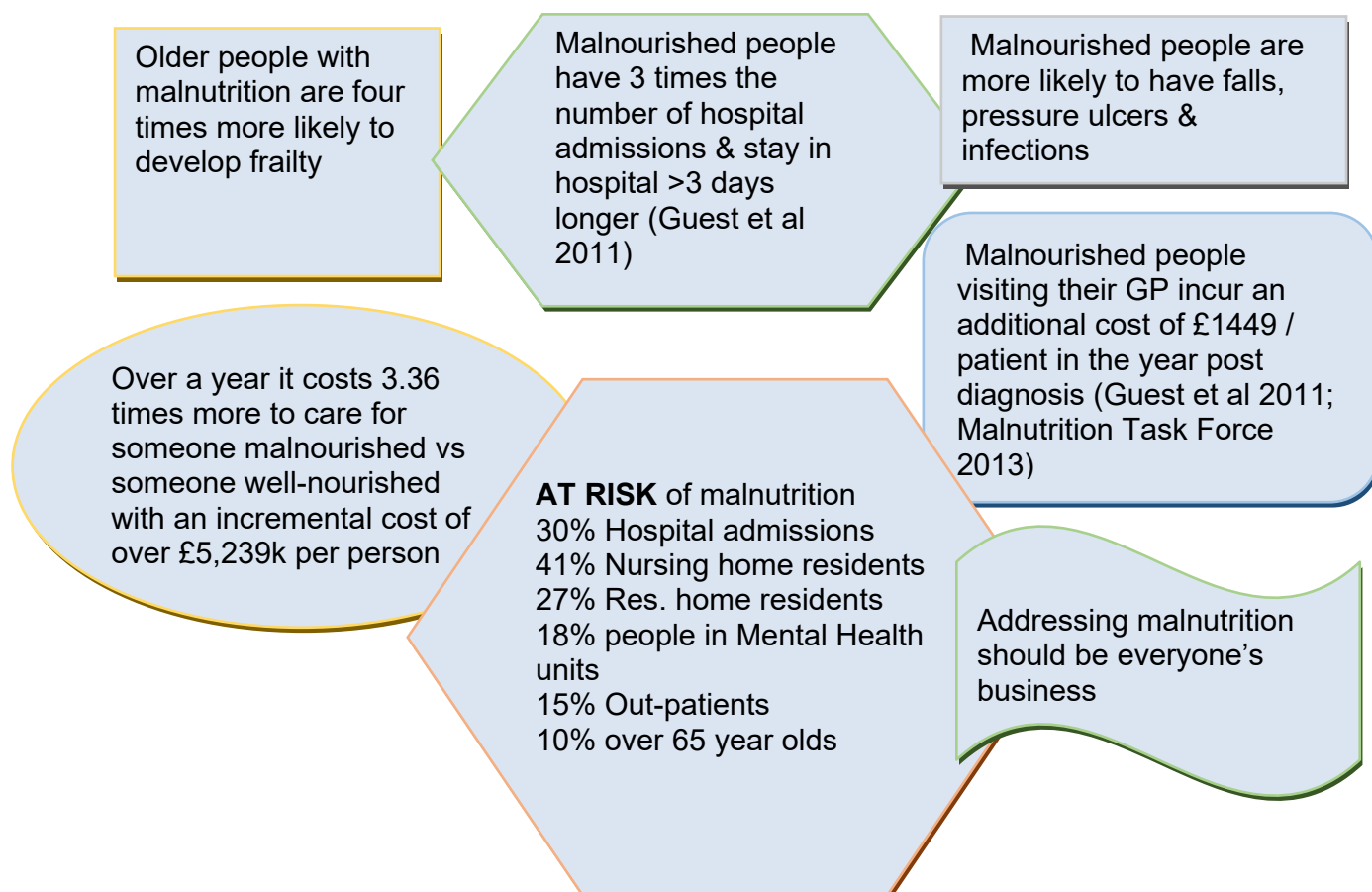
Malnutrition risk increases with age, presence of chronic disease, recent discharge from hospital, poverty and social isolation. The detrimental impact of malnutrition on older people is well reported, the Malnutrition Task Force: Hidden Hunger and Malnutrition in the Elderly report, 2018 and the European Society of Enteral and Parenteral Nutrition (ESPEN) guidance on nutrition and hydration in geriatrics (Volkest at al, 2018) set out a compelling case for action. Older people with malnutrition are four times more likely to have frailty (Boulos at al, 2016), and nutritional status is a recognised mediating factor in frailty (Fried et al, 2001). Weight loss and frailty are not an inevitable or natural part of the ageing process, weight loss is largely preventable and treatable.

The development of malnutrition is multi-factorial with a range of physical (swallowing problems, poor dentition, underlying disease, drug interactions), social (loneliness,

bereavement, ability to cook, mental state) and environmental factors (housebound, access to shops, functional ability) impacting on an individual's risk.

In the hospital setting the value of establishing a malnutrition diagnosis is to prompt malnutrition-based interventions because malnutrition represents a potentially modifiable risk factor in patient care (Conrad et al, 2018). The adverse impact of deconditioning in hospital is well reported; nutritional state is a key determinant of deconditioning and therefore a factor in loss of function, which in turn increases the likelihood of a requirement for long term care.

Malnutrition Matters



The Hywel Dda University Health Board Context

In spite of work to implement the All Wales Hospital Nutrition and All Wales Community Nutrition Pathways (WG, 2011) most people at malnutrition risk in the community are not being identified because screening is not widely undertaken, with the exception of care settings. In hospital, screening for malnutrition is embedded in practice but circa 50% of people identified at high risk of malnutrition are waiting too long for dietetic assessment and intervention, with a resultant risk of significant harm.

There are two extreme risks (Datix reference 654 & 658) related to a well described lack of dietetic capacity to meet the demand to respond to patients screened at high risk of malnutrition both in the acute setting (where there is a well described red risk 20) and the community (red risk 16). The acute risk is leading to adverse outcomes for patients including the potential for death as a direct or indirect outcome of malnutrition in

hospital. A recent Coroners regulation 28 report and safeguarding reviews have increased the scrutiny of this risk.

Compounding the acute risk there is a corporate nursing risk (Datix reference 303) related to the lack of capacity, knowledge or skills in the acute nursing workforce to ensure the nutritional needs of people in hospital with a high level of care needs (older people with frailty) are met.

Scrutiny of risk 654 has indicated that despite screening being part of routine practice in secondary care there is a lack of recognition of the adverse impact of malnutrition so it is unlikely to be receiving the significant focus needed in the context of the busy ward environment.

Within the Health Board the standard for good nutrition at ward level has been set by the Prince Phillip Hospital ward 1 frailty project. This model of ward nutritional care clearly demonstrated 'what good looks like' but is dependent on dietetic capacity (to deliver education, training and to support the system change), engagement with the MDT and commitment to ensure nutrition and hydration are prioritised.

What does good ward nutritional care look like?

On Ward 1 in Prince Phillip Hospital the ICF funded frailty project (2017) short term funded dietetic sessions to deliver competency based training for HCSW, coupled with system improvement including changes to the environment, access to food, and knowledge and skills of the wider team. Despite the high level of frailty and dementia in the cohort of patients:

- 80% experienced improved nutritional status during hospital stay and a proxy function measure indicated improving strength
- Average 1 day reduction in LOS: 118 patients had improved nutritional status supporting cost reduction in bed days of £51k (based on average LOS for >65yrs of 5.9 days @ total cost of £2566)
- 30% reduction in nutrition prescribing costs: £4.8k

In the community, screening for malnutrition is only routinely undertaken in care homes, however, the number of high risk referrals to dietetics from this source alone far outstrips the capacity to respond in a timely way. The impact of delayed response to this identified need includes increased incidence of pressure damage, greater demand on primary care and increased unscheduled admissions compared to the well-nourished older person. In addition, poor hydration leads to increased falls, UTI and delirium. Delays in response mean that the opportunity to influence the older person's well-being through improved nutrition and hydration is missed and healthcare utilisation is already increased.

Community services: local proof of concept: a recent HDdUHB community dietetic project in a dementia care home with a high referral rate to dietetics, aimed to initiate addressing malnutrition more systematically. 3 month outcomes included:

- Improved nutritional provision for residents using Food First
- 40% reduction in growth of nutritional prescribing costs: £2.5k saving relating to 5 residents
- Reduced inappropriate referral to dietetics
- Care home staff were enabled to manage lower levels of need more effectively

Identifying and addressing risks to nutrition and hydration has a role in emergency and ambulatory care. An ongoing project in Cardiff & Vale University Health Board putting 'dietetics at the front door' recently reported:

- 28% patients attending A&E identified at high risk of malnutrition & 37% at risk
- 17% at high risk of dehydration & 49% at moderate risk; almost all patients admitted with a fall were at moderate or high risk of dehydration
- Dietetic intervention initiated at the front door resulted in 90% people achieving improvement at 4 weeks.

Screening for malnutrition risk is not routinely undertaken by the community teams nor by partner agencies and there is no screening undertaken in primary care or outpatient clinics limiting key opportunities to identify and manage malnutrition risk pro-actively. Combined with very little or no dietetic presence, malnutrition is often unrecognised and rarely prioritised for action. NICE clinical guideline 32 states that screening should be carried out for all people in care settings. In the community, screening should be carried out on initial registration to GP practice, at other clinic opportunities and wherever there is a clinical concern e.g. unintentional weight loss, poor appetite (NICE, 2006).

Improving community nutrition: local proof of concept

A recent regional workforce funded project enabled dietetic sessions to work with Carmarthenshire Domiciliary Support Workers (DSW), headline outcomes included:

- Increased DSW knowledge and skills in nutritional care resulting in the appropriate identification of clients at risk and effective first line practical actions to combat malnutrition risk
- 28 clients were identified as requiring nutritional care as part of their reablement plan and were successfully re-abled
- Prescribing was reduced by 6.5% in the project period, saving £3.6k
- The 28 clients had 90 previous admissions in 12 months, of which 46% were potentially linked to previous poor nutrition/hydration. If 10% of the 90 admissions had been avoided through improved nutrition and hydration (based on average LOS for >65yrs of 5.9 days) 53 bed days could have been released with cost efficiency of £23k.

In some areas of Wales, invest to save models predicated on increasing dietetic staffing levels in the community have resulted in reducing nutritional prescribing costs. Within HDdUHB there is an effective oral nutritional supplement (ONS) prescribing formulary, in addition to dietetic audit work with primary care to support effective and appropriate nutrition prescribing. This has resulted in the relative costs of ONS prescribing being the lowest in NHS Wales; it is achieved by medicines management dietitians originally funded and sustained through invest to save principles.

In recent years there has been a steady shift to the 'Food First' approach to managing less complex malnutrition risk with prescribed nutrition used only when clinically indicated and therefore more prudently. This is an empowering approach supporting the person and their family and carers to take ownership of nutrition, to use familiar and

preferred foods and reduces over reliance on prescribed supplements improving sustained improvement in nutritional status when prescribing is discontinued. In secondary care this approach requires good access to catering provision in line with the WG Hospital Catering and Nutrition Standards (WG, 2011).

The increasing media messaging and misinformation that the public are exposed to regarding food and health, is often confusing and difficult to interpret. Coupled with a lack of understanding about the pivotal role that good nutrition plays in ageing well, this also poses an increasing risk on a population level. Addressing malnutrition to support ageing well requires health and social care action but also local population level actions.

Evidence reported by UK community wide malnutrition programmes highlight the importance of an integrated approach, of increasing knowledge and understanding, of early detection, effective first line support and appropriate pathways for rapid access to expert advice (Wessex Nutrition in Older Peoples Programme, 2018 & Doncaster Community, 2019).

HDdUHB Nutrition and Dietetic Service Performance in Relation to Malnutrition

Hospital provision

There are 978 adult secondary care beds in Hywel Dda.

Extrapolating from the evidence base of circa 30% of inpatients being at risk of malnutrition, this would equate to 290 patients, of which at least 50% at high risk of malnutrition at any time. Dietetics focus on patients with a high risk of malnutrition in line with the All Wales Hospital Nutrition Pathway.

In 12 months 18-19 circa 117,318 adults had a hospital admission, extrapolated from evidence this equates to circa 35,000 people admitted who had a risk of malnutrition.

2018-19 acute adult in patient summary dietetic activity

	Number	Headline outcomes
New inpatients	1,798*	2260 contacts with an outcome of improved nutrition
Review contacts	5,776*	

**Data excludes short term locum activity & Mental Health activity where WPAS is not used.*

Acute dietetic response to high risk referrals:

- 50 to 85 patients waiting for dietetic assessment at any time
- 50% patients seen with 2 days: average response time 12 days
- Up to 25 patients/week discharged from hospital without dietetic assessment (moving unaddressed high risk back into the community)

The number of admissions vs number of referrals to dietetics over the same period suggests that despite screening, malnutrition remains under recognised.

In the acute setting the data is telling us that dietetic support is leading to improved nutrition (reversing the malnutrition risk) for those the service can respond to but the potential for impact is significantly reduced due to a delayed response to need.

Only 50% patients screened at high malnutrition risk are seen within the standard of 2 days; these are mainly patients requiring assessment for clinically assisted nutrition or with significant co-morbid nutrition related complexity. The remaining 50% are waiting an average of 12 days; most of the patients waiting too long are elderly, frail patients.

This means that at any time 50-85 patients with an identified malnutrition risk are experiencing ongoing decline while in acute hospital as a result of their poor or deteriorating nutritional status.

Community provision

Within the HDdUHB population there are 79,000 people over 65 years of age (Stats Wales, Census 2011).

Evidence states that 1 in 10 people >65 years of age are living with a risk of malnutrition, which equates to 7,900 older people within our population.

Of this population we would expect at least 30% to be at high risk, equating to 2370 people.

2018-19 community dietetic contacts and outcome for people >65 years of age referred due to high malnutrition risk or unintended weight loss

	Number	Headline outcome
community patients >65 years	1396	1035 contacts with outcome of improved nutrition

NB: the community dietetic team do not solely work with adults >65 years at risk of malnutrition, but provide dietetic support for a wide range of clinical needs

Community dietetic response to high risk referrals 2018-19:

- Average response time: 7 weeks. Periodic staffing gaps resulted in significantly longer waiting times >14week target.
- Dietetic intervention is effectively reducing malnutrition risk in 80% of those the service intervenes with, however delayed identification of risk and/or long waiting times mean the adverse impact of malnutrition is likely already affecting the person's well-being and leading to increased healthcare utilisation.

The majority of older people with a malnutrition risk in the community are not being identified; potentially 5000 older people at risk, which if undetected and unmanaged are likely to deteriorate and become high risk.

Dietetics are reaching <50% of the population expected to have a high malnutrition risk in the community; ~1000 older people at high malnutrition risk are not being identified.

There is no malnutrition screening available in key out-patient clinics, where we could be identifying people (at any age) with moderate and high malnutrition risk known to be associated with specific diagnoses or chronic conditions.

The single largest source of referral is from care settings where malnutrition screening is more established. With an ageing population the number of people with a risk of malnutrition will increase as will the impact on health and social care costs.

What is needed?

Within HDdUHB we are not meeting the current identified needs of people at high risk of malnutrition and there is significant unrecognised need in the community. Evidence shows this is having an adverse impact on individuals' well-being, unscheduled care demand and health and social care utilisation.

Effective recognition and treatment of malnutrition and continuity of nutritional care within and between care settings are of key importance to achieving cost savings (Elia, 2015).

Identifying and addressing malnutrition in the community is key to reducing the risk across the system and releasing the clinical and economic benefits.

There is a clearly defined unmet need in relation to dietetics being unable to respond to patients with high malnutrition risk in hospital which is a patient safety issue. Establishment dietetic staffing is 50% against clinical standards with a shortfall of 9wte.

In the community dietetics are unable to respond to identified need in a timely way and most need is not being identified. Addressing these risks requires an increase in dietetic establishment.

Inpatient and community setting based nutritional care systems must be significantly improved and staff knowledge and skills enhanced, to reduce and mitigate malnutrition risk for cohorts of our most vulnerable patients.

Awareness and understanding of malnutrition must be increased to secure the active engagement and a call to action required to make a system-wide change. Nutrition must be embedded into pathways and best practice in nutrition and hydration must become business as usual for multi-professional and multi-agency teams.

There is large scale unidentified need in the community because screening is not embedded outside of care settings and malnutrition is generally poorly recognised until it is visibly frank. This offers significant potential to reduce the adverse impact of malnutrition by tackling the issue earlier and at lower levels of need.

Individuals and communities should also be supported to identify the importance/risk and be guided to support early self-management to reduce chronicity and adverse impact.

Dietitians are the experts in nutritional care and have a pivotal role in specialist nutritional assessment and intervention, in developing and delivering education and training to enable others to meet lower level and less complex nutritional needs, and in leading and supporting the development of robust nutritional care systems at ward and setting level working in collaboration with partners.

Increased dietetic capacity is required to deliver the benefits described and the options for investment and expected impacts are set out below.

Options Appraisal

Option	Model	Advantages	Disadvantages	Comment
Option 1	Do nothing	No investment required	No reduction in extreme risks (654 & 658). Unable to release the patient & organisation benefits of addressing malnutrition	
Option 2	Implement a 'Making Malnutrition Matter' strategy and incrementally implement actions required based on reducing highest risks as priority	Addresses the extreme risks Meets requirements of the Coroners Regulation 28 Improves patient outcomes Optimises benefit realisation Whole system approach which evidence indicates will have greatest impact	Investment required Will take time to deliver full benefits Incremental approach required to support recruitment May be difficult to maintain active engagement while the strategy is incrementally implemented	Preferred option
Option 3	Address extreme risk 654 in acute dietetics (only)	Reduces the safety issue in relation to acute dietetic services. Meets the requirement of the Coroners Regulation 28 Funding required for dietetic capacity is significantly less than for whole system approach. More	Evidence indicates the need to address malnutrition in the community for greatest impact. Will not lead to optimal efficiencies	

		manageable recruitment		
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Option 2 (preferred option)

Aim: to implement a strategy 'Making Malnutrition Matter' to address malnutrition systematically across the Health Board.

Recognising the significant scope and scale of work required to achieve optimal impact it is suggested this is considered as a malnutrition strategy and is addressed incrementally to:

- Reduce the extreme malnutrition risks related to acute and community. Agree and implement a stratified model to address malnutrition robustly and prudently. Ensure the right response, rapid identification and action, is made by the right person, through increased knowledge and skills at lower levels of need and increased dietetic capacity to manage complexity, at the right time to minimise the adverse impact of malnutrition.
- Call to Action: putting 'Making Malnutrition Matter' on the agenda, increasing awareness and seeking commitment. Identify key partners and responsibilities and secure dietetic leadership capacity to drive the strategy and embed nutrition across pathways and systems.
- Implement optimised hospital nutritional care systems with a focus on the front door and on wards with cohorts of older, frail patients, working in collaboration with the multi-professional team; helping to sustainably reduce the impact of malnutrition and associated risk.
- Enhance the focus on nutrition in care homes, starting with settings where the Health Board commission care, to implement optimised nutrition and hydration care systems: and to support settings with the implementation of the expected Welsh Government nutrition standards for care settings (expected late 2019).
- Target community areas where evidence tells us there are more people at risk of malnutrition: implement screening, first line actions and rapid response referral routes in key out-patient clinics, pre-assessment clinics and into the work of community response teams, reablement, and intermediate care and specialist teams. Embed addressing malnutrition into emerging community models.
- Communicate malnutrition risk and actions when patients care is transferred across the system
- Work with multi-agency community services to build a pro-active early identification and management approach to malnutrition: training multi-agency teams and the third and voluntary sector to discuss, screen for and provide first line advice to combat malnutrition risk sooner. Incorporate nutrition and hydration into existing and emerging job roles and responsibilities.
- Raise the awareness of 'Making Malnutrition Matter' with cohorts of the population where there is a comparatively lower % of people at risk and to inform and empower carers and family through self-screening programmes and access to self-help including in primary care and in outpatient settings.

The shortfall in dietetic staffing levels against clinical standards equates to 9wte for acute hospitals. In the community there is a shortfall of 7wte based solely on addressing malnutrition.

Some dietetic capacity to focus on the front door/first 72 hours had been identified in initial 2019-20 Pembrokeshire ICF/Transformation proposals but this is now at risk and more recently the emerging Ceredigion proposal includes dietetic resource. Even if the required level of additional resource was made available the service would be highly unlikely to recruit to this level of staffing establishment short term so a phased approach over 2 years is recommended. The recently qualified graduates have all secured employment therefore the proposed staffing for year 1 is based on reducing risk via most likely recruitment.

Additional dietetic establishment required to deliver Option 2 (based on an incremental 2 year approach to recruitment and risk reduction)

Site / County	Year 1				Year 2 additionality		
	WTE	Band	FYE Cost £	Likely in year cost £ (6 mths)	WTE	Band	FYE Cost £
Acute GGH & PPH*	1	7	50,167		1	5	33,729
	1	5	33,729				
	2	4	55,216				
			139,112				
Carms community	1	6	41,834		1.5	5	50,593
Total Carmarthen County			180,946	90,473			84,322
Acute BGH^	1	7	50,167				
	1	4	27,608				
Cere community					1 0.5	6 5	41,834 16,864
Total Ceredigion County			77,775	38,888			58,698
Acute WGH	1	4	27,608		1	5	33,729
Pembs community	1	7	50,167		1	6	41,834
Total Pembrokeshire County			77,775	38,888			75,563
HB wide strategy lead community	1	8a	58,159	29,080			
Staffing Total	10		394,655	197,329	6		218,583
Non pay:							
IT (one off)			6,340	6,340			3,804
Travel & training			5,000	2,500			4,000
delivery resources			1,000	500			2,000
Total			406,995	206,669			228,387

*PPH & GGH are considered together because the service delivers flexibly to support cross cover, equity and shared clinical expertise.

^year 1 BGH staffing will support community development through out-reach

Costings based on 2019/20 2 incremental points from top of pay scale, including on costs.

Posts have been aligned to sites and communities but ultimately this resource will be used flexibly across the county systems.

The proposed additional staffing is based on identified local skill mix requirements to ensure an appropriately skilled workforce with capacity to prudently meet need across the system.

Band 7 Clinical lead, expert level: manages highly complex caseload, clinical supervision of junior staff within and outside of service, leads development and delivery of nutrition education and training to other health/social care/third sector/voluntary teams and drives multi-professional nutritional care improvements.

Band 6 Experienced dietitian: manages complex specialist caseload, delivers specialist and MDT clinics. Delivers education and training and integrates nutrition improvement work into designated areas of practice.

Band 5 Registered dietitian manages high volume, less complex caseload, delivery of routine and rapid access clinics, supports delivery of education and training.

Band 4 Assistant Practitioner (unregistered capacity) a new skill mix in acute dietetics, manages delegated lower level caseload releasing registered capacity for rapid response to new referrals. Supports rapid assessment and response to routine low complex need. Works with operational local teams to model good nutritional practice.

Advantages:

- Incrementally reduces risks 654 & 658, ultimately to below tolerance, and supports reduction in risk 303
- Reduces the risk (and cost) of litigation relating to poor nutritional care
- Improves health and well being outcomes for people
- Aligns with the focus on improving outcomes for people with frailty
- Supports reduced unscheduled care demand, shorter lengths of stay, reduced readmission rates, reduced escalation of care
- Enables development of enhanced nutrition knowledge and skills across the health, social care, third sector and voluntary workforce reducing the impact of malnutrition systematically and prudently
- Evidence reports this approach will lead to reduced health and social care costs.
- If this option is agreed in principle the incremental approach enables the service to start tracking impact and associated savings to provide local evidence prior to full investment in year 2.

Disadvantages:

- Requirement to identify funding for whole system approach
- Risk will not be fully addressed in year 1 but will be reduced

- Will need to be addressed incrementally and as recruitment allows therefore the full potential will be incrementally realised
- The band 4 is a new skill mix which will require development prior to the role operating at full scope.

Strategic fit

Making Malnutrition Matter encompasses four main themes:

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care;
- A motivated and sustainable health and social care workforce.

The strategy aligns with the requirements of Health & Care Standard 2.5, NICE CG32 and QS24.

Making Malnutrition Matter clearly embeds the [Bevan Commission's Prudent Healthcare Principles](#) for service delivery to:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
- Care for those with the greatest health need first, making most effective use of all skills and resources.
- Do only what is needed – no more, no less – and do no harm.
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

Making Malnutrition Matter aligns to Health Board strategic objectives and operational priorities:

- Prevention & Population Health: inform, enable & empower older people to age well
- Transforming Clinical Services (TCS): supports the principles of early identification and intervention
- Reduce escalation of healthcare utilisation
- Reduce USC demand: reduce unplanned admissions & readmissions
- Reduce deconditioning: reducing length of stay & increase those who return to their preadmission address
- Aligns to Value Based Healthcare
- Nutrition is a recognised key determinant of increasing healthy life expectancy (global burden of disease)

Making Malnutrition Matter aligns with the Welsh Government response to the Parliamentary review ([A Healthier Wales: our Plan for Health and Social Care 2018](#)). The objective being on delivering a “whole system approach to health and social care”, which is focussed on health and well-being, and on preventing illness”. By delivering care closer to home, strengthening community resilience, encouraging self-management it aligns with the [Well Being of Future Generations Act of Wales 2015](#).

Financial benefits

The financial benefits are predicated on realising the identified actions noting the incremental approach proposed.

Evidence states that the investment necessary to implement good nutritional care is (more than) counteracted by the cost savings:

'BAPEN, 2015: When the clinical guidelines / standard was applied to 85% of subjects with high risk of malnutrition in the population of malnourished adults targeted by the NICE guidelines and quality standard there was an overall net cost saving of £63.2–76.9 million (£119.20–145.09 thousand per 100,000 of the general population) depending on the type of nutritional support and the care setting(s).

*When they were applied to 85% of adults with medium and high risk of malnutrition according to 'MUST' the net cost saving was estimated to be £172.2–229.2 million in England or **£324.8–432.3 thousand per 100,000 of the general population**'.*

Applying this to the Health Board population of 384,000 people, to address medium and high risk (targeting 85%) equates to:

- £1,247,232 - £1,660,032 savings
 - Less costs of £625,238* = **£621,994 - £1,034,794 net savings**
- *FYE costs from year 2 onwards

However, the projected cost savings are predominantly efficiency savings and are not cash releasing.

Wider benefits

Recent focus in healthcare is on increasing value, reducing unwarranted variation, and delivering better population healthcare. Systematically addressing malnutrition will lead to:

- Reduced falls, UTI and pressure ulcers associated with malnutrition and poor hydration.
- Improved nutrition knowledge and skills across the workforce ensuring dietetics do what only dietetics can do. Equipping health and social care staff, partners, third sector and voluntary sector with the knowledge and skills to effectively support people with lower level needs which will support a sustained impact. Increase the number of people in the workforce who achieve an accredited qualification/learning credits in nutrition.
- Empowered patients, family and carers, provided with malnutrition information and tools to support effective self-care.
- Consistent and equitable access to timely support for people who are affected by malnutrition.
- Timely identification and improvement in nutrition for those at risk of malnutrition, supporting maintenance of independence and reducing escalation of social care needs.
- Reinforcement of the Food First approach to support effective and best value use of prescribed nutrition.
- Improved quality of life.

Option 3: focus only on addressing the acute risk (654).

Aim:

- to reduce the extreme acute malnutrition risk for inpatients related to poor dietetic capacity to tolerance level
- support and enable nursing teams to undertake more effective lower level nutritional support focussing on wards with cohorts of patients at higher risk

In addition to the requirement for dietetics to provide timely 1:1 interventions to address identified malnutrition risk there is significant work required to increase the knowledge and skills of nursing, healthcare support workers and the MDT which are fundamental to building a more sustainable, ward based model of good nutritional care. Only dietitians can deliver the accredited nutrition education and training programmes and develop bespoke training for individual clinical areas, required to enable the growing frailty and rehabilitation health care support worker workforce to fulfil their roles in relation to nutritional care. Within establishment this cannot be progressed; the increased establishment is based on reducing the risk to tolerance.

Proposed staffing for Option 3

Site / County	Year 1				Year 2 additionality		
	WTE	Band	FYE Cost £	Likely in year cost £ (6 mths)	WTE	Band	FYE Cost £
Acute PPH & GGH	1	7	50,167		1	5	33,729
	1	4	55,216				
	1	4					
	1	5	33,729				
			139,112	69,556			
Acute BGH	1	7	50,167	25,083	1	4	27,608
Acute WGH	1	4	27,608	13,804	1	5	33,729
Total staff			216,887				103,171
Non pay							
IT (one off)			3,804	3,804			1,902
Travel			1,500	750			1,000
Total cost	6		222,191	112,997	3		106,073

NB this will provide a 5 day service

Co-dependencies

Nursing engagement and commitment to the development of improved (optimised) ward based nutritional care and to ensure the healthcare support worker workforce is able to access and effectively implement accredited nutrition education and training.

MDT including clinical engagement to ensure nutrition is an integral part of emerging pathways and models.

Catering and hotel services (food service) need to be fully engaged in relation to optimising systems of nutritional care at ward level and to ensure staff are able to access and implement occupationally relevant nutrition education and training.

Advantages:

- Reduces extreme risk 654 and addresses requirement of the Coroners Regulation 28
- Reduces the risk (and cost) of litigation relating to poor nutritional care

- Improves nutritional and clinical outcomes for patients in hospital supporting reduced length of stay, reduced readmission rates and reduced escalation of care needs as a result of deconditioning
- Enables progress with the development of enhanced nutrition knowledge and skills across the secondary care nursing, support worker and catering / food service team and MDT workforce which will support sustained reduction of the impact and progression of malnutrition risk during hospital stay
- Aligns to the requirements of the unregistered staff career framework
- Education and training accredited modules, once established, could be made available to support workers from across the system

Disadvantages:

- Not a whole system approach
- Evidence states that malnutrition needs to be identified and addressed in the community to reduce impact on patients, and healthcare utilisation and costs, in secondary care
- Ongoing community malnutrition risk (658)

Financial benefits

Increased resource will enable dietetics to reach >85% of patients referred with high malnutrition risk rapidly, and incrementally embed improved ward based systems in key wards to improve nutritional support for patients screened at moderate and high risk.

Extrapolating from local project work and making a conservative projection, if average LOS is reduced by 1 day for 10% / 600 patients with the longest stays i.e. >65yr olds with frailty and/or complex health needs and high malnutrition risk there is potential for 600 bed days to be released.

Based on reported average LOS for >65yrs of 5.9 days costing £2,566 (1 day £435) representing **cost efficiencies of £261k/year**.

It is recognised that reduced bed occupancy/release of bed days is included in a number of cost reduction and USC plans; malnutrition is an evidence based determinant of LOS and should be considered an integral part of any model aimed at reducing length of stay.

By responding to malnutrition risk rapidly, reliance on nutritional prescribing will reduce as reported in the ward 1, PPH frailty project. Based on savings in prescribing as reported in the frailty ward project, if 8 wards implemented an improved nutritional care system there is likely to be **reduced prescribing costs of £38.4k/year released in the community**.

However, if more patients at risk are identified this may be countered by an increase in clinically appropriate nutrition prescribing which evidence indicates is still highly cost effective.

Ensuring patients waiting for elective surgery who are at risk of malnutrition are nutritionally optimised through timely screening, assessment and intervention will support reduced LOS, improve recovery and reduce post-operative complications (ESPEN, 2017).

In addition there is potential for cost savings associated with the management of pressure ulcers as a result of prompt identification and management of malnutrition and poor hydration risk which is recognised as a key determinant in both reducing risk of and the effective management of pressure damage. The extra cost of treating pressure damage is cited at £43 to £374 per patient per day (NICE CG179, 2014). Robustly addressing patients' malnutrition and hydration needs will be a key contributor to reducing the patient and economic impact. These areas of savings will need to be monitored and evaluated locally to be reliably quantified.

Performance Measures

Option 2 or 3 will be evaluated and reported using a range of process and outcome measures including:

- Patient outcomes: patient experience including quality of life indicators, concerns, and patient stories
- Clinical outcomes: nutritional screening score, nutritional outcomes, functional outcomes, incidence of dehydration, incidence of pressure damage, Datix related to unrecognised / delayed referral for malnutrition
- Financial benefits: nutritional prescribing, healthcare utilisation including admissions & readmissions and LOS (measured for cohorts to demonstrate impact)

A detailed performance and reporting framework will be developed depending on the option to be pursued. Dietetics have a strong track record of evaluating work to demonstrate and report outcomes.

In Summary

Malnutrition is a key determinant of health and well-being adversely impacting healthcare utilisation and leading to significantly increased costs.

In HDdUHB hospitals malnutrition is a patient safety issue, increased dietetic capacity is required to address the risk but the economic benefit, recognising that managing malnutrition needs to be an integral part of system wide work to reduce unscheduled care demand and improve clinical outcomes, are projected to more than cover the associated costs.

There is robust evidence supporting a whole system approach to addressing malnutrition with a strong community focus. In the HDdUHB community there is significant scope for improving the identification and management of malnutrition and a strategic, integrated approach 'Making Malnutrition Matter' is recommended as the preferred option. This proposal requires an incremental approach to investment; year one £206,669 (£400,995 FYE) and year two an additional £228,387 per annum, however the full economic net benefit will be realised incrementally and are projected, based on evidence, to be between £620K and £1.1M. The realisation of the patient and economic benefits will be closely tracked and reported in year 1 onwards to provide evidence of impact locally.

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Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?	Y	Yes initial costing completed with support from finance team	Karen Thomas	
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?		No the proposal is seeking new funding.		
3. Is the new proposal/service model affordable from within existing budgets?		No the proposal is not affordable within dietetic budget; the proposal is that it represents best value healthcare because the costs associated with not addressing malnutrition (due to increased healthcare utilization) are very significant.		
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?		The proposal is likely to reduce spend on prescribed oral nutritional supplements (non pay)		
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?		No its not a formal spend to save proposal however it does identify cost efficiencies which for option 2 evidence supports are significant and could sustain costs of the proposed staffing. The cost efficiencies will be incrementally realized as the full system approach is implemented		
6. What is the financial or efficiency payback (prudence), if any?		Option 2: £700K to £1.1M (net) Option 3: the payback detailed is based on a conservative projection and could be significantly higher however it is recognized that other factors		

		also determine lengths of stay and may be a barrier to realizing the full impact of addressing malnutrition in hospital		
7. Are there risks if the new proposal/service model is not put into effect?		Yes there are 2 current extreme risks (654 & 658) and 1 moderate risk (303) which will continue to adversely impact on patient safety, outcomes and continued increased healthcare costs (as demonstrated by evidence) if the outcome is option 1 (no change)		
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)		The proposal requires commitment from nursing, the wider MDT and in the community a range of partners. There is a risk that introducing more screening for malnutrition will result in patients / carers seeking further first line advice from their proximal health / social care team members		
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?		Yes the proposed option 2 will require a 2 year phased implementation to support recruitment, to enable dialogue and secure engagement with key partners to fulfill the strategy.		
10. Are capital requirements identified or funded?		No capital is sought		
11. Will capital projects need to be completed in time to support any service change proposed?		n/a		
12. Has a Project Board been identified to manage the implementation?		No		
13. Is there an implementation plan with timescales to performance manage the process and risks?		This will be developed dependant on the decision made by Executive Team re Options		
14. Is there a post project evaluation planed for the new proposal/service model?		Yes there will be a full evaluation of the proposed development whichever option is supported		

15. Are there any other constraints which would prevent progress to implementation?		Pace of recruitment of additional staffing – options 2 & 3 are 2 year phased to support recruitment. The new band 4 roles will require a lead in time as this is a new skill mix in acute / community dietetics for Hywel Dda UHB		
Quality/Patient Care Impacts				
16. Could there be an impact on patient outcome/care?		Yes the proposal is to improve patient care and outcomes as supported by strong evidence		
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.		There is a risk that funding (depending on source) would not allow required service growth to meet demand in each county / site; this would lead to inequity.		
18. Is there any potential for inconsistency in approach across the Health Board?		The options are developed to achieve a Health Board wide approach therefore there is unlikely to be inconsistency in delivery (except in circumstances below)		
19. Is there are potential for postcode lottery/commissioning?		Yes depending on source of funding; if county / site funding is sought this could mean that not all counties or sites will support / prioritise the proposal		
20. Is there a need to consider exceptional circumstances?		No		
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?		Yes there are a range of adverse impacts described in the business case if the proposal is not supported; these are also defined in the Risk 654 paper presented to QQSESC in May 2019		
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?		NICE CG32 NICE QS24 WG standards for nutrition and catering for		

		hospital inpatients All Wales pathway(s) for hospital and community nutrition		
23. Can clinical engagement be evidenced in the design of the new proposal/service model?		Via NHG and Senior Nurse Management Team in June 2019 (regarding the impact of malnutrition)		
24. Are there any population health impacts?		Yes the preferred option is based on addressing malnutrition systematically across key 'at risk' populations including older people		
Workforce Impact				
25. Has the impact on the existing staff/WTE been determined?		Yes		
26. Is it deliverable without the need for premium workforce?		<i>Further advice required</i>		
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?		No		
28. Is there potential for professional body/college/union involvement?		No		
29. Could there be any perceived interference with clinical freedom?		No		
30. Is there potential for front line staff conflict with the public?		No		
31. Could there be challenge from the 'industries' involved?		No		
32. Is there a communication plan to inform staff of the new arrangements?		Dietetic team has been kept informed of the proposed developments in principle. NHG members are aware of the business case but have not been appraised of the detail.		

33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?		No organizational change is required		
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?		Some of the training requirements have already been formally identified including for HCSW and Food Service staff but a full training needs analysis will be required depending on option supported		
Risk Impact				
32. Has a risk assessment been completed?		Yes for the risks that initiated the need for a business case (Datix risk refs: 654, 638, 303). The business case will require a detailed risk assessment depending on the option supported.		
33. Is there a plan to mitigate the risks identified?		The proposal is based on addressing identified risks		
Legal Impact				
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?		No		
35. Is there a likelihood of legal challenge?		No		
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?		No		
37. Is there any existing contract and/or notice periods?		No		
Reputational Impact				
38. Is there a likelihood of public/patient opposition?		No		
39. Is there a likelihood of political activity?		No		
40. Is there a likelihood of media interest?		Potentially positive media		

41. Is there the potential for an adverse effect on recruitment?		No		
42. Is there the likelihood of an adverse effect on staff morale?		No		
43. Potential for judicial review?		No		
Privacy Impact				
44. Has an initial Privacy Impact Assessment (PIA) been undertaken – follow link below? http://howis.wales.nhs.uk/sitesplus/862/page/57738		No		
45. Has a full PIA been undertaken – follow link below? http://howis.wales.nhs.uk/sitesplus/862/page/57738		No		
Equality Impact (unless otherwise completed as part of the accompanying SBAR)				
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? http://www.wales.nhs.uk/sitesplus/862/page/61516		Yes (draft)		
47. Has a full EqIA been undertaken – follow link below? http://www.wales.nhs.uk/sitesplus/862/page/61516		No		
48. Have any negative/positive impacts been identified in the EqIA documentation?		Yes positive impact identified		

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Major Trauma Network Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Karen Miles Director of Planning, Performance & Commissioning
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Stuart Gill, Clinical Lead, Anaesthetics Consultant. Julie Morse, Regional MTN Principal Project Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper updates the University Health Board on the South, West and Mid Wales Major Trauma Network [MTN] programme and highlights progress made since the commencement of the implementation programme in April 2019, in particular:

- Outcome of the public engagement process in relation to expected changes in patient flow and the location of the interim Trauma Unit [TU] at Glangwili Hospital until the build of the new Urgent and Planned Care Hospital is completed;
- The outcome of an independent Gateway Review and Peer Scrutiny on the Major Trauma Network Programme Business Case;
- The recommendations by the MTN Board, endorsed by WHSC Joint Committee, to implement the essential elements required to launch the Network on Day One, Year One, and from there, phase in further developments as the Network evaluates the progress being made;
- Hywel Dda University Health Board funding requirements to support the Major Trauma Network, in preparation for Day One, Year One.

Cefndir / Background

There is a significant body of evidence that demonstrates that patients who suffer major trauma, and are treated within an MTN, have better outcomes and a greater chance of survival. Evidence shows that severely injured patients are up to 20% more likely to survive their injuries if they are admitted to a Major Trauma Centre [MTC].

The MTN programme structure was set up in May 2018 with an over-arching Board established to direct progress in producing a Programme Business Case [PBC]. The University Health Board has also established a Major Trauma Task & Finish Steering Group along with various sub groups in order to assist with implementing this service development.

The PBC is scheduled for endorsement by Welsh Health Specialised Services Committee [WHSSC] in December 2019, and will be received by health boards in advance of this in November 2019. The PBC aims to set out the resources required across the Network to deliver an improved system for treating and rehabilitating patients experiencing major trauma events, in line

with MTN standards present across the rest of the UK.

The project to deliver the MTN across Hywel Dda University Health Board was initiated in earnest in April 2019. The MTC for South Wales will be based at the University Hospital Wales, Cardiff, with Hywel Dda University Health Board's Trauma Unit being proposed at Glangwili Hospital, as an interim arrangement until the build of the new Urgent and Planned Care Hospital is completed.

To support the improved transfer of major trauma patients to the MTC, the Emergency Medical Retrieval & Transfer Service [EMRTS] will be enhanced to enable a 24/7 service from April 2020.

Asesiad / Assessment

Day One, Year One Plans in Hywel Dda University Health Board

Project structures have been established with primary focus being to assess compliance against the MTN standards, to recruit and develop the staffing, training, clinical service pathways/protocols and infrastructure resource costs to bridge any gaps. Task and Finish groups have been established led by the MTN Clinical Lead for Hywel Dda University Health Board, with active Executive sponsorship from the Director of Planning, Performance & Commissioning.

The MTN Standards for Trauma Units (abridged for ease of reference) are as follows:

- There should be a trauma team leader with an agreed list of responsibilities available within five minutes, 24/7. The trauma team leader should have been trained in Advanced Trauma Life Support or equivalent.
- There should also be a consultant available in 30 minutes, and there should be a clinician trained in advanced paediatric life support available for children's major trauma.
- There should be a nurse/Allied Health Professional available for major trauma 24/7 who has successfully attained or is working towards the adult competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.
- In units which accept children, there should be a paediatric registered nurse/ Allied Health Professional available for paediatric major trauma 24/7 who has successfully attained or is working towards the paediatric competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.
- All nursing/ Allied Health Professional staff caring for a trauma patients should have attained the competency and educational standard of Level 1. In units that accept paediatric major trauma, this should include the paediatric trauma competencies.
- There should be a trauma team activation protocol. The trauma unit should agree the network protocol for the transfer of patients from trauma unit to major trauma centre.
- There should be CT scanning available within 60 minutes of the trauma team activation. The trauma unit should have an image exchange portal that enables immediate image transfer to the MTC 24/7.
- The following staff should be available within 30 minutes 24/7: a general surgeon, a trauma and orthopaedic surgeon and an anaesthetist. There should be dedicated trauma operating theatre lists with appropriate staffing available seven days a week. The lists must be separate from any other emergency operating. There should be 24/7 access to a fully staffed and equipped emergency theatre. Patients requiring acute intervention for haemorrhage control should be in an operating room or intervention suite within 60 minutes.
- There should be a lead clinician for major trauma, who should be a Consultant with managerial responsibility for the service and a minimum of one programmed activity session specified in their job plan.
- The TU should have a trauma group that meets at least quarterly. The membership should include: major trauma lead clinician; executive board representation; Emergency Department medical consultant, Emergency Department nurse and representation from

radiology, surgery, anaesthetics, critical care and trauma orthopaedic surgeons.

- There should be a trauma coordinator service available Monday to Friday for the co-ordination of patients. The coordinator service should be provided by nurse or allied health professionals.
- The trauma unit should agree the network protocol for protecting and assessing the whole spine in adults and children with major trauma. There should be a linked Spinal Cord Injury Centre for the MTC which provides an out-reach nursing and/or therapy service for patients with spinal cord injury within five days of referral.
- There should be network agreed local management guidelines for the management of multiple rib fractures including: pain management including early access to epidural; Access to surgical advice.
- There should be guidelines for: isolated long bone fractures; early management of isolated pelvic acetabular fractures; Peri-articular fractures; and Open fractures. The guidelines should include: accessing specialist advice from the MTC; imaging and image transfer; Indications for managing on site or transfer to the MTC; Burns care should be managed through the specialist burns network, but there should be a clinical guideline for the treatment of burns. This should include the referral pathway to the specialist burns centre.
- There should be a protocol in place for identifying a speciality team to accept the patient when repatriated. The protocol should include the escalation process in the event of there not being access to a specialty team.
- The MTC should participate in the TARN PROMS and PREMS. There should be a discharge summary which includes: A list of all injuries, details of operations (with dates), Instructions for next stage rehabilitation for each injury (including specialist equipment such as; wheel chairs, braces and casts), Follow-up clinic appointments and Contact details for ongoing enquiries
- Trauma units should participate in the TARN audit. The results of the audit should be discussed at the network audit meeting at least annually and distributed to all constituent teams in the network.
- There should be a rehabilitation coordinator who is responsible for coordination and communication regarding the patient's current and future rehabilitation including oversight of the rehabilitation prescription. This rehabilitation coordinator should be a nurse or allied health professional.
- There should be the following allied health professionals with dedicated time to support rehabilitation of trauma patients: physiotherapist, occupational therapist; speech and language therapist and dietician.
- There should be specified referral and access pathways for:
 - rehabilitation medicine consultant
 - pain management
 - psychology/neuropsychology assessment
 - mental health/psychiatry
 - specialised rehabilitation
 - specialist vocational rehabilitation
 - surgical appliances
 - orthotics and prosthetics
 - wheel chair services
- All patients should receive a rehabilitation assessment including barriers to return to work. Where a rehabilitation prescription is required this should be completed within 72 hours. The prescription should be updated prior to discharge and a copy given to the patient. All patients repatriated from the MTC should have their prescription reviewed and updated at the trauma unit.

Each University Health Board has produced resource requests designed to achieve compliance with the MTN standards. These requests have been reviewed monthly at the MTN Programme Board and have formed the basis for the draft PBC which was subjected to an independent Gateway Review at the beginning of July 2019. Significant work has been undertaken through the central programme team, working with all health boards, WAST, WHSSC and EASC, to address the recommendations from the review.

In order to address these issues (financial affordability being key) and to maintain progress of the programme, we have been advised that the focus will be on implementing the absolute essentials for launching the Network on Day One, which are that the following key enabler posts be in place:

- Clinical Lead 0.1 WTE
- Rehabilitation Coordinator 1.5 WTE (band 7)
- Major Trauma Coordinator 1.5 WTE (band 7)
- TARN coordinator (capturing Trauma Audit & Research Network data) 1.0 WTE (band 4)
- Consultant in Rehabilitation Medicine (up to 4 sessions/HB)

The day one recommendations were supported by the recent professional peer review and fully supported by the network board and Collaborative Executive Group.

This team will aim to improve clinical and operational governance, patient flow and manage the risk of patients returning to the TU from the MTC. The capture of TARN data is a mandatory requirement for the health board. Moreover, in order to track changes and guide further quality improvement it is vital to have TARN data for the year prior to the network going live. It is therefore vital that of all the recommended posts the TARN Coordinator post will need to be recruited to as soon as possible, and before Q4 2019/2020

The team will also provide a foundation which will be built up through subsequent, phased developments. This is in accordance with the intention that the MTN is implemented through a phased approach providing a more affordable and, importantly a pragmatic approach and should be considered a positive step to meet many of the quality standards for TUs where gaps were identified. As a result, the plan is to adopt a longer term, phased approach to the set-up of TUs and in particular, the “Landing Pad” arrangements - beds/wards where patients will be admitted once repatriated from the MTC. Consequently, in the first phase, Hywel Dda University Health Board will be focusing on identifying existing wards to house patients repatriated from the MTC as clinically appropriate.

Independent Expert Peer Review

To help to address some of the Gateway Review recommendations, an independent Peer Review Scrutiny panel, consisting of expert colleagues from MTNs in England, met with Welsh colleagues on August 13th 2019 to share learning from the implementation of MTNs across England, to advise on key enablers and posts required to deliver the MTN in Wales from Day One and to advise on which elements could be phased.

In relation to Hywel Dda University Health Board arrangements, there was definitive acknowledgment that the scale and rurality of the region would require particular focus on how the MTN protocols and patient pathways would operate; coordinator roles would, therefore, be critical to the success of the programme, along with enhanced rehabilitation support and theatre capacity.

To provide assurance that the wider costs associated with delivering the full MTN standards are acknowledged going forward, there a series of annual peer reviews of the MTN which will

feedback through its governance structure.. Hywel Dda University Health Board would suggest that this takes place in line with next year's IMTP process. This would provide the opportunity to review MTN effectiveness and to firm up resource costs, especially for rehabilitation resources.

Engagement Programme

Hywel Dda University Health Board has made a commitment to continuously engage with the communities it serves about service changes and developments. In line with this commitment, a large-scale engagement process has taken place, encapsulated in the discussion document '*Developing Trauma Services in Hywel Dda University Health Board*'. This comprehensive document provided information on the decision to propose Glangwili Hospital as the TU on an interim basis, in the years leading up to the building of the new Urgent and Planned Care Hospital.

The document explained that Bronglais Hospital, Aberystwyth, and Withybush Hospital, Haverfordwest, would support the TU at Glangwili Hospital and would NOT result in the downgrading of the other two units. All current acute and emergency services would remain at Bronglais and Withybush hospitals and they will continue to deal with less severe traumatic injury. They would retain the ability to stabilise and transfer patients who suffer moderate or severe trauma either to the Trauma Unit or the Major Trauma Centre.

The engagement programme (six weeks from June 24th 2019 to August 5th 2019) adopted a broad approach aimed at the wider population, together with targeted activity around those potentially most affected. The engagement programme provided the opportunity to participate through face-to-face events / email / phone / social media / written comments via a survey. Public events took place at:

- Llanelli Event, 24th June 2019, Prince Philip Hospital (Attendance 14)
- Haverfordwest Event, 11th July 2019, Pembrokeshire Archives (Attendance 19)
- Aberystwyth Event, 18th July 2019, Mudiad Ysgolion Meithrin (Attendance 18)
- Carmarthen Event, 29th July 2019, Bro Myrddin Bowls Centre (Attendance 11)

Powys Teaching Health Board invited their communities to share their views at two events they scheduled as part of their engagement programme at Llanwrtyd Wells Medical Practice on 19th July 2019 and Rhyader Livestock Market, on 3rd August 2019.

This comprehensive engagement programme succeeded in its objectives of informing the public on the benefits of the MTN and of the decision to allocate Glangwili Hospital as the TU until the new Urgent and Planned Care Hospital is up and running. General feedback from the engagement process has highlighted the some positive comments such as the following:

- *The rehabilitation side is important so we can get step down back from Cardiff. It's rehabilitation that can make the biggest impact. After a major trauma, getting your life back as much as it can is really important.*
- *The provision of rehabilitation services is a strong selling point that I don't think the public are aware of. They would be reassured to know they can come back closer to home to recover.*
- *Carmarthen is the best location. We need stabilisation in Wales.*
- *I don't have concerns for WGH A&E like some people do.*
- *Personally, I wouldn't care where I go as long as I get the best treatment.*
- *The idea of having a well run trauma unit in south west wales can only be positive for the residents of all 3 counties and also to the high number of tourists who visit.*
- *Positive aspects are correctly educated and practiced doctors and nurses specifically for trauma. The increased volume of these patients will improve skills. Therefore patients will*

be cared for by more experienced teams.

- I think it's a fantastic idea, having spent 8 years working within major trauma centres across the northwest having enthusiasm and knowledge is paramount along with a 100% patient centred approach. Rehabilitation is individual and needs to include the families also. Just make sure its delivered and done well.*
- I am reassured that the air ambulance service will be extended as without that it will not work. We rely heavily in parts of rural wales on accessibility.*

There were also examples of less positive themes as follows:

- A misconception that a new unit will be built to deal with trauma patients.
- Difficulties in car parking at Glangwili Hospital.
- The importance of rehabilitation.
- The impact on older people – as patients, family members or carers.
- The 'Golden Hour' and general misunderstanding of the term.
- The difficulty of recruiting and retaining staff across the NHS.
- The impact on existing staff skills if they are not seeing enough trauma patients.
- WAST capacity – are there sufficient ambulances and paramedics to support this new service.
- The timescale for developing the new hospital and its location.
- EMRTS and concerns about the ability to only fly in certain weather conditions and the feasibility of running an increased service that is a charity.
- Travel, transport (including public transport) and road infrastructure.
- The poor condition of the buildings at Glangwili Hospital.
- Queries around the selection of Glangwili for the TU as the people of Carmarthenshire are already nearer to Morriston or Cardiff anyway.
- Fears that Bronglais Hospital and Withybush Hospital will be downgraded as a result of Glangwili Hospital being the TU.

Feedback from some residents of Ceredigion/Powys/South Gwynedd proposed Bronglais should be the designated TU as it serves Powys and South Gwynedd. Llanelli respondents felt services should be based further east as Llanelli is the area with the highest population density. People living in Pembrokeshire expressed concerns about not having a TU in Pembrokeshire, particularly with the high level of tourism within the area, heavy industry, the oil industry, power stations as well as large scale farming within the area.

The table below highlights the extensive information sharing campaign to bring the MTN to the attention of Hywel Dda citizens:

Distribution of the discussion document	Hard copy (mailed to stakeholders)	1367
	Electronic copy (mailed to stakeholders)	1606
	Hard copy (distributed to hospital sites)	400
Digital staff bulletin	Global emails x 7 Intranet bulletins x 7	
Social Media	Facebook: 2-hr expert panel >60,000 shares/views >20,000 video views Twitter – 21,281 You Tube – 175 video views	
Local Media	Shared with all key local newspapers	
Face-to-Face events	As previously specified	
Survey responses	A total of 206 responses to the survey were received	

Three key groups provided feedback on the Major Trauma Network focused engagement process:

- Bronglais Medical Staff Committee – 11th July 2019
- Stakeholder Reference Group – 17th July 2019
- Senior Nursing and Midwifery Team – 18th July 2019

These groups provided their views based on their areas of expertise. The full feedback report will be considered by the University Health Board's Major Trauma Network Steering Task & Finish Group and will be used to inform the national and local major trauma network Programme Business Case and the Hywel Dda University Health Board and can be accessed in the attached documents.

In its statutory role as patient voice body, the Community Health Council has been involved in the planning and engagement process and has developed its conclusions in a response document (not available at time of writing), that has now been circulated to the University Health Board and shared with the public.

Impact Assessments

In line with best practice, Impact Assessments are being undertaken as listed below and are available via the attached documents:

- *Equality Impact Assessment (EqIA)*: A full EqIA is in progress, building on the Equality Impact Assessments undertaken by the NHS Wales Collaborative Network and the formal Transforming Clinical Services consultation undertaken by the University Health Board. Initial findings indicate that anyone, irrespective of any protected characteristics, has the potential to be impacted by major trauma arrangements, but identifies that certain protected groups are more at risk of experiencing major trauma than others, e.g. young men, older people, who are more at risk of falls. In addition, feedback from the University Health Board's recent major trauma public and staff engagement activities, indicated concerns in relation to the impact of the new service on older people, disabled people, families and carers, plus people experiencing socio-economic deprivation with particular reference to transport and access. A clear message was also given around meeting the needs of people, their families and carers in relation to specific needs associated with learning disabilities, mental health issues and sensory loss. The need for "person centred services" which consider the needs of individuals, rather than trying to "fit patients into services" was emphasised.

Many of the issues raised mirrored those we heard during our Transforming Clinical Services, Transforming Mental Health Services and the Major Trauma Network engagement and consultation processes.

Feedback from the University Health Board's MTN engagement activities is being used to develop the EqIA action plan to address any potential or actual disadvantages identified at any stage. Monitoring arrangements will be set in place to monitor actual impact as appropriate. Work will also be carried out to address this as part of the wider transformation programme in addition to work carried out around specific services.

- *Integrated Impact Assessment (IIA)*: an overarching IIA has been developed as a working document. The IIA considers financial, service, quality, patient, workforce impacts along with risks and has been used to inform this SBAR.
- *Privacy Impact Assessment (PIA)*: an initial PIA was completed. As there is no major change to how personal data will be processed as a result of the service development, there is no requirement for a full PIA. The initial PIA noted that the service will result in different

professionals across NHS Wales working together as a network which will result in better co-ordination, sharing of information and joint planning between professionals, organisations, patients and their families.

Working groups have been established to drive forward the issues identified by the above assessments. These groups report directly to the University Health Board's Major Trauma Task and Finish Steering Group

Financial Support required to set up the Trauma Unit

To support the key roles previously mentioned, the following table provides the costs for Q4 2019/20. These posts will need to be operational before the start of the MTN in April 2020. To enable Glangwili Hospital to operate effectively as a TU from Day One, there will be a need to invest in an extra session of theatre time to allow trauma cases to be swiftly managed, with 2019/20 costs as follows:

MTN deliverable	Detail	WTE	2019/20 £ cost
TU Clinical lead	Consultant session	0.20	2,291
TARN Co-ordinator	Band 4	1.00	4,291
Major Trauma Practitioner	Band 7	1.50	10,889
Rehabilitation Coordinator	Band 7	1.50	10,889
Consultant in Rehab Medicine	Consultant session	0.40	4,582
Theatres 1 x session (Sat pm)	Staff & Consumables		16,339
TOTAL REVENUE COST			49,281

Due to the geography/rurality and configuration of emergency and urgent care in Hywel Dda University Health Board, the Clinical Lead will require 0.2 wte input rather than 0.1 wte. This will enable extra focus on operationally implementing the new service. The Steering Task & Finish Team would also recommend that two Therapy staff (Band 6) are recruited to support repatriated patients from Day One, at a cost of £20,931, bringing the total in 2019/2020 to **£70,232**. Additional therapist posts are not part of the Network recommendations but Hywel Dda is in a position where Glangwili will need to absorb a modest increase in patients.

The University Health Board is asked to note that an Ortho-geriatrician post is also required with funding already in place.

In addition to the above, the University Health Board is asked to note that ongoing FYE costs for the Trauma Unit will need to be included in the University Health Board's IMTP for 2020/23. Costs will be phased in, but could increase from the initial £70,232 in 2019/20 to £414,874 in 2020/21, with following years requiring investment of £515,289 per year. These costs are subject to University Board approval as part of the 2020/23 3-Year Planning process.

A capital work programme to accommodate the Landing Pad beds on the Glangwili Hospital site is underway, with anticipated costs currently estimated at £1.252m. The University Health Board will consider its position with regards to a dedicated landing pad throughout Year 1 of operation. The MTN position with regards early patient repatriation for ongoing acute care and rehabilitation is that patients should return to existing acute beds. However, with the constraints at the GGH site and the potential benefit to other services (particularly Stroke and long term Neurological conditions) this is a development that the working group remains keen to consider, dependent on the experience of Year One of the network. Timescales for delivery are anticipated to be 50 weeks from scheme approval, aimed at delivering four beds in phase one, moving to a 10-bed fully functional Rehabilitation Unit over time. At the moment, this requirement has been highlighted to

Welsh Government but will evidently be subject to usual business case procedures. Over and above the aforementioned costs, and as is the case for all University Health Boards in South Wales, Hywel Dda University Health Board will also need to commit to contribute to the overall costs of the Network. On this basis, current work in progress to determine the overall funding requirements across the participating University Health Board's and WAST, would lead to potential maximum FYE costs for Hywel Dda University Health Board of circa £2.5m per annum. The final position with respect to the risk share for the MTC, Operational Delivery Network, specialised services and WAST have not yet been confirmed and work is ongoing to reduce this cost. WHSSC Joint Committee have agreed to release £1m to support the costs associated with a first phase of recruitment for the MTC; Hywel Dda University Health Board's contribution to these costs would total £165,500.

Argymhelliad / Recommendation

The University Health Board is asked to note progress made in the implementation of the MTN and to support the path of travel in relation to:

- The critical posts for Day One, Year One and in particular the Q4 costs 2019/20 of £70,232 and FYE up to £515,289;
- The potential for a requirement for a capital scheme to deliver Landing Pad beds at a potential cost of £1.252m;
- The annual costs for the new MTN, which are being developed as part of the PBC, will need to be included in the 2020/23 3-Year Plan;
- In year costs 2019/20 totalling £165,500 to support the set up of the MTC;
- Commend the extensive work carried out to deliver the successful engagement process in relation to the MTN and Glangwili Hospital's position as interim Trauma Unit and to thank the University Health Board's lead clinicians and partner organisations for their involvement and commitment to the Programme.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable. A Project Risk Register is held and managed by the University Health Board's Major Trauma Task and Finish Steering Group.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2. Safe Care 3. Effective Care 5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	"Changing the System – Major Trauma Patients and their Outcomes in the NHS (England) 2008-17" (Lancet) South, Mid & West Wales – Trauma Standards Assessment 2018
Rhestr Termiau: Glossary of Terms:	Detailed within the body of this report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Director of Planning, Performance and Commissioning Clinical Lead – Major Trauma Major Trauma Engagement and Equality Sub Group Equality & Diversity Advisor Health Planning Manager

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Additional staffing costs have been identified as detailed in the body of this report. Capital costs will be identified as the process develops. The financial impact is being clarified with the Network. The service will be a cost pressure reflected within the IMTP.
Ansawdd / Gofal Claf: Quality / Patient Care:	It is anticipated that patient outcomes and care will improve as a result of the service development. Clinical outcomes are expected to improve as a result of the service being provided. Lancet evidenced a 19% increased survival rate if care is managed via a Major Trauma Network.
Gweithlu: Workforce:	Workforce projections have been mapped by the Wales Trauma Network and University Health Board. It is anticipated that the majority of positions will be new/substantive posts.
Risg: Risk:	Risks have been identified by the Major Trauma Task and Finish Steering Group and are managed via a Project Risk Register. A summary of the risks is below: <ul style="list-style-type: none"> • Recruitment and retention • Revenue/capital funding • Training requirements • All Wales implementation • Rehabilitation service development
Cyfreithiol: Legal:	As this is a service development/improvement, a legal challenge would be unlikely.
Enw Da: Reputational:	<p>Political impact is unlikely as the change is a positive service development. Politicians have been made aware of the work and, to date, no significant concerns have been raised.</p> <p>There has been media interest in the development. A common theme from the engagement event was the difficulty in accessing car parking at Glangwili Hospital which may generate some media interest.</p> <p>The recent engagement revealed multiple, complex and sometimes opposing views from the public. However, evidence demonstrates that there are improved patient</p>

	outcomes as a result of being part of a major trauma network.
Gyfrinachedd: Privacy:	An Initial PIA has been completed. As there is no major change to the processing of personal data, there is no requirement for a full PIA.
Cydraddoldeb: Equality:	<p>A full EqIA has been undertaken.</p> <p>A communication and engagement plan was implemented to offer the opportunity for populations across the three counties to contribute to providing feedback on proposals. This included targeted notifications to protected groups and organisations who represent protected groups who have been identified as being most at risk of experiencing major trauma.</p> <p>An action plan is being developed which reflects the themes and feedback received from the public/staff. The action plan will be updated and monitored via the Major Trauma Task and Finish Steering Group for Hywel Dda University Health Board.</p>

Developing Trauma Services in Hywel Dda University Health Board

Engagement Feedback Document

16 August 2019

Version 1.3



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1. Background

Hywel Dda UHB has made a commitment to continuously talk with the communities we serve about service changes and developments.

The discussion document 'Developing Trauma Services in Hywel Dda University Health Board' provided information on why we proposed to develop Glangwili Hospital, in Carmarthen, as our interim Trauma Unit in the years leading up to the building of our new Urgent and Planned Care Hospital. This proposal was alongside work by the national Major Trauma Network to locate a major trauma centre for south Wales at the University Hospital of Wales, in Cardiff.

The document explained Bronglais Hospital, Aberystwyth, and Withybush Hospital, Haverfordwest, would support the Trauma Unit at Glangwili Hospital. This proposal was not a downgrade - all current acute and emergency services would remain at Bronglais and Withybush hospitals and they will continue to deal with less severe traumatic injury. They would retain the ability to stabilise and transfer patients who suffer moderate or severe trauma either to the Trauma Unit or Major Trauma Centre.

Hywel Dda UHB would also benefit from recent assurances that the Emergency Medical Retrieval & Transfer Service (EMRTS) and Wales Air Ambulance Charity helicopter and response car service will be extended to become a full 24 hour service, seven days a week, 365 days a year (as opposed to 12 hours a day currently). EMRTS, also referred to as Welsh 'flying medics', can provide the same level of care as an Accident and Emergency Department at the scene of an accident.

Whilst it has been decided nationally to locate the Major Trauma Centre in Cardiff, and locally, we have designated the future Urgent and Planned Care Hospital as our Trauma Unit, we want to inform the communities who use our services, listen to views and answer any questions about how we plan to best manage local trauma care in the interim years and this is where the engagement was focused.

2. Approach for engagement

The stakeholder mapping and analysis exercise previously undertaken for the consultation was reviewed and updated. Major trauma affects a small number of patients every year, but potentially could affect anyone.

Our engagement and communications approach needed to accommodate the broad brush approach targeting the wider population together with targeted activity around those potentially most affected, as identified by the stakeholder mapping and Equality Impact Assessment to ensure these views inform our work.

The purpose of the engagement and communications exercise was to:

- Take a broad brush approach to raise awareness of the focused engagement activity around major trauma to provide those interested with the opportunity to help shape developing trauma services in Hywel Dda University Health Board.
- Target those potentially affected by major trauma and the need for these services in the future through engagement methods that are most appropriate for these groups.
- Provide a range of opportunities, taking account of accessibility, for our staff and key stakeholders to give their views
- Raise awareness of the focused engagement and provide opportunities for feedback.
- Use engagement and communication tools, such as e-communications, social media and interactive events to effectively engage.

The focused engagement activity period for this work took place for 6 weeks from 24 June 2019 to 5 August 2019. This period provided those with an interest in the work the opportunity to participate through events / email / phone / written comments.

We endeavoured to use a mixture of different communication and engagement tools to reach this varied audience in person at drop-in and targeted events, using hard copy literature and letters available in different formats and using digital advertising (paid for) and promotion (free) both online and in local media.

3. Distribution of information

As identified in the Focused Engagement Plan for Major Trauma Services (Appendix 1) we employed the following tactics and detail below the outputs and outcomes:

Tactic	Activity/ Outputs	Outcomes (where available)
Electronic distribution to broad brush and key stakeholders	<p>Information was distributed to key stakeholders across the three counties on 26 June 2019 examples including</p> <ul style="list-style-type: none"> 50+ forums Blood Bike Volunteers Carers organisations (informal) Climbing Clubs County Councillors CVCs Colleges and Universities Cricket clubs (younger male population) Children and Young Family Information Services Guides and Scouts Associations Health Professionals Forum Housing Associations Industrial (Tata, Port Authority, LNG) Mental Health organisations Merched y Wawr Partnership Forum Peoples First Groups Pressure groups Protected characteristic groups RNLI and Coastguards Schools Sensory Impairment Groups SI/TH Stakeholder Reference Group Tourist attractions Walking Clubs Women's Institutes Young Farmers Young Peoples Partnerships 	1,606 key stakeholders were mailed

Hard copy distribution to key stakeholders	<p>Information was distributed to key stakeholders across the three counties on 26 June 2019 examples including</p> <ul style="list-style-type: none"> Community clinics Community hospitals Cylch Meithrin, Nurseries, Parent and Toddler Groups Day Centres Equestrian Organisations Farmers Union Job Centres Leagues of Friends Leisure Centres Local authority Libraries Customer service centres Nursing homes and residential homes Primary care contractors including GPs, dentist, opticians, pharmacists Rugby clubs, football clubs (younger males) Town and Community Councils 	1,367 stakeholders received hard copies of documents
Hard copy distribution to key locations	Hard copies were distributed to key locations for access to staff and patients around the four main hospital sites including areas such as MIUs, A&E and Outpatient departments	400 hard copies
Staff bulletin, global emails and staff bulletin board (digitally based)	<p>Staff bulletin 19 June</p> <p>Global email reminders:</p> <ul style="list-style-type: none"> • 18 June • 19 June • 03 July • 24 July • 30 July • 02 August • 05 August <p>Staff bulletin board 30 July</p>	9 Total Hits

Staff hard-copy/in person updates	Hywel's Voice printed newsletter Issue 56	2,000 print outs delivered. 291 Intranet hits as at 6 th August.
Web resource (for staff and community)	Web resource launched on 19 June	Hits as at 6 th August in both Welsh and English Page - 2384 Poster - 56 Discussion Document – 222
Social media (paid for) advertising of events	Facebook events paid for adverts – 5 adverts, 1 for each event.	Total reach of adverts 35,079. Total responses from adverts 134
Social media (organic/free) promotion	14 English, 14 Welsh social media messages on corporate Facebook and 19 English and 19 Welsh on the corporate Twitter feed during engagement period	Reach – 60,621 (Facebook) Engagements (likes/shares/comments) – 5,648 Clicks (to web resource/poster/survey etc) - 383
Target groups	Direct, personal message appeals to circa 55 social media interest groups focusing on rugby clubs, walking clubs, young farmers and bikers.	Twitter: Impressions – 21,281 Engagement - 314 Link Clicks - 54 Confirmed share of message from: <ul style="list-style-type: none"> • Cffi Ceredigion Ceredigion Yfc • Carms Yfc-Cffi Caerfyrddin • Narberth Rfc Otters • Social Cycling in Llanelli and Surrounding Areas • Llanelli Wanderers RFC
Online(Facebook) engagement event	Two hour Facebook event held with expert panellists on 19/07	Reach – 1,565 Engagements 138 Comments – 31
Media updates	X2 media releases: 1 and 2 , sent to local and regional print and broadcast media	Coverage across all three counties and on national platform (WalesOnline) – approximately nine articles published Have your say on trauma care plans

		<p>South Cambrian News - 27/06/2019 p020 News. Health chiefs are set to engage with the public across the Hywel Dda board area about how trauma care is managed in the future.</p> <p>Engagement period into trauma care launched</p> <p>South Cambrian News - 27/06/2019 p010 News. Antony Gedge. Health chiefs have launched an engagement period into trauma care across the Hywel Dda area, but have insisted that trauma care at Bronglais Hospital would not be downgraded under current proposals.</p> <p>Have your say on Hywel Dda trauma care</p> <p>South Wales Guardian - 26/06/2019 p003 News. People in Carmarthenshire are being asked for their views on how support and care for people with, or recovering from, major injuries or major trauma is delivered.</p> <p>Have your say on trauma services</p> <p>Powys County Times - 12/07/2019 p017 News. PEOPLE who use the health services at Bronglais Hospital in Aberystwyth are being asked for their views on how support and care for people with, or recovering from, major injuries or major trauma is delivered.</p> <p>Hywel Dda: Have your say on trauma and emergency services</p>
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		<p>(Web) County Times - 18/07/2019</p> <p>Trauma plans 'will not mean downgrade' Western Telegraph - 26/06/2019 p002 News. David Lynch. Glangwili Hospital could become the centre for local trauma care in west Wales under new plans, but the public is being asked for its views first.</p> <p>New trauma unit intended for Glangwili General Hospital described as ... WalesOnline-18 Jun 2019 A trauma unit looks set to be developed at a Carmarthenshire hospital ... Hywel Dda University Health Board has announced the plans, which...</p> <p>Amroth Community Council Tenby Observer-14 Jul 2019 Hywel Dda Health Board are proposing to develop Glangwili Hospital in Carmarthen, as the interim Trauma Unit in the years leading up to the...</p> <p>Cardigan area residents urged to have their say on trauma health care Tivyside Advertiser-20 Jun 2019 PEOPLE in Ceredigion, Carmarthenshire and Pembrokeshire are being asked for their views on how support and care for people with...</p> <p>Views sought on support and care delivered for people with major injuries or major trauma PEOPLE in Carmarthenshire, Ceredigion and Pembrokeshire are being asked for their views on how support and care for people...</p> <p>walesnewsonline.com Jun 18 · 4 Shares</p>
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Video	<p>Produced in response to feedback from public at start of engagement period.</p> <p>Broadcast from health board's You Tube and social media 11/07/19 and also used at events</p>	<p>Facebook reach – 22,158</p> <p>Shares - 109</p> <p>YouTube Reach – 175</p> <p>Views – 101</p> <p>Likes – 241</p> <p>Link clicks - 227</p>
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4. Engagement with our communities

Face to face events

As a Health Board we value the drop-in approach for conversations with our public. The Major Trauma drop-in events provided people with the opportunity for detailed conversations with our clinicians to find out more about major trauma services and have their questions and queries answered. Drop-in events were held between 3pm and 6pm to provide convenient opportunities for people to attend during the later afternoon / early evening. Four face to face events near the main hospital sites were held:

- Llanelli Event, 24 June 2019, Prince Philip Hospital, Llanelli (Attendance 14)
- Haverfordwest Event, 11 July 2019, Pembrokeshire Archives, Haverfordwest (Attendance 19)
- Aberystwyth Event, 18 July 2019, Mudiad Ysgolion Meithrin, Aberystwyth (Attendance 18)
- Carmarthen Event, 29 July 2019, Bro Myrddin Bowls Centre, Carmarthen (Attendance 11)

The full list of comments noted at events is included as Appendix 2

Llanelli

The drop in event at Llanelli was supported by the following clinical staff:

- Anaesthetics Consultant - Hywel Dda UHB / EMRTS Consultant, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru
- Consultant/Clinical Director Unscheduled Care, A+E Hywel Dda UHB
- Paramedic Project Manager, Welsh Ambulance Service NHS Trust

Seventeen themes were raised at the Llanelli event and these included:

Theme	Main issue and examples of comments
Parking	<ul style="list-style-type: none">– What's being done to address the parking issue at the hospitals – particularly Glangwili?– Is a problem- making visiting difficult
Communication	<ul style="list-style-type: none">– When communicating with public they automatically think it's a downgrade rather than an improvement.– There needs to be good communication between other hospitals where the specialists are based
Finance	<ul style="list-style-type: none">– You have spent £10 million on a new A&E in Withybush and are now knocking it on the head.– Why isn't the air ambulance part of the NHS? They need to be publically funded
Glangwili	<ul style="list-style-type: none">– What is the point of spending all this money at GGH when you will eventually be relocating to the new site– Won't it be a waste of money to build in Glangwili as you're building a new hospital?"– Environment – old and not fit for purpose. Doors are not wide enough.– People in Llanelli will go East to Morriston– Trauma recruitment and education – this is essential. MTN with support a comprehensive training programme
Mental Health	<ul style="list-style-type: none">– There is concern for individual with mental health conditions – they need to stay local

New Hospital	<ul style="list-style-type: none"> – Won't it be a waste of money to build in Glangwili as you're building a new hospital. – The new hospital is so far west – there is nothing for people in this area – You need to tell people what your plans are – get it out there. There is really good work going on. You are trying to make it work for everybody but need to explain to people – get the right perspective out there – Quite happy to hear that if a patient goes to the new build it will be only for a short amount of time and then moved quickly as possible back closer to home
Prince Philip Hospital	<ul style="list-style-type: none"> – Concerns about services being reduced at PPH. It has been downgraded in the past. What services will remain? – Concerns about services being centralised in GGH – What is the future for PPH?
Rehabilitation	<ul style="list-style-type: none"> – You need rehabilitation closer to home, it is about visiting – it is going to be hard to get to the new build. Huge issue with transport in this area. It will increase the cost of travelling back and forth. It is going to be hard for the older people – Are you looking to put rehab at PPH? If you could it would be a major selling point and good news.
Services	<ul style="list-style-type: none"> – What happens to burn patients? – Where will cancer treatments be? – Will there be extra therapists in the new hospital?
Staff/recruitment	<ul style="list-style-type: none"> – You're having trouble recruiting staff now. How will you recruit extra staff for this proposal? – How are you going to get the staff you need with the expertise that you need in a very rural area – There will be issues for staff who need to travel from Llanelli to the new hospital. – The new hospital is good for staff in some cases and not good for other staff.
Technology	<ul style="list-style-type: none"> – Need a single patient record. It will make everything easier for professionals.
TCS	<ul style="list-style-type: none"> – Think that the community hubs is a great idea at Cross Hands and Amman Valley – Access to the services are important - need to make them closer to patients

	<ul style="list-style-type: none"> – Care closer to home makes a lot of sense – I know change is difficult – but you need to give people a bit of a win, make them understand what you are doing. People are very supportive of the Health Board. – We need to see where you have moved since the consultation – Need a better way of telling people what you are doing and what services are going to stay at PPH
Transport	<ul style="list-style-type: none"> – There is always the concern of how to get to the new hospital – Public transport needs to be improved – Cost of travelling needs to be considered- you may be able to pay to get there (by taxi) but not back home – Are the government going to put money into the air ambulance? – Is the air ambulance charity funded?
Trauma Services	<ul style="list-style-type: none"> – When you talk about trauma what do you mean? – It is important that the trauma unit is local but there is also the importance of having a specialised unit – Will a major trauma go to Moriston now? So it's being downgraded and all major trauma will go to Cardiff? It is going to take longer to get to Cardiff? – What percentage of trauma patients need on-going rehab care and for how long? – What is the logic behind placing the Major Trauma unit West and eventually in St Clears?
Other	<ul style="list-style-type: none"> – Personally, I wouldn't care where I go as long as I get the best treatment – The golden hour if someone has a heart attack in a rural area. I realise the ambulance crews are more qualified than they were four years ago – A few years ago a family member was allowed to stay in the nursing quarters, as they lived in Aberystwyth. Will this be available in the new hospital? – Llanelli has the heaviest area of industry and population in the Health Board

Haverfordwest

The drop in event at Haverfordwest was supported by the following clinical staff:

- Anaesthetics Consultant - Hywel Dda UHB / EMRTS Consultant, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru
- Consultant in Pre-hospital Emergency Medicine, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru, Clinical Lead, Wales Trauma Network
- Trauma and Orthopaedics Consultant, Hywel Dda University Health Board
- Consultant Surgeon, Withybush Hospital Director, Hywel Dda University Health Board
- General Manager, Hywel Dda University Health Board
- Locality Manager Pembrokeshire, Welsh Ambulance Service NHS Trust

Twenty themes were raised at the Haverfordwest event and these included:

Theme	Main issue and examples of comments
Car Parking	<ul style="list-style-type: none">- How will access to Glangwili be? Will they do something about the parking?- Parking problem at GGH is longstanding. Why don't you lease a nearby field? Is it feasible? Or a pop-up multi-storey car park temporarily? Do something instead of talking about the problem.
Communication and Engagement	<ul style="list-style-type: none">- Individual works in trauma for HDUHB, and hasn't been informed of the changes in a work capacity. Found out about today's event on Facebook. Need engagement and communication with staff.- Online there is a lack of understanding of the difference between trauma and major trauma. People think it includes heart attacks.- Why is there such a fuss if there's not actually going to be much change? This has become a bigger issue than it needs to be. The negativity is misplaced. You need to put a positive spin on this.- Strong feeling that as the decision had already been made, the engagement event was pointless.- It's comforting to know doctors are leading on this.
EMRTS	<ul style="list-style-type: none">- When the call comes through to WAST, how easy is it to assess the need for an air ambulance?

	<ul style="list-style-type: none"> - The extension of air ambulance service is a long time coming. Years ago Mark Drakeford suggested making more use of Armed Forces trauma specialists – is this likely to be considered? - Feeling that the air ambulance could never fly 24/7 due to weather conditions etc. - Will the extension of the air ambulance service mean an increase in funding from WG? Will that affect the charity status of the air ambulance?
Finance	<ul style="list-style-type: none"> - What is the cost implication of putting the Trauma Unit at Glangwili? - What's going to be the cost of making things suitable for relatives?
GP Access	<ul style="list-style-type: none"> - At the moment we have great difficulty in accessing a doctor and things have changed in Pembrokeshire. - Filling GP posts is a huge problem.
Glangwili	<ul style="list-style-type: none"> - So the Major Trauma unit will be in GGH, does this require the facility to be changed? - Will there be much investment in GGH when the new hospital is imminent? - Strong feeling that Glangwili should be closed and services more centred around Withybush.
Mental Health	<ul style="list-style-type: none"> - Neurological and physical issues could lead to mental health problems.
New Hospital	<ul style="list-style-type: none"> - Is the new hospital going to be built? [Was concerned it may not go ahead] - New hospital – downgrading services/ removal of services from WGH – is this part of that? That's the perception. - What if the money doesn't come through for the new hospital, then we'll lose services at WGH? There have been no assurances regarding the new hospital from WG.
Rehabilitation	<ul style="list-style-type: none"> - The provision of rehabilitation services is a strong selling point that I don't think the public are aware of. They would be reassured to know they can come back closer to home to recover. - Why are you putting rehab in Llanelli if there is already rehab in Neath Port Talbot? - Surprise, surprise Hywel Dda doesn't have a rehab service.
Staff and recruitment	<ul style="list-style-type: none"> - Will the new hospital and trauma unit have existing staff or new staff?

	<ul style="list-style-type: none"> - It's going to be difficult to attract the best workers in the interim period when they know that things are going to change again. - Part of the problem is attracting people at lower grades. The doctors don't have enough opportunities to see different conditions as they would in Cardiff
Technology	<ul style="list-style-type: none"> - Is telemedicine separate from Hywel Dda?
TCS	<ul style="list-style-type: none"> - What is the direction of travel with the programme? - it's a shame that not more people are coming to find out more.
Transport and travel	<ul style="list-style-type: none"> - Living in Pembroke Dock, I feel concerned when hearing talk about moving trauma services to Carmarthen. With the oil refinery and the ferry, it's a long way to travel if anything goes wrong. - Getting from our area on to the main road is difficult. It only takes one incident on the road to cause delays. - I can't drive so if my husband is taken ill, I would struggle to get to GGH, especially in the evenings. - Is there a difference between travel times from Haverfordwest to Carmarthen and GGH to Cardiff?
Trauma services	<ul style="list-style-type: none"> - My question before I arrived was how would you decide what major trauma is, but you've described that it will be a network - If there was a serious RTA where would patients go? - What if there was an issue in the oil refinery? Is there something in place for that? - We need immediate access to trauma services. Would most of trauma patients have been transferred anyway? - Repatriation – people would go to MTC, then come back to the trauma unit and then back to WGH? So there's another step in the patient's journey? This extra step worries me. - Strong feeling that the Trauma Centre should have been in Swansea not Cardiff in order to better serve the population of Pembs – felt that populations further east had access to a wider range of facilities elsewhere.
Trust in the Health Board	<ul style="list-style-type: none"> - Trust in the HB in Pembs, after women's and children's services, is low - In Pembs we feel like the poor relation. There is a perception that services are being taken away.

Timescales	<ul style="list-style-type: none"> - What are the timescales: Are they achievable? - There'll be a lag between MTU plans and the new build?
WAST	<ul style="list-style-type: none"> - Implications for WAST? There is already a 6-7 hour wait for an ambulance. - Number of ambulances in Pembrokeshire – is it based on per capita or geography compared to other areas? Is there an optimum number of vehicles? - Do you know what the average time is for a blue light ambulance from Withybush to GGH?
Women and Children's services	<ul style="list-style-type: none"> - Maternity services need to be ready. There are concerns that GGH will not be able to take more services. - Will women's and children's services be ready?
Withybush	<ul style="list-style-type: none"> - I don't have concerns for WGH A&E like some people do - There are fewer services in the area than there used to be, as well as maternity services - Will WGH be downgraded or reduction in services with the move to GGH? - No one would argue against specialist centres but people are concerned about being able to go to their local hospital, especially for older people and children - Strong feeling that services are constantly being taken away from Withybush, which will eventually lead to its closure.
Other	<ul style="list-style-type: none"> - NHS is wonderful. We don't sing its praises enough. - Need more cross-sharing between health boards especially with the deanery stipulating the need to keep up staff competencies. - It's political decisions around health care, the way everything's going to Carmarthen. - If something happened with the oil refinery it could be catastrophic.

Aberystwyth

The drop in event at Aberystwyth was supported by the following clinical staff:

- Anaesthetics Consultant, Hywel Dda University Health Board / EMRTS Consultant, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru
- Trauma and Orthopaedics Consultant, Hywel Dda University Health Board
- Consultant Physician, Hywel Dda University Health Board
- Head of Occupational Therapy, Hywel Dda University Health Board
- Locality Manager Ceredigion, Welsh Ambulance Service Trust

Twenty one themes were raised at the Aberystwyth event and these included:

Theme	Main issue and examples of comments
Bronglais	<ul style="list-style-type: none">– Will it result in A&E in BGH being lost?– We want to keep as many specialties in Bronglais as possible – the geography is huge– How you justify Glangwili and Bronglais with similar claims to fulfilling trauma unit? How can you call Bronglais something less than a trauma unit? This is the type of thing that needs to be in consultation.– The word ‘transforming’ is replaced for ‘downgrading’ BGH when we hear about these things.– BGH is better off now than it has been for 20 years.
Communication	<ul style="list-style-type: none">– Need central point of contact – co-ordinator so they’re not pushed from pillar to post– We are talking about a small number of people. You should make this clear then as it’s not clear in the public documents– It’s refreshing to speak to someone who recognises that there could be issues but you are working things out. Sometimes it is like speaking to a used car salesman in health board.

Domiciliary care / home environment	<ul style="list-style-type: none"> – It sounds good but without domiciliary care at home you've got a difficult task.
EMERTS	<ul style="list-style-type: none"> – Helicopter service 24/7? Do you have to pay Air Ambulance – What about flying in stormy weather? We are very exposed in the west. Not even military helicopter allowed to fly at times. – EMRTS aren't available – what reassurance that patients haven't got to travel by road for long distance in order to be transferred.
Engagement	<ul style="list-style-type: none"> – It's good what you learn at these events. – After public engagement, where does it go? There are still a lot of 'what ifs'. This is a concern.
Existing and historic issues	<ul style="list-style-type: none"> – Staff used to be afraid to criticise the health board – The background to all this – when we are talking about services – makes us nervous
Finance	<ul style="list-style-type: none"> – Nothing costed re: new hospital yet. How can we plan for the future without knowing if we can afford services?
Glangwili	<ul style="list-style-type: none"> – Who designated Glangwili as trauma unit? – Is GGH ever going to be a specialist trauma unit and are the outcomes going to be better? Current picture doesn't suggest.
Integrated care centres	<ul style="list-style-type: none"> – Cylch Caron, Aberaeron and Cardigan – will there be some beds in the community there?
Mental Health	<ul style="list-style-type: none"> – Shortage of mental health beds in the area
New Hospital	<ul style="list-style-type: none"> – Are they building this new hospital in Carmarthen? Aren't they building a new hospital somewhere south? Where? There are plenty of hospitals in Cardiff and Swansea. Can't they build it somewhere in the middle?

Rehabilitation	<ul style="list-style-type: none"> – Need centres in north, central and south. If we have it in Carmarthen this is no good. Not easy for relatives. Rehab has to be accessible for relatives as well as patient. – Rehab – is there enough activity for a Mid Wales rehab centre? – Opportunity to improve rehabilitation. Introduce rehab co-ordinators and third sector. – Looking at Mid Wales – Powys not having any hospitals, it seems like Mid Wales could have a substantial rehab unit somewhere like Newtown. Newtown something to consider – they are wondering what they can do. They are doing outreach from Shrewsbury
Rurality	<ul style="list-style-type: none"> – Feel isolated in Abersytwyth so imagine how others in more rural parts of Ceredigion feel.
Staff/recruitment	<ul style="list-style-type: none"> – Staff recruitment is an issue – Resource issue – there aren't nearly enough people [therapists] to do rehab – What about the reliance on agency staff?
Technology	<ul style="list-style-type: none"> – Telemedicine opportunities
TCS	<ul style="list-style-type: none"> – If transforming clinical services doesn't happen it will put pressure on your team eg bed numbers
Transport/travel/accessibility	<ul style="list-style-type: none"> – So far to get to Carmarthen from here. Transport for elderly is a big problem – I understand why GGH was chosen but the distance is a lot from GGH to BGH. Morriston to GGH is quite quick – How do they get to the major trauma centre? In bad weather? It's a long way by road. How, if the ambulances are all tied up, will they get there?
Trauma services	<ul style="list-style-type: none"> – What does trauma mean? Heart attack? Would be medical admission? – Trauma centre should have been in Swansea not Cardiff – Will trauma co-ordinators in west Wales co-ordinate with N. Wales? – If you have the specialties for trauma – their skills can be used across the hospital – Triage protocol – how will this work? – How many HBs are in this network?

	<ul style="list-style-type: none"> – Who prioritises who the emergencies are? Who has the final decision? People skills are very important
WAST	<ul style="list-style-type: none"> – How will changes affect WAST? – Will there be a triaging system/protocol in place for WAST?
Welsh language	<ul style="list-style-type: none"> – Access to Welsh speaking staff is important
Other	<ul style="list-style-type: none"> – Potential for learning – links with university. – I try to sit in on CHC meetings, as an outsider I feel whole of health planning is disjointed. I feel there should be one major hospital in North e.g. Wrexham, one in the middle and one in the south so all are within 2 hours. – Appreciate there are limited resources and need to make the best of it. – What will happen with community beds with Tregaron going? – Mid Wales – opportunities to do a lot more

Carmarthen

The drop in event at Carmarthen was supported by the following clinical staff:

- Anaesthetics Consultant, Hywel Dda University Health Board / EMRTS Consultant, Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru
- Trauma and Orthopaedics Consultant, Hywel Dda University Health Board
- Head of Nursing Glangwili Hospital, Hywel Dda University Health Board
- Head of Occupational Therapy, Hywel Dda University Health Board
- Assistant Head of Operations, Welsh Ambulance Service Trust

Twenty themes were raised at the Carmarthen event and these included:

Theme	Main issue and examples of comments
Communication	<ul style="list-style-type: none">– think it is a good paper, it sets things out very well.
Domiciliary care/ home environment	<ul style="list-style-type: none">– Local authorities need to review what they do. Low level support/ solid care is critical. You could get carers (unpaid) to do their role for a few years longer.
Engagement	<ul style="list-style-type: none">– Have you had similar questions in other locations?
EMRTS	<ul style="list-style-type: none">– So you're planning under the assumption that EMRTS will become 24/7?– Weather – how will that affect EMRTS?– We're lucky we've got the Air Ambulance–
Finance	<ul style="list-style-type: none">– What's the cost given the HB's financial situation?– Collaborative – which HB pays what? Who benefits most?
Glangwili	<ul style="list-style-type: none">– Agreed with the concept of the trauma unit. Would like it to stay at GGH

	<ul style="list-style-type: none"> – As a Band 5 nurse, I shouldn't be directing A&E services when we've got two or more traumas. Our consultant is snowed under. We need a co-ordinator
Location of MTU	<ul style="list-style-type: none"> – Need TU and new hospital in the east of the region. Morriston and Singleton are large and have what we need
MTU positive	<ul style="list-style-type: none"> – This is to be welcomed. Should have been done five years ago! – As an A&E nurse, I can't wait! – This can only be an improvement. I love my job. I wouldn't work anywhere else!
New Hospital	<ul style="list-style-type: none"> – Distance for family. Can't see the point. – Carmarthen should be the centre for the new hospital – money for the construction industry
Other Hospitals	<ul style="list-style-type: none"> – Welcome this – would like A&E in PPH, GGH and WGH – We are having conversations around WGH and BGH and concerns about the downgrading of these hospitals
Older People	<ul style="list-style-type: none"> – Senior members of society need more help
Rehabilitation	<ul style="list-style-type: none"> – Your success measure is how many seriously injured patients are rehabilitated? – Will there be ongoing investment in the rehab element of the MTN? Rehab consultant in GGH? – The rehab side is important so we can get step down back from Cardiff. It's rehab that can make the biggest impact. After a major trauma, getting your life back as much as it can is really important
Staff/recruitment	<ul style="list-style-type: none"> – How confident are you that you can get staff and the necessary expertise? – Pleased to hear about the career progression for staff – With the council, we are moving to a community focus. Will we have enough staff to deliver this?
Swansea Bay	<ul style="list-style-type: none"> – Link more to Swansea Bay
Timescales	<ul style="list-style-type: none"> – When do you anticipate this will happen?

	<ul style="list-style-type: none"> – That soon?! So you'd have the key expertise (consultant cover) in place by then?
TCS	<ul style="list-style-type: none"> – With the TCS work, services closer to home – have to do it in two years. There are intense pressures on secondary care. A few years ago there was 85% bed occupancy, now it's over 100% and you need to reduce this before you can transfer to the community. Two years is a challenge to deliver this.
Transport/travel/accessibility	<ul style="list-style-type: none"> – Service-user transport and distance between PPH and Amman Valley hospital – nearer Morriston Hospital – GGH issue – distance – boundaries – using map to illustrate. Has Morriston got a trauma unit?
Trauma services	<ul style="list-style-type: none"> – Where would this unit be? New building or existing? – I'm assuming the more serious cases would be taken straight to Cardiff where the expertise is? – What was the logic of choosing GGH as the TU? – Blood bikers would enhance the service – What staff skills will be in a rural trauma facility? – Carmarthen is the best location. We need stabilisation in Wales. – Who decides where the patient goes and whether it's a trauma or not?
WAST	<ul style="list-style-type: none"> – Will there be a designated ambulance for GGH if EMRTS can't fly?
Other	<ul style="list-style-type: none"> – There may be a need for fundraising and volunteers

The main themes on a three counties basis included:

- A misconception a new unit will be built to deal with trauma patients
- Car parking at Glangwili
- The importance of rehabilitation
- The impact on older people –as patients, family members or carers
- The ‘Golden hour’ and general misunderstanding of the term
- The difficulty of recruiting and retaining staff across the NHS
- The impact on existing staff skills if they are not seeing enough trauma patients
- WAST capacity – are there sufficient ambulances and paramedics to support this
- The timescale for developing a new hospital and its location
- EMRTS and concerns about its ability to only fly in certain weather conditions and the feasibility of running an increased service that is a charity

Themes specific to Ceredigion and Pembrokeshire included:

- Travel, transport (including public transport) and road infrastructure
- The poor condition of the buildings at Glangwili Hospital
- Queries around the selection of Glangwili for the Major Trauma Unit as the people of Carmarthenshire are already nearer to Morriston or Cardiff anyway
- Fears that Bronglais Hospital and Withybush Hospital will be downgraded as a result of Glangwili being the Major Trauma Unit

Feedback from residents of Ceredigion / Powys / south Gwynedd proposed Bronglais should be the designated Major Trauma Unit as it services Powys (which doesn't have a DGH) and south Gwynedd.

Llanelli respondents felt services should be based further east as Llanelli is the area with the highest population density.

People living in Pembrokeshire expressed concerns about not having a Major Trauma Unit in Pembrokeshire, particularly with the high level of tourism within the area, heavy industry including LGN, the oil industry and the power stations as well as the farming within the area. Some residents expressed a lack of trust in the Health Board.

Online Facebook Event

An online Face Book event was held on the 8 July 2019 to provide an opportunity for people who preferred to engage online rather than attendance at face to face events. Around 5 participants took part and there were 9 comments during the live discussion.

There were a number of concerns and negativity expressed around the potential level of influence with the engagement.

“Here we go, again, again and again! Will they listen, that’s the first question on everyone’s mind. Not on past form, so I won’t hold my breath!”.

The location of the proposed major trauma unit also raised concerns

“Lovely for those in Carmarthen, not so much for those in Pembs, a minimum of 24 miles away and that is from the border!”

There were two positive comments

“I can’t understand the negativity. Having a trauma unit at Glangwili will save lives. People seriously injured in car accidents, on farms and sports fields would be stabilised in west Wales before being taken by air or road to the Heath in Cardiff, which has one of the best neurosurgical units in the UK”.

A further observation was made:

“I personally think the new hospital shouldn’t have been protested against all those years ago, it would’ve been better than the shambles we’re dealing with now. I’d love to welcome a new hospital in Whitland / St Clears”

Powys Events

Powys Teaching Health Board invited their communities to share their views at two events they had scheduled as part of their engagement programme:

- Llanwrtyd Wells Medical Practice, 19 July 2019
- Rhyader Livestock Market, 3 August 2019

Six themes were raised at the Llanwrtyd Wells event and these included:

Theme	Main issue and examples of comments
Access	<ul style="list-style-type: none">– Much more convenient to access care and after care in Glangwili, rather than have to travel to Aberystwyth or even Hereford– Some of the older people who we spoke to are able to drive but find it really daunting having to drive to Carmarthen or even further afield to access health services– In general, patients were very accepting of the fact that they would need to access complex care in Carmarthen
Financial Implications	<ul style="list-style-type: none">– A patient said that “it is not just about the cost of travel and the parking costs that a patient can incur if they are not able to physically park at the hospital or clinic, but the inconvenience of having to travel so far and the fact that with Llanwrtyd Wells being so isolated, it can almost take a whole day to attend a hospital appointment, which can have quite an impact on a patient’s emotional and physical wellbeing”.
Politics	<ul style="list-style-type: none">– We heard from a group of patients that they felt very let down by local Politicians and representatives who they felt needed to be doing more to campaign for better health care services and better facilities for the people of Powys, particularly in rural areas.
Primary care	<ul style="list-style-type: none">– A patient told us that they felt it was time to train the GPs more so that they can deliver more of these services in Powys rather than sending patients out of Powys.

Secondary care	<ul style="list-style-type: none"> – A patient said, “that someone in the health board needs to ‘grow a pair’ and insist on Powys having its own District General Hospital”.
Transport	<ul style="list-style-type: none"> – Non-emergency patient transport services do not always cover families and carers and this can have quite an impact on patients travelling to appointments in District General Hospitals on their own – Patients stated that there needs to be some sort of community transport scheme or even free hospital transport service in place, to help those families and carers get to hospitals if their family member is an inpatient. – In regard to public transport, buses are nigh on non-existent in Llanwrtyd Wells and the surrounding areas and it is practically impossible to access hospital appointments using buses. – Taxis are far too costly to use to access hospital appointment due to the distance one would need to travel. – We heard that whilst Llanwrtyd Wells does have a small railway station, train times do not always fit in well with hospital appointments

Seven themes were raised at the Rhyader event and these included:

Theme	Main issue and examples of comments
Access	<ul style="list-style-type: none"> – Glangwili Hospital is 60 miles away from Rhyader; on a good day, it can take 1½ hours to drive by car. – Those who can travel to A&E said that they would always make Bronglais or Hereford their first port of call, particularly if self presenting in an emergency situation. Those people told us that they had driven to, or had had family drive them to Bronglais or Hereford rather than wait for an ambulance. – Calls made via 999 to Welsh Ambulance – we heard that people have genuine concerns around the present response times and they believe that they are taking too long to respond to 999 calls in the Rhyader area; their exact words were “it is very worrying at the moment”.
Financial implications	<ul style="list-style-type: none"> – A lady informed us that her neighbour had a stroke and needed to have stents fitted in Bodelwyddan, it cost his wife £100 per night to stay in a hotel close to the hospital. They truly believe that for this to

	work for families, as much as possible 'appropriate' rehabilitation care needs to be delivered as close to the patients home as possible.
General comments	<ul style="list-style-type: none"> – Out of all of the farming families, stockmen, market personnel that we spoke to, all of them agreed that when you are in an emergency predicament, the patient is not really all that bothered where they access care, which involves multiple and or serious injuries which could result in disability or death – However, when it came to that initial step down process from the Major Trauma Centre to the trauma unit, these very same people felt like they would prefer to have a choice and this was pretty much based around where geographically they lived in relation to Rhayader Town and the impact this would have on their busy farming lives – A resident of Llangammarch Wells was very much in favour of Glangwili Hospital being the designated site of the Trauma Unit.
Politics	<ul style="list-style-type: none"> – “We need more money from Parliament for Health in Wales”.
Primary care	<ul style="list-style-type: none"> – People were happy to access services further away from home for the complex issues but they felt that the most important thing for the patient is having some of their treatments at home where possible and asked if more rehabilitation could be done in the patients own home by district nurses, physiotherapists, occupational therapists, GP's.
Rehabilitation	<ul style="list-style-type: none"> – We heard time and time and time again that people from Rhayader and surrounding areas would like to have as much of the rehabilitation process delivered in the Hereford, Bronglais, Newtown, Llanidloes area
Transport	<ul style="list-style-type: none"> – There is zero public transport on a regular basis in Rhayader – We heard that there used to be one bus a week to Carmarthen but that does not run now.

5. Responses from the survey

During the focused engagement period, a total of 206 responses to the survey were partially / fully completed.

The following questions were asked:

1. We propose to designate Glangwili Hospital as our Trauma Unit in the years leading up to the building of our new Urgent and Planned Care Hospital, and have identified that some improvements to current services are needed to meet trauma standards. What do you think Hywel Dda UHB needs to consider in developing the Trauma Unit at Glangwili Hospital?
2. Rehabilitation is a key part of the Major Trauma Network and essential to trauma care and good recovery. What do you think Hywel Dda UHB needs to consider to ensure good rehabilitation services in relation to the Major Trauma Network?
3. Do you have anything else you would like to tell us in relation to delivering Trauma Services in Hywel Dda UHB?
4. Is there anything about what is being proposed that you feel could either positively or negatively affect you or particular people in society more than others? If yes, please explain.

There was a reasonable geographical spread of response coverage:

- Carmarthenshire 78
- Ceredigion 39
- Pembrokeshire 74
- Powys 8
- South Gwynedd 1
- Out of area 2
- Unknown 4

The main themes are identified in the table below and wherever possible we will demonstrate how the feedback can be used to inform the development of major trauma services. There may be some instances where it is not possible to act on the feedback received and where this is the case we will explain why.

The full survey feedback report is included as Appendix 3.

Survey Feedback – High level themes, concerns, questions

Theme	Sub theme	Main issue and examples of comments
Finance	New building	<p>Misconception that money is being spent on a new building at GGH for the trauma unit</p> <p>If you are going to huge expense now to develop Glangwili - before a new hospital is built I would have to ask why - and, as a taxpayer, consider that to be rather a waste of public money.</p>
	Staff	<p>Pay as an incentive to attract the right staff</p> <p>“Good pay for specialist staff”</p>

Theme	Sub theme	Main issue and examples of comments
Geography	Carmarthenshire	<p>There were some queries regarding the logistics of having a trauma unit in Glangwili given the population density in east Carmarthenshire, Llanelli in particular,</p> <p>“Llanelli has a population of 50,000, that is a third of the whole of Carmarthenshire combined. Why do we have to drive past our local hospital to get to Glangwili or Morriston hospitals for A&E care?”</p>
	Ceredigion	<p>Distance from the proposed unit</p> <p>“Why Glangwili?? Look at the huge picture here. Carmarthen is so close to all the facilities in Swansea and Cardiff available to the Glangwili area that are not available to West, North and</p>

		East Wales. You seriously have to reconsider this idea and look at Bronglais as the Major Trauma Unit [stet] to ensure fairness in treatment for a massive part of Wales.”
	Mid Wales	Making a case for a trauma unit in Mid Wales “Living in Mid Wales real consideration needs to be given to this area in terms of providing trauma care in this area”
	Pembrokeshire	Impact of distance on the county’s older population. “You want to live in Pembrokeshire and get to grips with the distance.” “The north and west of Pembrokeshire has an ageing population,”
	Person centred services	The need for person-centred services was emphasised. “The overarching principle of the service should be to create a service that fits the needs of the patients, not try and fit the patients into our services. Within the Health Board you often have to wait for a long time to repatriate patients to their local hospitals (even between hospitals in the Health Board), this simply must improve...”

Theme	Sub theme	Main issue and examples of comments
Health Board	Trust	A number of respondents indicated a low level of trust in the Health Board, particularly in Pembrokeshire.

		<p>"I can't see the Health Board EVER building a new hospital in Whitland/Narberth. So by delivering 'major trauma services' at Glangwili is just a way of closing Withybush via the back door. Something the Health Board is VERY good at doing."</p>
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Theme	Sub theme	Main issue and examples of comments
Impact on people	Carers	<p>Impact on carers having to travel further</p> <p>"Glangwilli is too far away ... so why would you invest in this site in this way...? As a carer it is difficult to get to"</p>
	Disabled	<p>Concern that disabled people may be disproportionately disadvantaged. Also that the needs of people with a learning disability or mental health issues are met.</p> <p>"Travelling to Carmarthen may be an issue for some people - childcare/financial constraints / disability"</p> <p>"Access to a team for LD/MH patients as communication may be difficult (deafness, autism, blindness etc.)"</p>
		<p>Difficulty getting transport.</p> <p>"I have two hidden disabilities. The stigma attached to admitting I am disabled is shameful, and because I look OK on the outside, I am not always believed. It makes getting transport on the bad days, days I am unable to drive, very awkward. This is a concern of mine should I need to visit family who are in-patients."</p>
		<p>Reassurance sought that services will be DDA compliant</p>

		"Making the site more accessible - most routes into the building involve steps/slopes"
	Elderly	<p>Respondents repeatedly referred to the importance of considering the needs of the elderly population</p> <p>"The Health Board has one of the oldest populations in Wales, thus a lot of the major trauma patients will be older than elsewhere."</p>
	Families	<p>Concern for the impact on vulnerable people in general.</p> <p>"I worry that this change may be confusing for more vulnerable members of our community who might not be able to visit their loved ones"</p>
		<p>Frequent requests for families visiting patients far from home to be supported regarding accommodation.</p> <p>"Family access to services with overnight stay facilities if available."</p>
	Poverty	<p>Fears that people on a low income may be disproportionately disadvantaged</p> <p>"Those who have to travel a vast distance and are on low income in order to attend A&E, will be penalised more than others. No suitable public transport available to travel from Pembs - Glangwili, "Patients Travel scheme" does not provide for all especially A&E visits"</p>

Theme	Sub theme	Main issue and examples of comments
Industry	Farming	Specific risks attached to the agricultural industry

		“...a significant agricultural involvement (another high accident area of employment.)”
	Refineries/ LNG terminals	Fears concerning the amount of potentially hazardous industry in Pembrokeshire. “We have all bar one of the COMAH [Control of Major Accident Hazards] sites in Hywel Dda...”
	Tourism	Concern about the increase in population due to tourism in the holiday season. “There is a large population in [North and West Pembrokeshire] which almost trebles during school holidays. You have a duty of care to all the population in your Health Board area, not just within a 15 mile radius of Carmarthen.”

Theme	Sub theme	Main issue and examples of comments
IT	Telemedicine	Importance of telemedicine “Telemedicine services need to be prioritised and developed urgently as a means to enable rehabilitation within rural communities away from centralised trauma services”

Theme	Sub theme	Main issue and examples of comments
Process	Communication	A number of respondents stated that ‘trauma’ should have been explained more clearly. “Clear Definition of moderate and major trauma so public understand.”
	Data	There were a few comments query a perceived lack of data underpinning the rationale for the proposals.

		<p>“The fact that there is not already a baseline of data is also worrying because when it is set up and demonstrably shows a cluster of morbidity in our county, you will no doubt tell us that we should be pleased it will be redressed by the new build bringing services ‘closer to home’.</p> <p>“The exact numbers of patients suffering major trauma are currently unknown. Surely this needs to be clarified to adequately plan services.”</p>
	Documents	<p>There were a few negative comments about the documentation that accompanied the engagement process.</p> <p>“The document was very poor; no evidence provided to support any proposals. Would not recommend to friends or family.”</p>
	Engagement	<p>Lack of faith in the engagement process, including the misconception that it is a consultation.</p> <p>“As you promise to engage with people and then ignore them why are you wasting further money on yet another survey.”</p> <p>“It is always said it is a clinical decision. However it is likely that it is clinicians from Carmarthenshire who have their best interests and not those of the wider communities at the heart of the consultation [stet]. This should be an open, honest, and fully transparent consultation. Which unfortunately it is unlikely to be.”</p>

Theme	Sub theme	Main issue and examples of comments
Risk	Death	Frequent assertions that there will be an increased risk to life if patients have to travel further.

		<p>"[The unit] is too far away for the people living in Pembrokeshire and Ceredigion. It will lead to deaths and prolonged suffering."</p>
	Safety	<p>Safety concerns of having to travel to Carmarthen.</p> <p>"Access to Carmarthen is seriously problematic from many parts of Pembrokeshire and for time sensitive issues (which I have experienced) it is quite simply too far to be safe."</p>

Theme	Sub theme	Main issue and examples of comments
Services	Access	<p>Reassurance sought that services will be easily accessible</p> <p>"Good access to physiotherapy services - inpatients and outpatients."</p>
	Beds	<p>Bed availability</p> <p>"... if you have a major trauma coming in you need to be able to ensure that a resuscitation bed or more are available whilst keeping the department safe for all the other patients "</p>
	Communication	<p>Importance of communication to ensure seamless continuity of care and links with patients' GPs.</p> <p>"Glangwili needs to ensure there are strong links with other acute sites and with those community staff for neighbouring counties. From previous experience of being treated at Glangwili the wards do not communicate with other hospital sites nor with community staff in neighbouring counties."</p> <p>"Good aftercare, good social care, good communication with patients' GPs."</p>

	Continuity	<p>Ensure pathways work efficiently</p> <p>“A key aspect of any service such as major trauma services is that they must be joined up. It should be easy for patients to move through the system to wherever they need to be. The overarching principle of the service should be to create a service that fits the needs of the patients, not try and fit the patients into our services.”</p>
	Discharge	<p>Seamless discharge process was mentioned as was the recognition of need for additional care in the community post-discharge.</p> <p>“Development of services both in and out of hospital should free up spaces for discharges and transfers.”</p> <p>“Support for daily living and links to third sector services such as support groups.”</p>
	Downgrading	<p>Perception that the proposed trauma unit at Glangwili indicates the downgrading of services at Withybush and Bronglais hospitals.</p> <p>“I’m am very sceptical that creating rural trauma units in WGH and BGH does NOT mean a downgrading of both these.”</p>
	GPs	<p>Need for close working with GPs</p> <p>“...good communication with patients' GPs”</p>
	Impact on other services	<p>Fears that new service will impact negatively on existing services in other areas or affect elective surgery.</p> <p>“If investment is centralised on Glangwili will other services suffer due to lack of investment. As a person living in Ceredigion I do worry about the ability and ease of access to Glangwili”</p>

		<p>“... to make capacity for the additional major trauma then consideration needs to be given to ensure the current services aren't negatively impacted. For example, by making current orthopaedic patients wait longer for theatre.”</p>
		<p>Concern that specialties may be merged.</p> <p>“Not to mix specialities”</p>
	Rehab	<p>Importance of rehabilitation services, preferably as close to the patient's home as possible, was mentioned frequently.</p> <p>“Adequate dedicated space for rehabilitation, incorporating the input of a Rehab Medicine Consultant is vital to ensure the functional recovery of patients.”</p> <p>“Rehabilitation needs to be as close to patients' homes as possible spread out throughout all counties”</p>
	Repatriation	<p>Importance of getting patients back to their locality as soon as practicable.</p> <p>“Within the Health Board you often have to wait for a long time to repatriate patients to their local hospitals (even between hospitals in the Health Board), this simply must improve.”</p>
	Support	<p>The need for ongoing support has been emphasised.</p> <p>“Support needs to be local and emotional support needs to be accessible too”</p>

Theme	Sub theme	Main issue and examples of comments
Staff	Morale	Concern on the impact the proposals will have on staff morale. “What plans are there to prevent staff feeling devalued and feeling they are doing ‘half a job’?”
	Recruitment / Retention	Reassurance sought that the Health Board will focus on recruitment and retention of staff at all levels. “It is important to attract and retain key staff with the necessary specialist skills.”
	Skills	Concern that there will be ‘deskilling’ at the rural trauma units. “The other non-trauma units also need training and skills updating as they will still receive trauma patients but will be having less exposure, therefore skills and competence will be at risk.”
	Training	Importance of adequate training “Severely lacking in skills due to patients already bypassing certain sites. More paid simulation training would allow for better staff development. At present I do not know of any simulation training for emergency staff across the board outside of PILS, ILS and the rare ALS course.”

Theme	Sub theme	Main issue and examples of comments
Trauma Unit at Glangwili	Capacity	Ability of GGH to accommodate an increase in the number of trauma patients “...does GGH have the ... capacity to manage such patients...?”

	Estates	<p>Poor state of GGH</p> <p>“The poor infrastructure of the Glangwili building does not lend itself to providing a good experience for patients. Wards are outdated, old fashioned, untidy and unkempt.”</p>
	Facilities	<p>Lack of a helipad at GGH</p> <p>“Getting a helipad on the actual site so that severely injured people can be brought straight to the hospital.”</p>
	Location	<p>Respondents from Ceredigion and Pembrokeshire frequently mentioned that the proposed Trauma Unit (TU) at Glangwili Hospital is too near existing hospitals further East that are easier to access for patients from Carmarthenshire. Residents from Ceredigion and Pembrokeshire felt that TUs should be at sited at Bronglais and Withybush hospitals respectively:</p> <p>“Too close to Morriston Hospital, which most patients from Carmarthenshire can access. Trauma unit required in Pembrokeshire because of geography and busy A&E!”</p> <p>“Definitely develop a Trauma Unit at Bronglais Hospital, Aberystwyth to serve South Gwynedd, Powys and Ceredigion.”</p>
	Misconception	<p>Many respondents across the three counties believed that the proposed Trauma Unit at Glangwili would be a new building, for which there is no room at the site.</p> <p>“The fact that there will be a new hospital in the future close to Carmarthen. To develop the trauma unit at Glangwili seems like very heavy investment in that area.”</p>
	Parking	<p>Poor parking facilities at the GGH site was cited frequently.</p>

		<p>“GGH is already over capacity in terms of parking. The main road around the site is dangerous with cars piled up with parking, will this add additional strain on an already strained site.</p>
		<p>A solution to the parking difficulties at GGH in the form of a multi-storey car park was suggested by a few respondents.</p>
		<p>“I would be interested to know what provision you have for this [staff parking at GGH] eg a multi-storey car park structure for staff at the back of the hospital. There is plenty of ground space for a few levels of multi storey parking.”</p>

Theme	Sub theme	Main issue and examples of comments
Travel / Transport	Charity	<p>The Air Ambulance relies on charitable funding. How will the increased service be paid for?</p> <p>“I am very concerned that the whole proposal is based on the dream of having the finance to provide 24/7 Welsh Air Ambulance (a charity) cover... It is a poor policy for the foundation stone of the whole structure to rely on third parties to deliver the finance for helicopters, specialist emergency medical equipment, pilots, base engineers and maintenance for the aircraft...”</p>
	Discharge	<p>A few respondents were concerned about how discharged patients would get home.</p> <p>“Will there be a dedicated service to transport discharged patients home?”</p>
	EMERTS	<p>There was scepticism that the Air Ambulance Service would become 24/7</p> <p>“Is it guaranteed that there will be 24/7 EMRTS?”</p>

	Golden Hour	<p>Frequent reference to inability to access trauma unit within the 'Golden Hour'.</p> <p>"The Golden Hour is totally unable to be reached for many parts of Ceredigion, Powys and South Gwynedd"</p>
	Helicopters	<p>Are there adequate numbers of helicopters?</p> <p>"...although you have assurances from the air ambulance, there is only one air ambulance (to my knowledge) so I have concerns about how cases would be prioritised..."</p>
	Infrastructure/ Roads	<p>Poor road access from Pembrokeshire with the A40 frequently blocked by accidents</p> <p>"...disruption to the A40 road system will delay any emergency transport by road from Pembrokeshire."</p>
	Public transport	<p>Concerns about the lack of public transport</p> <p>"No suitable public transport available to travel from Pembs - Glangwili, "Patients Travel scheme" does not provide for all especially A&E visits"</p>
	WAST	<p>Many queries centred on adequate numbers of ambulances and paramedics</p> <p>"We already have a lack of ambulances."</p> <p>"How will you attract, recruit & retain paramedic staff if, as at present with staff shortages, critical care paramedics can spend their time for days away from home (without overnight allowances, sometimes sleeping on friends floors I believe?"</p>

		<p>Increased pressure on ambulance service</p> <p>“This could significantly increase the demand on ambulance services.”</p>
	Weather	<p>What happens if the Air Ambulance cannot fly due to inclement weather?</p> <p>“In your document you hope that the Air Ambulance service will be available 24/7 but what about bad weather conditions?”</p>

6. Feedback from groups

Three key groups provided feedback on the Major Trauma focused engagement.

- Bronglais MSC – 11 July 2019
- Stakeholder Reference Group – 17 July 2019
- Senior Nursing and Midwifery Team – 18 July 2019

These groups provided their views based on their areas of expertise and comments from these groups have been included in their entirety within the document.

Key points from the Bronglais Hospital Medical Staff Committee meeting held on 11th July.

Theme	Main issue
Document terminology	Query over page 5 of the engagement document which states that BGH would receive “mild trauma” – noted that BGH does take serious cases and may continue to do so if situation dictates. The contention was that this was not wisely chosen language. SG made the point that it was intended to relate to the admission of patients, and that it is clearly accepted by the HB and network that BGH will continue to, on occasion receive and resuscitate patients suffering major trauma.
Morrison Hospital	Query why Morrison Hospital/s Trauma Unit couldn’t take Hywel Dda patients – response that they do not have capacity. Expect an average of 80 patients per year going to GGH (not including direct admissions) – to underline the point, the numbers including those that would bypass GGH to Morrison if this was the case could not be accommodated
Patient categorisation	Query over which types of patients would be sent from BGH (and catchment) to GGH? SG noted this would be discussed at the Ops Group (Clinical sub group) (however there has been poor clinical representation to date)
Reciprocal arrangements	Reciprocal arrangements are expected – e.g. more patients (FNOF given as an example) may be transferred up to BGH
Rural Transfer Facility	Noted that BGH would be designated as a Rural Transfer Facility.
Scanning	Assessment against standards – noted that BGH could have CT scanning available quickly. TARN data shows an average of 30 minutes for BGH and CT scanning. 30 mins is not the average in BGH from TARN. A point about the ability to rapidly scan pre-alerted stroke

	<p>patient was raised, which may be the 30 min reference. In further conversation it was pointed out that all radiographers are not qualified to undertake a trauma “pan” scan so the situation is different for trauma. Also that the pathway for trauma is more complex.</p>
WAST	<p>Noted that representation from WAST was needed to manage the potential increase in demand. SG noted that this is currently happening with WAST being represented at the Network and also locally.</p>

Extract from the Stakeholder Reference Group (SRG) Minutes held on the 17 July 2019

Theme	Main issue
Air Ambulance	<p>Travelling times are a concern especially if you live in north Ceredigion particularly in poor weather when the Air Ambulance cannot fly</p> <p>The Air Ambulance is funded by public funds. How will the service be funded in the future and will Health Boards contribute to its funding?</p>
Document terminology	<p>The discussion document is clearly written, but people do not understand what the term “trauma” means; a better explanation would be helpful for the public</p>
Infrastructure	<p>What extra would need to be in place to bring Glangwili Hospital up to standard to be a trauma unit?</p>
Major Trauma Unit	<p>The Health Board has put a good case for a trauma unit in Glangwili Hospital and subsequently the new hospital</p>
Major Trauma Centre	<p>The Major Trauma Centre should have been sited at Morriston Hospital in Swansea and not in Cardiff due to the high risk industries within Pembrokeshire and Port Talbot</p>

Pathway	What would be the pathway for a patient who has had a major trauma within the proposed network?
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Feedback on the Trauma Services proposals from the Senior Nurse Management Team meeting 18 July 2019.

Theme	Main issue
Communication	A request was made for clearer communication of meetings, local and Network. An interest in a HD nursing representative attending the network education subgroup was expressed.
Deskilling staff	A query was raised regarding the risk of de-skilling staff in the management of major trauma with centralisation. SG responded to say that the key aim of the network is to provide better patient care. None of us regularly see major trauma in our hospital practice across Hywel Dda so there won't be much impact in this regard. Better training co-ordinated through the network should improve preparedness for treating major trauma patients
Nursing	Specifically highlighted the need to meet nursing needs of patients repatriated from the MTC requiring ongoing medical treatment and rehab
Nursing competencies	Highlighted the need for evidencing ED nurses progression towards the NMTNG competencies for trauma, and that there will be some support in terms of learning resources from the Network for this
Tracheostomy	Issue of patients with tracheostomies was raised – clarified that any patient with an early tracheostomy (<5 days) or ventilated would need to be cared for on ITU.

	Was commented that tracheostomy care should be within the scope of practice of general nursing staff and that these needs should be met easily.
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7. Written correspondence

Three responses from individuals and four organisational responses were received via email / post.

Individual responses

Individual responses have been summarised below. The complete individual responses can be viewed within Appendix 4

Correspondent 1 commented

"I, together with the vast majority of the rest of the population of the Hywel Dda area through lack of clinical knowledge must rely on the custodians of our services to take decisions and demonstrate confidence that they will lead to the best achievable outcomes.... I fully accept the proposal that Glangwili becomes the Trauma unit, indeed I think it will remain questionable whether in the event of your new urgent and planned care hospital ever being completed, it should become the trauma unit.... I am sure that every member of the workforce faced with trauma at any level will seek to do what is right and best for the patient"

Correspondent 2 observed

"Systematically the facilities in Llanelli have not been expanded, quite the opposite in fact with the services at Llanelli being eroded at every opportunity (and transferred whenever possible to Carmarthen), this is despite our much larger population and the needs of local industries....I now read in disbelief that a new "Trauma Unit" might be sited at Carmarthen....at a hospital that is shortly to be downgraded....this new unit must be opened at a hospital where there is the greatest population, one where there is room and is not being downgraded – LLANELLI"

Correspondent 3 requested

"I will be very grateful indeed if you could record this letter as support for the trauma unit at Glangwili General Hospital as this hospital is by far best placed being centrally located and situated a short distance and minutes away to both the main dual A40 and A48 from Swansea's main hospitals Morriston and Singleton Hospitals"

Organisational Responses

Four organisational responses were received. These were submitted by:

- Beulah Community Council
- Carew Community Council
- Cenarth Community Council
- Powys Teaching Health Board

The comments from the organisations have been included in their entirety within the document.

Beulah Community Council

On behalf of the electorate of beulah Ward and Beulah Community Council, I submit these comments:-

- 1) We support setting up a trauma unit at a hospital which is convenient to south Ceredigion. This is the nearest hospital to us as residents with a journey of around 30 minutes to the site. Having a trauma unit that is convenient to patients is very important.
- 2) Also of great importance is setting up an unit in a hospital where there are other specialties – from paediatrics to geriatrics. The health board should therefore strengthen these support services for the new unit at Glangwili.
- 3) We remember a time when trauma services for the heart and lungs was in Cardiff. It was very difficult for patients to keep in touch with their families in west Wales. Therefore, setting up the unit at Glangwili Hospital alleviates these concerns. An effective rehabilitation service is a must behind this unit, and a plan is needed to integrate health services at the unit with social services to promote keeping patients in their homes, a service to adapt their homes and an emotional service to help with life following trauma.
- 4) It's very important that modern technology is a part of the new unit in a network along with the service and expertise at the central unit in Cardiff, so as to give urgent advice to the units within Hywel Dda.
- 5) We live in farming communities and see many accidents with complex medical needs, therefore time cannot be lost in receiving urgent treatment – this is where the unit at Glangwili will be fully effective to the majority of Dyfed. RTA's and accidents at sea in south Ceredigion will call on the services of the unit.
- 6) A positive effect on our communities will be staffing these units with a number of Welsh speakers as many elderly people – a very high percentage in west Wales – suffer with dementia. This will be a big challenge in a trauma unit.

We would be grateful if these points were addressed as part of the report to the Health Board.

Carew Community Council (Late submission received 14 August 2019)

Carew Community Councillors have considered the document - Developing Trauma Services in HywelDda University Health Board.

They make the following comments:

1. The need to also develop Trauma Services at Withybush Hospital, Haverfordwest should be considered.
2. The car parking at Glangwili Hospital is very inadequate.
3. Rehabilitation Services need to be factored in, in particular, head injury rehabilitation.
4. The favouring of Glangwili Hospital for this new proposed development when plans are still under consideration for a new hospital between Whitland and St Clears is a waste of money.
5. Carew Community Councillors favour the development of Withybush Hospital particularly with the quadrupling of population with tourists during the now extended holiday season in order to maximise better outcomes for trauma patients.

Cenarth Community Council

At our July meeting members discussed your documents regarding the above services. There was complete agreement amongst members and the local community that Glangwili Hospital should be developed as our Trauma Unit before the building of your new Urgent and Planned Care Hospital in the south of Hywel Dda area. The general feeling is that if money is going to be spent at Glangwili to bring up the necessary levels of care why not keep this as a new hospital for urgent and planned care. Carmarthen would be a far better site geographically and closer to the centre of population and hence reduce the travelling time instead of travelling westwards and further away from people. The finances could be used to develop Glangwili

We also agree with the fact that Withybush should be kept at 24/7 GP led minor injuries unit and test support. Also therapy and beds for rehabilitation and re-abling people and the midwife-led unit should be kept along with chemotherapy and end of life care and out patients clinics.

We also feel worries about accessing emergency care especially in rural areas and being far away from hospitals. Greater financial support should be given to the Wales Air Ambulance Service and not having to rely so heavily on various

charities and also provide 24/7 provisions. Also the Emergency Medical Retrieval Service should be given greater support.

We agree with your rehabilitation proposals in having intensive care at the Major Trauma Centre for five days and then returning to the Trauma Unit at Glangwili and later having the services of a rehabilitation co-ordinators to help the family. We also agree that the current acute and emergency services should remain at Bronglais Hospital Aberystwyth and continue to deal with less severe traumatic injury

Powys Teaching Health Board

Thank you for the opportunity to comment on your proposals for the development of Major Trauma Services in Hywel Dda University Health Board including the engagement period from 24 June 2019 to 5 August 2019.

I am writing to provide an overview of the engagement that has taken place in Powys, and to provide our response as a commissioner.

Engagement in Powys

Hywel Dda University Health Board is the main provider of acute hospital services for many of our communities in western Powys and we have therefore taken a range of steps to ensure that the Powys Community Health Council as well as our staff, communities and wider stakeholders are aware of the engagement and have the opportunity to put forward their views.

Engagement in Powys has included:

- Discussion of the proposals at Executive Team meetings and updates to our Board.
- Sharing information with PTHB staff via our internal “Powys Announcements” and intranet, including encouraging them to share information with their patients, communities and networks – and also to respond personally if these proposals affect them and their family.
- Provision of information to the Powys Community Health Council, including sharing our local engagement plan for comment and feedback.
- Distribution to local stakeholders including Assembly Members in Powys, Members of Parliament in Powys, Public Service Board, Regional Partnership Board, Stakeholder Reference Group, Powys County Council Cabinet and Management team, Powys County Councillors, Town and Community Councils in western Powys, Health Focus Groups in western Powys, Powys Association of Voluntary Organisations (and cascade to local third sector organisations across the area).
- Distribution to primary care contractors and clusters, and to key stakeholders not otherwise covered by the Hywel Dda engagement plan (e.g. The Shrewsbury and Telford Hospital NHS Trust, NHS Future Fit programme).

- Sharing information via our social media channels including Facebook and Twitter.
- Providing information at our continuous engagement events including:
 - Machynlleth Library Drop-In event, 2 July (included at North Powys Wellbeing programme engagement event)
 - Llanwrtyd Wells Medical Centre Drop-In event, 16 July (continuous engagement event with a focus on the Hywel Dda engagement)
 - Llanidloes Library Drop-In event, 23 July (included at North Powys Wellbeing programme engagement event)
 - Newtown Library Drop-In event, 30 July (included at North Powys Wellbeing programme engagement event)
 - Rhayader Farmer's Market Drop-In event, 1 August (continuous engagement event with a focus on the Hywel Dda engagement)

The PTHB Engagement Team has provided regular updates on this activity to the Hywel Dda Engagement Team, and written reports of the events in Llanwrtyd Wells and Rhayader have been submitted to your team so that Powys views can be considered as part of your conscientious consideration. We have not produced separate reports of the events in Machynlleth, Llanidloes and Newtown as the main activity was to raise awareness of the engagement and to provide participants with copies of the Hywel Dda engagement document so that they could provide individual feedback.

Commissioner Response: General Comments

As a Health Board we remain supportive of the plans to establish a Major Trauma Network for South and West Wales and South Powys. This has significant potential to reduce mortality and long term disability for people experiencing severe and multiple injuries, and to support the NHS to respond to major casualty incidents. North Powys already benefits from participating in the North West Midlands and North Wales Major Trauma Network, with a designated Trauma Unit at the Royal Shrewsbury Hospital and Major Trauma Centre in Stoke (adults) and Birmingham (children). Following the recent NHS Future Fit consultation it has been recommended that the Royal Shrewsbury Hospital should continue to be a Trauma Unit within this network. Parts of eastern Powys also benefit from the Birmingham & the Black Country, Herefordshire and Worcestershire Major Trauma Network with a Trauma Unit in Hereford and Major Trauma Centre in Birmingham.

We also remain supportive of your overall vision as set out in your strategy for A Healthier Mid and West Wales following last year's "Our Big NHS Change" consultation.

Our comments below should be considered in the context of our response to that consultation and our ongoing engagement in the development and delivery of health and care services in mid and west Wales.

Q1. We propose to designate Glangwili Hospital as our Trauma Unit in the years leading up to the building of our new Urgent and Planned Care Hospital, and have identified that some improvements to current service are needed to meet trauma standards. What do you think Hywel Dda UHB needs to consider in developing the Trauma Unit at Glangwili Hospital?

We support the designation of Glangwili Hospital as your Trauma Unit in the years leading up to the building of your new Urgent and Planned Care Hospital.

During local engagement our communities have expressed the need for clear pathways and decision-making in place for those communities who live in the borders of the two trauma networks serving Wales: the new Trauma Network for South and West Wales and South Powys, and the existing Trauma Network for North West Midlands and North Wales (including North Powys) – and additionally recognising those flows that may take patients east to Hereford within the Trauma Network for Birmingham & the Black Country Herefordshire and Worcestershire.

Key concerns relate to receiving definitive care as close to home as possible, including working with patients and carers to identify whether Glangwili, Shrewsbury or Hereford would be the most appropriate trauma unit for onward transfer from Bronglais.

It will be vital given the wider discussions regarding the development of the Trauma Network to ensure a prudent approach to Trauma Unit designation ahead of the establishment of the new Hospital that offers best value to the NHS.

Q2. Rehabilitation is a key part of the Major Trauma Network and essential to trauma care and good recovery. What do you think Hywel Dda UHB needs to consider to ensure good rehabilitation services in relation to the Major Trauma Network?

The development of the rehabilitation pathway must be mindful of the specific needs and circumstances of Powys residents for whom Hywel Dda hospitals are their main acute hospital services. This is a key area where there will need to be further discussion between Hywel Dda University Health Board and Powys Teaching Health Board to ensure a pathway that is appropriate to the needs of Powys residents.

Q3. Do you have anything else you would like to tell us in relation to delivering Trauma Services in Hywel Dda UHB?

The development and delivery of the clinical services strategy for Bronglais Hospital will be critical for our residents of north west Powys. A key theme during local engagement has been the clear expectation amongst local communities that the commitments made following the “Our Big NHS Change” consultation to maintain and strengthen Bronglais Hospital will be delivered. The Mid Wales Joint Committee, as well as our wider partnerships, provides a key mechanism for taking this work forward.

Residents of mid west Powys have also told us during local engagement about their dependence on Glangwili Hospital and their concerns about reduction in access when the new Urgent and Planned Care Hospital is in place. Identification and management of risks for mid west Powys residents will need to be considered as part of the transition plan to the new hospital.

Q4. Is there anything about what is being proposed that you feel could either positively or negatively affect you or particular people in society more than others? If yes, please explain.

It is clear from the engagement feedback that travel and access are significant issues for our very rural and remote communities in Powys – and this is particularly the case for the areas of western Powys that access acute hospital services in Ceredigion and Carmarthenshire. The work we are undertaking together through EASC to consider options for expanding EMRTS and Air Ambulance services is therefore also critical for our communities.

Thank you for the opportunity to respond, and to engage with Powys residents in these important proposals, and we look forward to working with you to deliver the benefits of the Trauma Network for the people of South and West Wales and South Powys.

8. Social media comments and feedback

We were able to capture 187 messages from members of the public from our social media activity.

The spread of themes and sentiment is included below. NB uncoded represents comments that cannot be judged out of context or which refer to other areas beyond the remit of the major trauma consultation – for example we received a lot of debate about the merits or otherwise of our long term plan to provide a new hospital in the south of the Hywel Dda area.

Theme	No of comments	Neutral	Negative	Positive
Reputational	21	1	20	
Location	44	6	29	9
Political	3	1	1	1
Staffing	3	2	1	
Benefits	8			8
Other services (impact/affect)	5	2	2	1
Parking	9	4	5	
Financial	5	3	2	
Uncoded	73			
Query	15	12	3	
Totals	187	32	63	19

We received a lot of comments that questioned the best location for the trauma unit with alternative suggestions to Glangwili being Bronglais, Withybush and Prince Philip Hospital. There was great concern for whatever location was chosen, the affect on periphery locations in terms of distance and access. There were considerable comments about the ability of Glangwili Hospital to cope with additional demand in terms of the appropriateness of the site and environment but also the affect on parking, which is already a challenge. Some commenter's were keen to express that whatever decision was made A&E services needed to be retained on the main hospital sites.

There were also a number of comments on the interim nature of the solution and that this amounted to a waste of money. A number of comments related to reputational matters and a lack of trust in the health board, with the belief that decisions were already made or that comments would not make a difference to the outcome. Some comments were received on the need and challenges around adequate staffing.

Most positive comments reflected the need for this service within the boundaries of Hywel Dda and the added value this brings to the region and this development is needed at pace to benefit the region.

A full list of the social media messages from members of the public from our social media activity is included as Appendix 5.

9. Next steps

This feedback report will be considered and utilised by the Health Board's Major Trauma Task and Finish Group and will be used to inform the national and local major trauma network development work. This will be evidenced through papers to the Major Trauma Network Board and Hywel Dda University Health Board.

10. List of appendices

Appendix 1 – Focused communications and engagement plan

<http://www.wales.nhs.uk/sitesplus/documents/862/Appendix%201%20Engagement%20plan.pdf>

Appendix 2 – Feedback from drop in events

<http://www.wales.nhs.uk/sitesplus/documents/862/Appendix%202%20Feedback%20from%20events.pdf>

Appendix 3 – Responses from the survey

<http://www.wales.nhs.uk/sitesplus/documents/862/Appendix%203%20%20Survey%20responses.pdf>

Appendix 4 – Written correspondence

<http://www.wales.nhs.uk/sitesplus/documents/862/Appendix%204%20-%20Correspondence%20received.pdf>

Appendix 5 – Social media comments

<http://www.wales.nhs.uk/sitesplus/documents/862/Appendix%205%20-%20social%20media%20comments.pdf>



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

HYWEL DDA

Our response to Hywel Dda University Health Board's Major Trauma Engagement

September 2019

About Hywel Dda Community Health Council (CHC)

We represent independently and without bias the interests of patients and the public in the way that NHS services are planned and provided across the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Our volunteer members who live in the communities we serve are supported by a small team of staff who work together to:

- Carry out regular visits to health services talking to the people using the service and the people providing the care to influence the changes that can make a big difference;
- Get involved with health service managers when they are planning service developments and larger scale service change to emphasise the patient view right from the start;
- Provide free and confidential support through complaints advocacy if things go wrong and if the health service complaints process isn't working;
- Reach out more widely to patients and their families across communities to provide information, and to gather views and experiences so that we can represent your interests to health service managers and to policy makers.

Introduction

Our Community Health Council (CHC) has been closely involved in the implementation process surrounding Hywel Dda University Health Board's plans to develop its services to help create a major trauma network in west Wales, south Wales and south Powys.

This document sets out how our CHC has met its duties around service change as the statutory patient voice. Firstly, it briefly describes our involvement in the original 2017-18 consultation across south and west Wales and details what we have done since then. Secondly, it sets out our recommendations after the recent period of public engagement, in order to provide a reasonable and balanced picture of public views in our final response.

The health board must now consider these recommendations as it approaches its formal decision around the next steps of implementing the Major Trauma network and in any consequent planning. We will continue to represent the views of the public through the next stages of this planning and always welcome comments and views from the public as we do so.

A major trauma network for south and west Wales and south Powys –background and initial public consultation

Following 3 years of discussions amongst clinicians, in 2018 a Collaborative Leadership Forum (NHS Wales chairs and chief executives acting to oversee the work of the NHS Wales Health Collaborative) began a full public consultation knowing that a major trauma network with a major trauma centre based in South Wales was needed to support the population of south and west Wales and south Powys.

The consultation process commenced on 13 November 2017 and finished on 5 February 2018. Community Health Councils representing people affected by this potential change worked together to produce responses to each of their respective Health Boards.

Hywel Dda CHC wrote to the Chief Executive of Hywel Dda Health Board in March 2018 detailing our views. In April 2019 we wrote again to update our position on the subject. To provide background information we have published both of these letters alongside this document and note that so far, Hywel Dda CHC has been unable to formally agree or disagree with the proposals because a range of issues on a network and local basis have lacked clarity. By calling for local public engagement in the Hywel Dda area and by continuing our scrutiny as the Health Board's plans were developed further, we hoped to gain a clearer picture on the views of the public and the detail around implementing changes to local and network-based services.

Planning for Local Implementation –Public Engagement

Community Health Councils have a particular role regarding NHS planning which is set out in Welsh Government Regulations (2015)¹. With the full public consultation complete the CHC felt that the Health Board still needed to engage with local residents as it began to consider plans that would develop local services to meet the needs of a new major trauma network.

The Health Board agreed to a period of engagement between 24 June and 5 August. Drop-in events were held in Aberystwyth, Haverfordwest, Carmarthen and Llanelli. A range of social media communication and engagement was carried out and groups in the community that might have a specific view on major trauma services (e.g. people whose work or hobbies might put them more at risk of suffering trauma injuries).

How we have been involved

Scrutiny in our own meetings

Our Services Planning Committee is a statutory meeting of the CHC and the health board. It allows us to talk with health board representatives who are overseeing future plans.

We have met with the Health Board on a regular basis to receive updates and discuss the plans.

Our Executive Committee is the overall decision-making group for our CHC and has a similar membership to the Services

¹ The Community Health Councils (Constitution, Membership and Procedures) (Wales) (Amendment) Regulations 2015

Planning Committee. Ultimately, it has agreed the conclusions in this document. Like the Services Planning Committee our Executive members have discussed the development of the Health Board's plans. Key figures within the Major Trauma project met with members prior to the engagement period in May.

In each county within the CHC area there is a committee which provides scrutiny for NHS services at the local level. These meetings are open to the public and have seen discussion around Major Trauma plans.

Health Board's Major Trauma Task and Finish Group

The Health Board put a task and finish group in place to look at how it would implement changes in late 2018. The CHC has been represented on this group and also attended a sub-group which looked specifically at planning for rehabilitation services.

Taking Part in the Engagement Events

The CHC attended all of the public drop-in events held by the Health Board with staff and members reporting back on the key issues and themes we heard being discussed. This shaped our own discussions in our meetings and the development of this response document.

As well as gathering the views we heard during the engagement period, the health board shared raw data and written responses with us so that we could see what people had said. We have looked at each and every comment recorded and shared with us.

Themes we saw from the engagement and our conclusions

Our CHC believes it is right that Hywel Dda Health Board becomes part of an effective major trauma network. There is strong research evidence that shows people are more likely to survive and lead better lives after suffering major trauma where such networks exist. South and west Wales and south Powys are the only areas in England and Wales without these specialist coordinated services.

Whilst the CHC holds this general view, it has some observations and concerns which have led to the following recommendations. The Health Board must take these into account when it decides on the best way forward for this important project.

Continued planning and uncertainty

As a general theme, the CHC is concerned that existing plans at Health Board and Network level currently contain a number of uncertainties and unresolved issues. Although the public engagement period rightly focused on the main principles within the plans, the people could not look in depth at exactly how the new proposals would work. It is clear that (for example) much work is still needed to clarify how local arrangements would be staffed, how rehabilitation services would be provided and above all, how such changes would be funded. After the Collaborative's 2018 consultation report concluded that;

"A major trauma network for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed".

-the CHC feels that the changes must not be so hasty that patient safety could be undermined. Additionally, if the Health Board cannot achieve all of the aspirations set out in its engagement information on the first day of the network being operational, the public need to know what is in place and when they can expect all of the services described in the plans to be up and running.

Recommendation 1:

Although the CHC accepts that a Major Trauma network is an important and welcome step, it is crucial that the public can be assured that changes are not being rushed or under-resourced.

Designation of the Trauma Unit

In 2018 the original major trauma consultation detailed the need for Health Boards to designate a trauma unit. In Hywel Dda there are 3 formal Emergency Departments (usually referred to as "A&E"). When we looked at the Health Board's initial thoughts around which hospitals could fulfil this role it was clear that some people could worry that the proposal to designate a single unit might undermine or reduce services at the hospital nearest to them. This view was certainly seen during the engagement phases.

In areas served by Bronglais hospital, some felt that the designating Glangwili hospital as the trauma unit could undermine clinical skills and be inconsistent with wider plans to develop Bronglais as a strategically important hospital for mid and west Wales. This aim has been welcomed previously by people in the area and taken forward by the work of the Mid Wales Joint Committee for Health and Social Care. Amongst these concerns we heard more specific questions around what would happen if designated Trauma Units were full and how

trauma care would be coordinated between North and South areas of Wales.

In Pembrokeshire there were similar concerns but these fitted with wider traditional worries about the future of Withybush hospital's A&E unit. During the major "Transforming Clinical Services" public consultation, large scale protests were seen around the Health Board's future plans to centralise urgent care in a new hospital between Carmarthen and the east of Pembrokeshire. The same kind of concerns arose during the engagement period with worries around timeliness of care and the risks of industry and population increases through tourism.

In listening to what the public have had to say, the CHC also acknowledges the reasons that the Health Board has given around Glangwili being the only hospital that could viably operate a Trauma Unit until the major planned new hospital is built. We also note that work is still required for Glangwili to reach the necessary national standards that a trauma unit should meet.

Recommendation 2:

The CHC expects the Health Board to show how it would confirm emergency departments would not be "downgraded" at Bronglais or Withybush, maintaining relevant skills amongst urgent care clinicians and ensuring that recruitment would not become more difficult.

It was clear during the engagement phase that there was some confusion amongst the public around what major trauma was (as opposed to urgent health problems such as heart attacks or stroke). More importantly, there is still a widespread concern amongst many people who feel that changes to services that deal with urgent care (trauma or otherwise) would risk them accessing the care they need in time.

Recommendation 3:

The CHC expects the Health Board to develop its continuous engagement and communications with the public to discuss how it will maintain safety and timely access to the right care for all serious and life threatening conditions (including major trauma) as it develops plans.

Through the work of the Major Trauma Task and Finish Group, it is clear that there are inconsistencies around how data on trauma is collected between hospitals. This is a concern because the CHC feels that the impacts of centralising any NHS service must be monitored closely to ensure that people living in one area do not experience worse outcomes than others. Results can only be monitored with access to detailed and valid clinical information.

Recommendation 4:

The CHC expects the Health Board to develop better and more consistent recording of "Trauma Audit and research Network" data to allow for the best possible analysis of how the new major trauma network is serving the population.

Rehabilitation

During the engagement phase, many of the public understandably focused on the initial response of NHS services if they or a loved one suffered major trauma. The first concern most people had was on ambulances and hospitals assessing and treating them quickly. This is only one aspect of the care people would receive however. The Major Trauma network has also looked at the experiences of those who have to go through weeks, months and sometimes years of rehabilitation. It is

clear that rehabilitation is absolutely key to patients getting back to a normal life, as far as is possible. Family support and contact can be central to this. Whether in a hospital setting or back at home, people who have been through long periods of rehabilitation describe their experiences in great depth, including their physical and mental wellbeing.

The aspiration of the major trauma network and the Health Board's own long-term strategic planning is to bring more care closer to home. This is usually welcomed by all people we hear from, given the difficulties that travel can bring in the Hywel Dda area. It is also an area which can require the biggest change because many services are currently focused in hospitals and it can be difficult to recruit the kind of staff who provide the care needed for rehabilitation after major trauma.

During the engagement phase a number of people questioned how the kind of rehabilitation described in the Health Board's plans would work in practice.

A number of people were concerned that rehabilitation closer to home (e.g. in Glangwili) could still be too far away. In Ceredigion some people said that the development of a Mid-Wales rehabilitation centre could be viable and easier for people in the area to access.

In Pembrokeshire, some people felt that Withybush hospital needed to play a role in rehabilitation as early as possible. In Llanelli a number of people felt that it would be unnecessary and unfair to expect family and friends to travel to Carmarthen or further with the planned new hospital if care was available in nearby Swansea.

Recommendation 5:

The CHC expects the Health Board to ensure that every opportunity is taken during planning for skilled rehabilitation to be available as close to home as possible, with services centred around the patient and their family.

After patients who are still undergoing care go home, the input of their GP will be important. We are not aware of GPs being involved in rehabilitation planning currently and feel this is important. Patients are right to expect that their GPs would be able to access up to date information in their medical record and sometimes this can be difficult when someone comes home from hospital.

Recommendation 6:

The CHC expects the Health Board to ensure that GPs are involved appropriately in the planning for trauma rehabilitation services.

Like services involved in the more urgent aspects of major trauma, there is still uncertainty around how the logistics of care, (e.g. staffing, buildings, funding) will work. The CHC understands that the programme business case will provide a clearer picture of how these foundations will be put in place and will scrutinise this closely.

Other issues that we heard during the engagement period

Many of the other issues that arose were familiar to the CHC particularly after the “Transforming Clinical Services” consultation. These included worries about transport across the

large geographical area in Hywel Dda and general concerns around equity of care.

The CHC does not intend to develop fresh recommendations on these kind of issues, but will ensure that the recommendations that we published in response to the Health Board's consultation in 2018 are monitored closely. These are contained in our document which can be found here:

<http://www.wales.nhs.uk/sitesplus/documents/904/TCS%20Commentary%20CHC.pdf>

The CHC feels that like many of the proposed changes to NHS services in Hywel Dda, the local success of a Major Trauma network rests on a range of good "foundations" being in place across the whole NHS system as described in our 2018 commentary. Workforce plans, organisational stability in hospitals and communities, patient safety, care quality amongst other issues are crucial to local improvement. We will continue to look closely at how the Health Board makes progress on these issues.

Our thanks

Looking back over the engagement period we consider it important to recognise the openness and helpful approach shown by health board staff throughout.

We would also like to thank our members who have volunteered their time freely and attended a wide range of events and meetings.

Above all, we would like to thank the public who have taken the time to get involved and share their views.

Contact us

ABERYSTWYTH OFFICE

**Welsh Government Building
Rhodfa Padarn
Llanbadarn Fawr
ABERYSTWYTH
Ceredigion
SY23 3UR**

☐ **01646 697610**

MILFORD HAVEN OFFICE

**Suite 18 Cedar Court
Havens Head Business
Park
Milford Haven
Pembrokeshire
SA73 3LS**

☐ **01646 697610**

CARMARTHEN OFFICE

**Suite 5, Ty Myrddin
Old Station Road
Carmarthen
SA31 1BT**

☐ **01646 697610**

Email us at hyweldda@waleschc.org.uk

HDDComplaints.Advocacy@waleschc.org.uk

Website www.communityhealthcouncils.org.uk/hyweldda



@HywelDdaCHC

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Cyngor Iechyd Cymuned Hywel Dda
Ystafell 5, Llawr 1af
Ty Myrddin
Heol Yr Hen Orsaf
Caerfyrddin SA31 1BT

Hywel Dda Community Health Council
Suite 5, 1st Floor
Ty Myrddin
Old Station Road
Carmarthen SA31 1BT

Ffôn / phone: 01646 697610

28 March 2018

Steve Moore
Chief Executive
Hywel Dda University Health Board

Sent via email steve.moore@wales.nhs.uk

Dear Steve,

PROPOSALS FOR THE DEVELOPMENT OF A MAJOR TRAUMA NETWORK FOR SOUTH AND WEST WALES AND SOUTH POWYS

We write to advise you of the outcome of the discussions at our Extraordinary Executive Committee meeting which took place yesterday afternoon.

At our meeting, the Executive Committee considered the responses received to the recent public consultation from our population in Carmarthenshire, Ceredigion and Pembrokeshire.

We reviewed the themes identified by our population, including the reasons provided for either agreeing or disagreeing with the proposals, as well as the specific matters people identified should be taken into consideration in taking forward the proposals.

Ffôn | Tel: 01646 697610

e-bost | e-mail: hyweldda@chwales.org.uk
gwefan | web: www.communityhealthcouncils.org.uk/hyweldda/

Cadeirydd / Chair: Dr John Morgan
Prif Swyddog | Chief Officer: Alyson Thomas / Sam Dentten

We considered the specific mitigations identified by the NHS collaborative in responding to the issues and concerns raised by the public and others through the public consultation.

Finally, we reflected on the approach taken by the NHS collaborative to the development of the proposals prior to the public consultation, the consultation process itself and the arrangements post-consultation.

Overall, it is clear that the respondents from our population overwhelmingly support the development of a major trauma network for South and West Wales and South Powys.

The majority of responses from our population also agreed that the development of a major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel.

However, our further analysis indicates that some 64% of respondents in our area were not in agreement with the panel's recommendation that the location of the major trauma centre should be in Cardiff. This is because of concerns about the distance and time that would be needed to get to the major trauma centre.

It is clear that in describing its proposals, the NHS collaborative did not assure those people in our area who responded to the consultation that sufficient attention has been given to equitably serving the needs of a geographical area that has both an urban and a rural population.

We consider that, over the 4 years or so that the NHS collaborative has been developing its proposals, the majority of issues raised through the public consultation could and should have been covered in a detailed and costed proposal around the design, development and implementation of a major trauma network.

Instead, the primary focus appears to have been on the case for locating the major trauma centre in Cardiff. It's our understanding that achievement of improved outcomes referred to in the consultation require the successful implementation of the whole network.

We set out our detailed commentary relating to the issues raised by people in our area in an appendix to this letter.

In general terms, people raised questions and concerns about the lack of detail in relation to the different elements of the network which they felt are necessary to ensure improvements in outcomes are equitable across the region and throughout the patient pathway.

People specifically had concerns about the distance to the major trauma centre and the adequacy of transfer services including ambulances and EMRTS, the location of the units, improvements to the rehabilitation pathways and IT infrastructure.

People raised concerns or questions about the cost and affordability of the network, the impact of the cost on wider health board budgets and their ability to deliver other vital services.

Some of these issues have been addressed in the NHS Collaborative's report on consultation. However, our CHC remains concerned that the response to the matters raised through the public consultation is insufficient overall to enable us to take a strategic and "whole system" view of the proposals and consider whether they are in the best interests of health services.

Therefore, whilst acknowledging the level of support for the development of a major trauma network we are not in a position to agree or otherwise to the proposal at this stage.

Further information is needed in relation to the issues raised through the public consultation.

We are disappointed to be in this position. We have previously set out our concerns on the approach taken by the NHS collaborative

prior to the public consultation. We also have significant concerns about the approach taken by the NHS collaborative post-consultation.

Because of the timing and sequencing relating to the production of the consultation report and recommendations to health boards, our CHCs commentary could not be determined or considered before the final proposals and recommendations to health boards were made.

Instead, the timescale our Executive Committee has had to consider the available information, determine our commentary and share this with you has been incredibly tight.

We recognise that this now provides you with little opportunity to respond to our commentary – and no opportunity for our Executive Committee to consider any such response prior to the public board meeting on 29 March 2018.

We nevertheless look forward to further discussions on this matter so that the public's support for the development of a major trauma network for South and West Wales and South Powys may be effectively responded to.

Yours sincerely

The image shows two handwritten signatures. The first signature, on the left, is 'JA Thomas' written in a cursive style with a horizontal line underneath. The second signature, on the right, is 'Sam Dentten' written in a cursive style with a horizontal line underneath.

Alyson Thomas / Sam Dentten
Chief Officer

cc. Dr John Morgan, Chair, Hywel Dda Community Health Council
Bernadine Rees, Chair, Hywel Dda University Health Board

Major Trauma Network (Question 1)

The respondents from our population overwhelmingly support the development of a major trauma network for South and West Wales and South Powys.

In responding to this question people raised a number of issues on which the collaborative has been able to provide assurance.

People also raised questions relating to the design, development and implementation of the network which we do not feel have been adequately responded to.

Recommendations from the independent panel (Question 2)

The majority of responses from our population agreed that the development of a major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel.

Our further analysis indicates that some 64% of respondents in our area were not in agreement with the panel's recommendation that the location of the major trauma centre should be in Cardiff. In responding to the range of issues people raised in our area, the NHS collaborative has given assurance that:

- the implementation of a major trauma network will not lead to a downgrading of other services for patients in hospitals without a major trauma unit
- clinical outcomes will be improved for everyone
- the determination of Cardiff as the site for a major trauma centre is based on clinical evidence, the main factor being the importance of a co-dependency between highly

specialist services such as neurosurgery and paediatric neurosurgery

- clinically recognised factors ruled out the use of the major trauma centre in Bristol
- the impact of increased traffic on the site of a major trauma centre will be minimal
- there are no plans to move burns and plastic surgery services from Morriston Hospital
- the introduction of a major trauma network will have no impact on local A&E services, and negligible impact on the A&E department of the major trauma centre site
- there is a recognised need to develop detailed costings, and to identify the level of contribution from health boards
- the opportunities provided by the network will enable the recruitment and retention of staff and the provision of education and training
- adequate support will be available for families and carers
- there will be a re-assessment of the way in which ambulance calls are prioritised
- there will be a clear communication strategy included as part of any implementation plans
- the need to make appropriate use of technology in implementing a major trauma network
- arrangements will be put in place to support people to return to their nearest hospital as early as possible.

People also raised a range of questions and concerns which we do not feel have been adequately responded to. These are that:

- **People don't know what the whole network will look like.**

We consider that any major trauma network needs to be planned from the start to ensure equitable provision across the region covered. This means that all elements, including rehabilitation pathways should be agreed from the outset.

The sequencing and phasing of any implementation would need to be carefully planned to ensure equitable provision across the whole network area taking full account of the whole patient pathway.

We are also concerned that the determination of where units are sited will be based purely on proposals from those health boards who express an interest in developing a unit in their area rather than identifying where units are needed or considering and costing different models to ensure the best design to ensure equitable access.

This does not, in our view, demonstrate a strategic approach to the network's development.

- **Travelling long distances to a major trauma centre could be detrimental to those suffering a major trauma.**

Whilst assurance has been provided that clinical outcomes will be improve for everyone, what is not clear is whether the improved outcomes expected apply equitably across the region regardless of access or location or whether other elements of the network, eg., Emergency Medical Retrieval Transport Service (EMRTS), rapid response vehicles or major trauma units are in place.

Many people raised concerns that in their experience travel time is significantly impacted depending on the time of day or night, and (for our geographical areas where tourism has a significant impact) the time of year.

We consider further consideration may be needed if the isochrone model used to consider geography did not take account of travel during peak times.

- **The major trauma centre should not be in UHW because of constraints on capacity / space, and that the Morriston site has more room for expansion and facilities.**

The response recognises the concerns raised regarding capacity and space, and seeks to resolve this by identifying other services that may move out to accommodate the requirements for a major trauma centre.

However, this raises further issues that would require a response, specifically:

- a) The proposed timetable for the review of regional and local services and any resulting proposals and engagement for further service change
- b) Contingency plans in the event that engagement on further regional and local service change does not support the proposals
- c) The impact of b) on the identified 'critical enablers' for the major trauma centre.

It is also unclear how a broad agreement and formal partnership between the two health boards of Cardiff and Vale and Abertawe Bro Morgannwg would serve to release capacity/space at UHW.

- **Appropriate infrastructure and resources are needed, including IT**

The focus of the response relates only to the facilities and resources required to develop the major trauma centre.

The independent panel recommended a major trauma network should be quickly developed.

Assurance is needed that the infrastructure and resources needed to develop the whole network rather than just the centre will be identified and considered as part of the outline business case – albeit we recognise that the development of different elements of the network would need to be phased.

The sequencing and phasing would need to be carefully planned to ensure equitable provision across the whole network area and taking full account of the whole patient pathway.

No response has been provided to concerns raised regarding IT infrastructure.

Clear information exchange and availability of patient information between services is an important element of delivering a seamless patient pathway.

- **Whether wider plans for Hywel Dda have been taken into account**

It is not clear to us why the response from the NHS collaborative would determine that plans from Hywel Dda University Health Board (HDUHB) would not be material in relation to the overall recommendations of the independent panel to develop a major trauma network.

The CHC would expect that HDUHB, in developing its plans, would give due consideration to its contribution to the successful development of any major trauma network and give effective and efficient pathways for our population.

- **Whether there should be investment in the development of a major trauma network compared to other services, and whether it is affordable overall**

The response does not provide an answer to the merits of investing in the development of a major trauma network over other services.

The response confirms that the proposals have not been fully costed. It is difficult to see therefore how any determination can be made at this stage on affordability.

- **Whether there is adequate training, staffing and resources to support air ambulance if they need to make further/longer journeys**

Whilst the response covers the points made about the need for adequate training, no response has been provide in relation to the need for adequate staffing and resources.

- **Road infrastructure and public transport requirements**

Whilst the response provides assurance that adequate support would be available for families and carers, no response is offered to the concerns about road infrastructure.

- **The impact of the major trauma network on WAST and EMRTS, including concerns that EMRTS/Air Ambulance does not operate 24/7, cannot operate at night, and may not be accessible if committed elsewhere**

This concern relates to equitable access for people living some distance from the proposed major trauma centre and unit.

The response does not give sufficient assurance that the benefits of a proposed major trauma network as outlined would apply equally regardless of geography.

Any major trauma network must be planned from the start to ensure equitable provision across the geographical area covered. All elements of the network need to be identified including sufficient transfer arrangements day and night agreed from the outset.

In any detailed planning, consideration of demand and cost/benefit should apply equally to all aspects of the network and not just the transfer arrangements.

Transfer arrangements are seen by the public as a fundamental and integral element of an equitable major trauma service. It is concerning that the response appears to close down any option to increase the provision of air ambulances.

- **More information would have been welcome in relation to the geographical spread of incidents resulting in major trauma**

The response concluded that the information provided during the consultation was adequate.

However, we consider that it does not provide assurances that there will be a process to identify and act on any learning identified.

We would expect health boards to carry out a lessons learned exercise on the consultation, and would want to contribute to this exercise.



Cyngor Iechyd Cymuned Hywel Dda
Ystafell 5, Llawr 1af
Ty Myrddin
Heol Yr Hen Orsaf
Caerfyrddin SA31 1BT

Hywel Dda Community Health Council
Suite 5, 1st Floor
Ty Myrddin
Old Station Road
Carmarthen SA31 1BT

Ffôn / phone: 01646 697610

Steve Moore Chief Executive
Hywel Dda University Health Board

Sent via email steve.moore@wales.nhs.uk

Dear Steve

THE DEVELOPMENT OF A MAJOR TRAUMA NETWORK FOR SOUTH AND WEST WALES AND SOUTH POWYS - HDDCHC CURRENT POSITION

In line with colleagues in other CHCs we're writing to you as part of our continued scrutiny of developments in Major Trauma and to follow up on our letter to Hywel Dda University Health Board on 28th March 2018. In that letter we stated;

"Whilst acknowledging the level of support for the development of a major trauma network we are not in a position to agree or otherwise to the proposal at this stage"

We have considered helpful updates provided by Hywel Dda Health Board and also those that have been circulated across the network area.

You will recall the key issues we raised in our previous letter.

- (a) *"In general terms, people raised questions and concerns about the lack of detail in relation to the different elements of the network which they felt are necessary to ensure*

Ffôn | Tel: 01646 697610

e-bost | e-mail: hyweldda@chwales.org.uk
gwefan | web: www.communityhealthcouncils.org.uk/hyweldda/

Interim Chair: Mansell Bennett
Prif Swyddog | Chief Officer: Donna Coleman

improvements in outcomes are equitable across the region and throughout the patient pathway."

We are clearer on this issue given the recent work that has begun in Hywel Dda to develop local arrangements in line with the Network's vision. We are still keen to understand the role of Bronglais and Withybush hospitals and impact upon patients if Glangwili becomes a designated trauma unit. We acknowledge that the Health Board will seek to undertake public engagement on this issue before taking final decisions.

It is also clear that rehabilitation pathways will be the key in terms of the breadth and depth of the patient's experience, both in terms of care quality but also distance from home. We acknowledge that 'care closer to home' is vitally important from a patient perspective, travelling distances are a concern and therefore repatriation is a key issue. Whilst more clarity is needed, we acknowledge the development of a specific local rehabilitation group to address this further.

- (b) *"People specifically had concerns about the distance to the major trauma centre and the adequacy of transfer services including ambulances and EMRTS, the location of the units, improvements to the rehabilitation pathways and IT infrastructure."*

With future provision of night-time EMRTS now potentially being addressed, Executive committee members still require assurance that timely access to urgent trauma care is available. This requirement overlaps our recent comments around urgent care in relation to proposals in the Clinical Strategy, particularly given WAST's belief that their own understanding of capacity and demand against a new model of urgent care requires work.

- (c) *People raised concerns or questions about the cost and affordability of the network, the impact of the cost on wider health board budgets and their ability to deliver other vital services.*

With the Health Board's stated aim of taking its finances from a "turnaround" approach to one which supports transformation, members are still concerned that the impacts of major trauma costs may be unhelpful to the implementation of the Health Board's plans or more immediately on services accessed by patients. Therefore members will be seeking to understand the means by which major trauma proposals are helping rather than hindering the wider picture of NHS healthcare in Hywel Dda.

Consequently, as we review our position further on this south and west Wales service change and given the areas noted above which required further assurance, Hywel Dda CHC is still not yet in a position to formally agree or otherwise to the proposal at this stage. Nevertheless, we feel that progress is continuing and when further information is available in relation to EMRTS and the Health Board's financial position, subject to executive approval and details of local engagement, we may then be in a position to reach a decision.

Yours sincerely

A handwritten signature in black ink that reads "Donna Coleman". The script is cursive and fluid, with the first name "Donna" and last name "Coleman" clearly distinguishable.

Donna Coleman
Chief Officer

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Reconfiguration of Sexual Assault Referral Centres (SARCs) across South Mid and West Wales
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani Director of Nursing Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Rayani Director of Nursing Quality and Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>The accompanying report includes the recommendations and detail for the reconfiguration of Sexual Assault Referral Centres (SARCs) across South Mid and West Wales. The final paper and the recommendations were considered and agreed at the August SARC Project Board, following which it was agreed that the report would be considered and approved through the internal governance structures of the commissioning organisations.</p> <p>The Board are asked to consider and approve <u>the overarching model and costs associated with the implementation of phase 1 only.</u></p> <p><u>Cefndir / Background</u></p> <p>This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.</p> <p>The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.</p> <p>The proposed model will be staged across three phases.</p> <ul style="list-style-type: none"> Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning framework . Phase 2 will look at the provision of the SARC spokes. Phase 3 will look at the forensic medical examination service. <p>There is a collective agreement across the commissioning organisations that phases 2 and 3 will require further work to develop detailed service models and associated costs. It is recognised that each of these proposals and associated costs will need to be considered and taken back to the Boards of the commissioning organisations for approval.</p>

Asesiad / Assessment

The proposed model, the Board is being asked to consider is a hub and spoke model with three acute adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes presently located in Risca, Merthyr Tydfil, Newtown and Carmarthen as a minimum. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework. The detailed recommendations are included in the attached report.

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

- The total cost of phase 1 is **£1,163,818**
- Costs will be split 50:50 between health and police.
- Health will be required to contribute **£581,909** per year.

The change in contribution for Hywel Dda UHB for phase 1 would be as follows:

Current contribution	£53,822
Phase 1 total contribution	£92,056
Change in contribution	£38,185

Phase 2 and 3: 'spokes' and Forensic Medical Examination services

- Phase 2 will look at the provision of the SARC spokes. £425,115 was allocated in the original modelling work to accommodate this area for ISVAs and counselling. Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.
- Phase 3 will look at the forensic medical examination service. £542,986 was identified as the associated cost of the FME service in the original modelling work.

Assuming there are no further increases in stage 2 and 3 this would result in a total model costing £3,034,713.

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

FOR EASE the Recommendations within the attached paper are included below.

Significant work has taken place with partner agencies over the last 12 months in order to bring forward proposals for a regional SARC service model.

The following recommendations were discussed and agreed at the SARC Project Board. The Health Board are asked to agree the recommendations

Recommendation 1.

There should be two paediatric hubs (Swansea and Cardiff) providing in-hours services for children up to their 16th birthday.

Training and recruitment of staff will be required and a costed optional appraisal to identify appropriate accommodation in Swansea that meets forensic standards and standards for children's services

Recommendation 2.

There will be one paediatric hub (Ynys Saff SARC) that will provide services out of hours for children across the region up to their 16th birthday,

Recommendation 3.

Children 16-17 will have their forensic examination undertaken by an FME at the appropriate local SARC Hub at all times.

This will be subject to evaluation and review moving forward.

Recommendation 4.

There will be a commitment to developing appropriately trained paediatricians to undertake forensic medical examination for children presenting at the paediatric SARC hubs.

It is anticipated this will take 3-5 years due to training requirements

Recommendation 5.

There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to attend for service in Colwyn Bay, North Wales, if they require a forensic medical examination

Recommendation 6.

There will be a single adult hub in South East Wales, at Ynys Saff SARC, Cardiff which will provide services to the populations of South East Wales

SARC Spokes for the region will be in Risca and Merthyr Tydfil.

Ynys Saff SARC Hub will also act as a spoke for Cardiff and Vale region.

Recommendation 7.

There will be a single adult SARC hub in South West Wales provided in Swansea, which will provide services to the population of South Dyfed Powys region and Swansea.

Swansea SARC Hub will also act as a SARC spoke for the Swansea region.

Recommendation 8

There will be a single adult SARC hub in Dyfed Powys provided in Aberystwyth, which will provide service to the population of Mid and West Wales.

SARC Spokes for the region will be in Newtown and Carmarthen.

Aberystwyth SARC Hub will also act as a SARC spoke for the Aberystwyth region

Recommendation 9.

There will be a commitment from Police organisation to move towards a single provider for FME services across the region.

This will be phased over 3-5 years due to existing contractual arrangements

Recommendation 10.

There will be a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales

This will require a commitment to formal training of healthcare professionals and recognition within job plans for trainers and trainees on a regional basis. This will also require commitment to management of new/existing contracts with private providers to support the training of clinicians.

Funding will need to be clearly identified to support the training and running of an NHS provided model.

It is anticipated this will take 5-10 years due to training requirements.

Recommendation 11

There will be a formal joint procurement process (health and police), led by NHS Wales to appoint the hubs and spokes across the regional service model.

Consideration will need to be given to ensuring there is flexibility in the process to meet local population needs alongside the core requirements of the new service model

Recommendation 12

An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation.

Recommendation 13.

A Lead commissioning organisation from health is appointed to establish and manage the contracts and commissioning framework as part of the Delivery Network

Recommendation 14

C&V UHB is formally appointed to host the Operational Delivery Group as part of the Delivery Network

Argymhelliad / Recommendation

The Board is asked to discuss and:

- Approve the overarching model for SARC services within South, Mid and West Wales (as detailed in the recommendations section of the final report)
- Approve the proposal to move forward with implementation of phase 1
- Approve the proposed costs of £92,056 as Hywel Dda UHB contribution to phase 1 of the SARC Model
- Support the proposal to move forward with phase 2 and 3 – the development of costed service models for the spokes and FME services

Amcanion: (rhaid cwblhau)**Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Not applicable

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):
[Hyperlink to NHS Wales Health & Care Standards](#)

2. Safe Care
3.1 Safe and Clinically Effective Care

Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Collaborative working over past 3 years, number of focus group
Rhestr Termiau: Glossary of Terms:	Included in main report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	SARC Project Board The Final report is being considered by all the commissioning organisations engaged in the project and includes all health boards (with the exception of BCUHB), the police forces in South Wales, Dyfed Powys, Gwent and the Police and Crime Commissioners in South Wales, Dyfed Powys and Gwent.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Yes financial implications for Health board detailed within paper
Ansawdd / Gofal Claf: Quality / Patient Care:	New model will <ul style="list-style-type: none"> Enhance client experience and quality of care Improve governance and accountability Ensure clients holistic needs are address Children up to the age of 16 will receive access to a paediatrician, in line with national guidance
Gweithlu: Workforce:	Regional model will enhance workforce opportunities
Risg: Risk:	In phasing the work, there is a risk that some elements of the work will not be developed due to the potential for the total cost of model significantly exceeding the original costs identified. Strong project management, governance and transparency will be required to minimise this risk. Progress with implementation may be delayed a result of the need to undertake formal engagement. The project has engaged CHC and will be establishing a formal joint

	engagement workstream in conjunction with health and the police Potential delay in establishing an integrated SARC hub in Aberystwyth due to the need for capital investment to support the development of the centre.
Cyfreithiol: Legal:	Due to the complexity of this work, legal advice is being sought via NHS Wales Shared service. It is anticipated that there will be a cost associated for the project
Enw Da: Reputational:	There a reputational risk with Welsh Government, should health boards not support the proposal.
Gyfrinachedd: Privacy:	Has been considered.
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqlA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqlA been undertaken? Yes

Proposal for Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales

Author:	Rachel Hennessy, Programme Director
Executive Lead:	Deputy Director Strategy and Planning, C&V UHB
Approved by:	SARC Project Board
Date document approved:	1 st August 2019
Caring for People, Keeping People Well:	This proposal is key in delivering outcomes that matter to people and providing sustainable services through delivering care across sectors
Financial impact:	Section 6.
Quality, Safety, Patient Experience impact:	This proposal will provide a more accessible and sustainable service for some of the most vulnerable adults and children across South, Mid and West Wales
Health and Care Standard Number:	2.7 Safeguarding Children at Risk and 3.1 Safe and Clinically Effective Care
Equality Impact Assessment:	Section 7.

Assurance and Approval

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

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Executive Summary

This paper details the recommendations for the reconfiguration of Sexual Assault Referral Centres (SARCs) across South Mid and West Wales. This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

This Final Report was considered and approved by the SARC Project Board 1st August 2019. This report will be considered and approved through internal governance structures of the commissioning organisations through the month of September 2019.

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

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

The proposed model will be staged across three phases.

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £578,159 per year.

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

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations, including Police Chief Finance Officers, to support moving forward with phase 1

Phase 2 and 3

- Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

- Phase 3 will look at the forensic medical examination service. £666,619 was identified as the associated cost of the FME service in the original modelling work.

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

Assuming there are no further increases in costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of £1,375,353 across the commissioning organisations.

Regional model	
Costs of current model	£1,659,360
Costs of proposed model	£3,034,713
Difference	£1,375,353

Based on 50:50 split, Health Boards and police would each be required to contribute around **£1,517,357**.

1. SITUATION

This paper provides an overview of Phase 2 of the Sexual Assault Referral Centre (SARC) project since its inception in June 2018. It provides an overview of progress and outlines the key areas for discussion. There remains a commitment from all agencies to the delivery of a service that is clinically safe, sustainable and meets the needs of the population of Wales. It must also demonstrate value for money.

Further integration between health and the police in the delivery of forensic services continues to be a priority, with a joint commitment to the delivery, in the future, of a public sector provided forensic medical service. This paper needs to be considered in conjunction with the proposed financial framework to support the model (attachment 1). An overarching proposed timeline is also attached (attachment 2.)

On approval of this report by the SARC Project Board, the recommendations will need to be considered through internal governance structures for health, police and Police and Crime Commissioners (PCC) as the commissioning organisations. Any further changes to the service model or funding requirements will also need to be considered by the individual commissioning organisations through their internal governance structures.,

2. BACKGROUND

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCs fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

Following an option appraisal process, a preferred model emerged which identified regional configuration of services comprising children's services located in two hubs at Cardiff and Swansea and adults services located in three hubs in Cardiff, Swansea and Carmarthen, supported by spokes in Risca, Merthyr Tydfil and Aberystwyth. Newtown was only established during the project phase. It was noted that it would be considered an additional spoke for the area of Dyfed Powys.

In December 2017, the model was agreed in principle, subject to a further review. Concerns were expressed by the Police and health organisations in Dyfed Powys that the proposed move to a single adult hub providing forensic examination services in Carmarthen would be detrimental to the population in the north of the region due to the geography.

In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

The remainder of this paper provides details on the service models and recommendations made by the Project to support a regional SARC service model.

3. ASSESSMENT AND ASSURANCE

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: 'A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (with access to emergency Intrauterine Device (IUD) fitting) and Sexually Transmitted Infection (STI) risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

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

The table in attachment 3 provides a more detailed outline of the services available at the hub and spokes.

The work to develop a preferred service model for the region is underpinned by these definitions, a set of key principles and a baseline data set (attachment 4).

A series of multi-agency option appraisal workshops have taken place and the outcomes used to inform the final model. The finding of the Equality Impact Assessment (EIA) undertaken in Phase 1 has also been considered.

3.1 Childrens Services

There remains a commitment to the original modelling work (2015), which identified two paediatric SARC hubs (Swansea and Cardiff) to provide paediatric acute and historic services across the region – ongoing support will be provided from the more local SARC spokes.

However, difficulties with recruitment of paediatricians in Swansea in 2018 resulted in a proposal to move to an interim model where acute presentations of children under the age of 14 from across the region are being seen at Ynys Saff SARC, Cardiff. Prior to this, children under the age of 13 were seen at Abertawe Bro Morgannwg (ABM) University Health Board (UHB) in hours, including acute presentations, for the population of Swansea and Ceredigion, Carmarthenshire, Pembrokeshire and parts of Powys. Historic cases will continue to be seen in Swansea, Cardiff and Abergavenny. Out of Hours acute paediatric cases up to 14 years of age will continue to be referred to Cardiff.

Due to the challenges associated with providing a sustainable service in Swansea, it was important to review the proposal for a two-hub paediatric model in terms of feasibility and achievability. On review there was support to increase the age of the paediatric hub to children up to 16 years, in line with national guidance and services in North Wales and an option appraisal exercise took place, the outcome of which was support for a two-hub model across the region.

Following this recommendation, a focus group comprising paediatricians across the region was brought together to look at the feasibility of the model and the necessary actions to support implementation. In line with the service model in England, the paediatricians also felt there would be benefits to developing their role so that they could undertake forensic and health assessment single handed rather than requiring the presence of a forensic examiner as well as a Paediatrician.

The focus group also acknowledged that in order to deliver a future service for children in Swansea (which replicates the in-hours service in Cardiff), appropriate accommodation still needs to be identified, that will meet forensic standards and standards associated with the provision of children's services. A formal options appraisal will need to be undertaken and costed. The outcome will need to be considered by the commissioning organisations. Options may include developing a combined adult and child hub on health premises in

Swansea, exploring the opportunity to 'lease' accommodation from the third sector, or paediatrics remaining stand-alone in an improved environment within Singleton or Morriston Hospital. Benefits of a joint model include the ability to access counselling, and staff experienced in the court process and police interviews, so overall better support for families. A joint model would also provide the benefits of being able to integrate adolescents into SARC services without them having to choose between adult and children's services

Both the interim and proposed service model for children have been developed with the intention of minimizing the number of cases needing to be seen out of hours, although an out of hours service will continue to be available in line with the existing service model.

The proposed service model recognises the importance of having an experienced workforce to ensure the quality received by children is of the highest standard. In order to achieve this standard a critical mass is required to enable clinicians to see a minimum number of children to develop and retain the skills and competencies required to provide a high quality service. It is important a child is seen by the most appropriate individual as the trauma of being seen by the wrong person may be as bad as the assault. At present, the small number of children accessing the service means that it is only possible to achieve this at two sites across the region. The aim is for the majority of children to be seen during the day, and as a minimum, be able to offer a paediatric assessment within 24 hours of referral. This may include the opportunities to explore an out-of-hours rota, which flexes across sites (Swansea and Cardiff) in the future.

In drawing together the conclusions of this work, a number of recommendations are being made to the project board.

In hours: proposal

- *Two paediatric SARC hubs (Swansea and Cardiff) will provide services for children up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner for acute presentations and a single examination by a paediatrician for historic presentation.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the Forensic Medical Examiner (FME). Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the in-hours proposal will require:

- Training of consultant paediatric workforce to manage older children. In general, paediatricians across the NHS see children up to the age of 16 years, except in certain circumstances e.g. cardiac/renal/cystic fibrosis etc .
- Identification of accommodation for paediatric SARC hub to be considered as part of a formal multi-agency costed option appraisal.
- Identified sessions in paediatrician's job plans for SARC clinical service provision, training and peer review
- Financial resources to support training and appointment of suitable workforce

Out of hours: proposal

- *One paediatric SARC hub (Ynys Saff SARC) will provide services for children across the whole region up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the FME. Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the out of hours model will require:

- Training of consultant paediatric workforce to manage older children
- Consideration of a regional consultant paediatric rota for in and out of hours service at Cardiff, supported by a daily fixed clinic and European Working Time Directive (EWTD) compliant.

Forensic examinations for children: proposal

- *Paediatricians will be appropriately trained to undertake forensic medical examination for children presenting at the paediatric SARC hubs.*

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required.
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role.

- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In England this is a common model of care but may require support from Welsh Government in Wales to implement a similar model.

3.1.1. Children living in Powys

Powys covers a large geographical area in the middle of Wales. Services to support the population of Powys may be commissioned from Health Boards in both North and South Wales and from NHS England, taking into consideration the requirements of the population. Further consideration has been given to the proposed children's model, i.e. paediatric SARC Hubs in Swansea and Cardiff and the impact on children in North Powys. Since late 2016, when the SARC provision in Telford closed, there has been no formal pathway in place for children residing in North Powys. Betsi Cadwalader UHB have stepped in to support PTHB on an ad hoc informal basis in the interim.

When considering indicative travel times (Attachment 6) it was felt more equitable for children in North Powys to access SARC services in North Wales, rather than Cardiff or Swansea – ongoing support would be from the more local SARC spoke in Newtown. Whilst there has been no provision for North Powys resident requiring access to SARC services from North Wales previously, it is felt this would be the most beneficial model for children in this region requiring access to FME services. In concluding this the following recommendation is being made for children in North Powys:

- | |
|--|
| <ul style="list-style-type: none">• <i>There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to access SARC services in Colwyn Bay, North Wales, if they require a forensic medical examination.</i> |
|--|

Delivery of service for children in North Powys will require:

- Discussions with Betsi Cadwalader/North Wales Police regarding the preferred model.
- Clear pathways to be developed
- A funding agreement to support cases being seen in North Wales

Timelines

The Interim children's model is for an initial period of twelve months. However, there are no plans to withdraw this service before the preferred service model is implemented.

On approval of the preferred model by the Project Board, work will commence immediately to put in place the enablers to support the implementation of the full children's service model. It is anticipated implementation will be incremental with a lead in time of one to two years.

Further work is required to determine the time frame to support paediatricians undertaking forensic examinations of children.

3.2 Adults services

Services are currently provided by third sector across the region with the exception of in Cardiff and Vale where the service is provided by NHS Wales. All SARCs across the region currently offer the facility for adults to undergo a forensic examination. They are currently located in Merthyr Tydfil, Risca, Ynys Saff Cardiff, Swansea, Carmarthen, Newtown and Aberystwyth.

In Phase 1, the SARC project agreed the principle of a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff, Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystwyth and Newtown – towns with existing SARCs). The decision on a hub and spoke model and the number of hubs in the region was made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region.

Phase 2 reviewed the model, activity, service specification and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. Therefore, after extensive discussion and review of the supporting information, a revised service model was agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystwyth, with the two spokes in Newtown and Carmarthen. In this model, access to forensic services for the north of the region would be retained. Clients in the south of the region, would access the nearest SARC Hub at either Swansea or Aberystwyth depending on where they are resident. This model will support the holistic needs of the clients, increased sustainability and the opportunity for greater integration between sectors, including a closer alignment with the sexual health services. It would also provide more equitable

coverage as part of a strategic model of sexual assault services across South, Mid and West Wales, with SARC hubs located in, Cardiff, Swansea and Aberystwyth.

Data used to underpin the service planning process suggest there are approximately 1654 over 16 year olds with an initial presentation at a SARC across the region (2017/18). Of this figure only 306 underwent a forensic medical examination and therefore would be required to attend the SARC Hub in the recommended model. The remaining 1348 would receive service from their nearest SARC spoke. Individuals presenting at the SARC Hub (306 cases) would return to their nearest SARC spoke or health board providing sexual health services, for follow-up support after the acute examination.

Table 1 gives an overview of how activity levels (The number of individuals presenting for a forensic and health examination, would change based on the introduction of three SARC hubs in Aberystwyth, Cardiff and Swansea.

Table 1. changes in activity levels based on 2017/18 data

Region	SARC	Current number requiring FME	Proposed number requiring FME
Mid and West Wales	Aberystwyth*	13	24
	Newtown	11	0
	Carmarthen	30	0
South West Wales	Swansea*	53	83**
South East Wales	Ynys Saff Cardiff*	86	199
	Risca	67	0
	Merthyr	46	0
	Grand total	306	306

*will be SARC hubs providing forensic and health examinations in the proposed model

** It is recognised that individual in the south of the region are more likely to attend Swansea SARC.

Whilst the preferred model clearly offers a number of benefits for clients accessing the service, there are a number of areas, which need to be considered when moving forward with implementation of the recommended service model.

Support will need to be provided for those who may incur longer travel times, when compared with the current model. Attachment 6 provides indicative travel times from various parts of the region to their nearest Hub. However, it also needs to be recognised that some individuals may chose not to be seen at their nearest SARC hub. The commissioning framework needs to address this and ensure that individuals are able to access services at any SARC Hub they choose across Wales without complications.

Concerns have been expressed that at times there could be multiple cases attending a single SARC Hub. This is not a unique situation and there are examples across the country where SARCs have multiple cases presenting at the same time. In these circumstance cases will be assessed, managed and prioritised based on the needs of victim rather than by the area in which they reside. This service will need to be supported by clear operational protocols and performance monitored closely. During phase 1 (2015/16) modelling work looking at a service model with three SARC hubs, calculated that based on current demand, very few days of the year would have more than one case presenting at the same time.

Welsh Government has also given approval for redevelopment of the SARC in Cardiff, which will have additional capacity to accommodate the increase in demand from Risca and Merthyr Tydfil SARCs resulting from the change in model as well as having the ability to accommodate potential increase in demand.

South East Wales proposal:

- *A single adult hub to support South East Wales, at Ynys Saff SARC, Cardiff (which will also provide spoke services to Cardiff and Vale population) supported by spokes in Risca and Merthyr Tydfil.*

South West Wales proposal:

- *A single adult hub to support South West Wales (will also support a proportion of Hywel Dda population) provided in Swansea, which will also provide spoke services to Swansea population.*

Mid and West Wales Proposal:

- *A single adult hub to support Mid and West Wales provided in Aberystwyth, (which will also provide spoke services), supported by additional spokes in Newtown and Carmarthen.*

When considering the overall model for the provision of adult services there are a number of other areas for consideration, which may help to address concerns relating to governance and access to services:

- Alignment of SARC hubs with health boards, allowing for strengthened governance processes.
- Services (both hub and spoke) may continue to be provided by the third sector, however, operational lines of governance and accountability for SARC provision would be through a health board for the SARC hub service, via the commissioning infrastructure.
- This model would provide the professional and clinical governance structure to support the appointment of clinical coordinators in each centre, alongside the third sector, creating a more integrated service. At present with the exception of Ynys Saff SARC Cardiff, there is no clinical input (with the exception of visiting FMEs) to provide a link between the SARCs and the health service requirements of the individual client accessing the service.
- Future opportunities may exist to provide outreach provision using health premises for follow up medical treatment and psychological support.
- Further consideration needs to be given to the benefits and opportunities for developing local SARC spokes in other areas of the region.
- Spokes continue to be provided by the third sector where appropriate. Whilst there will be a core service specification within a spoke, local police forces/PCCs may choose to commission additional services from the third sector/health to meet the requirements of the local population. That would be at the discretion of the local police force/PCC and outside the remit or costings of this proposal.
- A task & finish group will need to be established to develop the detailed work, including costs associated with the 'spokes' to support the SARC hubs. This will also need to consider therapeutic required.

Timelines

On approval of the proposed models, work will commence immediately to progress with the procurement process to support implementation of the new model. It is anticipated that elements of the new model would be in place 2020/21 but it will take up to three years to fully implement the 'hub and spoke' model.

3.3 Forensic Examination Service

This project promotes a Health delivered Forensic Medical Examination (FME) service as the preferred means of delivery in Wales, and has the commitment and support from Police and Health Services to achieve this. However, it is

realised the transition time may take five to ten years dependant on current contracts and the training of health professionals to undertake the roles.

Currently commissioned by individual police forces across the region: Gwent Police; South Wales Police and Dyfed Powys Police. Three private providers are commissioned alongside a number of self-employed doctors in Gwent. There are concerns with the current model regarding sustainability, clinical governance and limited engagement with local health services.

The proposed model to move towards and NHS provided FME service, if agreed, will require further work to develop a detailed costed model which will independently of this report need to be considered and agreed by the individual commissioning organisations.

In the interim, there is clear agreement that Health and the Police will take an integrated approach to developing and monitoring existing forensic services and wherever appropriate, as existing contracts end, there is a collective agreement to move forward with implementing the principles of the agreed model.

FME Proposal

- *‘Two private providers for South Wales Police/Gwent Police and Dyfed Powys Police, with a move to single provider once current contractual arrangements come to an end.*
- *There is a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.*

Delivery of the FME proposal will require:

- Identification of a lead commissioning police force to support the implementation of a single provider.
- A phased approach due to differing lengths of existing contracts.
- Establishing a task and finish (T&F) group comprising health and police organisations, to develop a detailed service model and associated costs, which addresses both health and forensic needs of the client and ensures standards and guidelines are met.
- Development of a clear model to support an NHS provided FME service, including training requirements which will need to be fully costed and appropriate funding streams identified if required. Due to time needed to train clinicians to carry out a forensic medical examination competently

and to national standards, training may need to start before current contracts have expired.

- Health to support police forces in monitoring and managing existing FME contracts.
- As current legislation stands there would need to be an open and transparent procurement process, which would require Health to tender for the service.

Timeline

On approval of the proposed models, work will commence to establish a joint health/police task and finish group to take forward the work required to move to a fully costed and detailed service model. It is anticipated that elements of the new model would be in place 2020/21 as forces move towards a single private provider for the region. However, it is anticipated it may take up to ten years to fully implement the preferred NHS provided FME services. This will also be subject to approval of funding by individual organisations.

4. COMMISSIONING INTENTIONS

As public bodies providing the funding to SARC services, there is a statutory obligation on health and the police to account for their spend and a requirement to go through an open and transparent public procurement process where a commercial contract is required, which in the current and proposed service model is the case. The exception to this will be the service at Cardiff and Vale (C&V) UHB and children's services at Swansea Bay UHB, which, as existing NHS services currently funded by NHS and Police, provides for the local population (and will not change), can be excluded from a procurement process. This exemption would be based upon case law & codified under the Public Contracts Regulations (Reg 12(7)) where public-to-public collaboration, which is purely in the public interest can be exempt from the regulations. This exemption would need to ensure it meets the tests required under law.

As health is the assumed lead commissioning organisation, following recommendation in phase 1, guidance has been sought from NHS Wales Shared Services regarding any formal processes required to formally appoint contracts between health as the lead organisation and the service provider/s. NHS Wales Shared Services are the All Wales organisation, which supports procurement of contracts, which cross several health regions. Shared Services will need to lead the procurement process and a procurement board established under the wider SARC project structure.

Currently the SARC services are provided predominantly by third sector and funded by the regional police and PCCs. The costing of the preferred model in phase 1 identified a significant increase in funding required. Forensic services

are currently commissioned by the police due to legal requirements, which will need to continue based on their current financial commitment to the provision of FME services.

Contracts that are currently in place with third sector are limited and agreements in the main are extended year on year with majority of agreements/contracts currently to April 2020.

Proposal

- *A formal procurement process, led by NHS Wales to appoint the hubs and spokes across the regional service model.*

This will require:

- Joint collaboration between health and the police to develop a clear service specification and in taking forward the procurement process.
- Development of a clear commissioning and procurement process to address separately the requirement for SARC hubs and spokes in line with agreed phasing of the service model. There will need to be a level of flexibility to ensure local needs are considered and additional finance streams can be accessed, alongside meeting core service requirements.
- Support from Welsh Government to manage any concerns associated with taking forward the process
- Resources from NHS Wales Shared Services to lead the procurement process.
- Agreement on the financial model to support the approved service model and appropriate funding identified. This funding will need to be ring-fenced once approved in order to account for the time it will take to go through the procurement process, award contracts and implement the model.
- Additional detailed assessment, legal input, a governance process/board in place, a definitive statement of service requirements and a panel of end users/stakeholders to assist with any evaluative work.

Timeline

It is anticipated that the actual procurement will take several months to complete, with non-FME contracts awarded and services in place by April 2020.

5. ESTABLISHING A SARC DELIVERY NETWORK AND A COMMISSIONING FRAMEWORK

It is recommended an All Wales SARC Welsh Delivery Network , comprising a multi-agency Operational Deliver Network alongside the joint commissioning board and lead commissioning organisation should be established. Unlike the SARC Project, the network would include north Wales.

The SARC Network would be a multiagency forum and provide a platform to engage with third sector and the public, as well as linking the different strands (health and Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) in Welsh Government. It would lead the development and implementation of an All Wales service strategy and act as a specialist point of contact. It would provide evidence based and timely advice to the Welsh Government and the lead commissioner to assist the service in discharging its functions and meeting their responsibilities. It would also be responsible for undertaking planning for the development and delivery of an integrated SARC service on an all Wales basis and determine services to be procured in Wales, advise, audit and monitor performance and clinical governance and lead in the development of care pathways and service specifications.

The SARC Network will also be the vehicle through which specialised SARC services for adults and children can be planned and commissioned on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. This will include the management of a ring-fenced budget.

The Network will also support the development, implementation and monitoring of a single database across the region which will monitor activity, performance, delivery against standards, outcome measures and support future service planning.

Phase 1 (2015/16) of the SARC Programme identified the need for an independent lead commissioning organisation from health, a joint commissioning board and a move to develop pooled budgets. In line with phase 1 (2015/16) recommendations, Phase 2 (2018/19) has looked further at developing the model needed to support the delivery of the SARC service for the region. The SARC model appears unique in that there does not appear to any other clear examples in Wales where funding is provided across health and another public body (other than local authority). It is recognised that to deliver this model, a formal commissioning structure is required, including a lead commissioning organisation, and a joint commissioning board.

The lead commissioning organisation will be responsible for develop the detailed service specification to support the procurement process, the service planning and contracting and commissioning of SARC services across the region. There will need to be an agreement on a form of collaborative

commissioning, rather than pooled budgets (policy does not currently allow for pooled budgets to be established between health and the police).

Some resource to support both the Network and the commissioning organisation have been identified in the workforce modelling (attachment 1a). Once the service model has been agreed and a lead commissioner identified, a commissioning framework will be developed and an Delivery Network established. As previously noted in section 3.3, the police will need to retain the commissioning lead for FME services.

As the host organisation for delivery of the SARC programme of work and as the largest service provider it is also recommended C&V UHB is appointed to host the Operational Delivery Group as part of the overarching Delivery Network.

Proposal

- *An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation A lead commissioning organisation is identified*
- *C&V takes on the role as lead provider organisation*

This will require:

- Formal recognition by Welsh Government of a SARC Welsh Delivery Network as the specialist advisory body on SARC services for Wales
- Support from Welsh Government, including finances for establishing a SARC Welsh Clinical Network including regional clinical leads and a network manager.
- Engagement from commissioners, providers and service users as appropriate
- Health Boards to identified a lead commissioning organisation

Timeline

Further discussions are required with the commissioning organisations to identify a lead commissioning organisation and develop the commissioning framework with clear governance structures and terms of reference. The appointment of the lead commissioning organisation needs to take place as a priority.

It is proposed that the Project Board will formally close and handover to the Network once the relevant lead organisations have been identified and the supporting structure established. A 6-12 month leading time is anticipated.

6. FINANCES

6.1 Financial assumptions

The financial model in phase 1 was based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes alongside the spokes in the hubs and a regional component. The revised model retains a commitment to this service model. In addition, agreements supported by the project board in phase 1 have been upheld throughout phase 2. In line with this the following assumptions underpin the finance modelling work:

- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- Clinical supervision is managed within the resources identified in the proposed model.
- Cardiff infrastructure costs have been excluded.
- Out of Hours referrals will reduce due to extended opening times and proposed expansion to daily clinics.
- Paediatrician out of hours are minimal, and costs are based on the current model in Cardiff and Vale

The costs for the current model for comparative purposes have been reviewed and updated and are provided in detail in attachment 1a. The costs, including grants, which have been factored into the model, are those provided by representatives from health, police and third sector as nominated, who are member of the SARC finance T&F group.

Funding streams included relate only to those in health and police allocated to SARC services. They do not include any additional grants received by New Pathways for other service provision, which may or may not relate to SARC services

Management of the finances will be through the lead commissioner and associated joint commissioning board. The payment process will need to be determined once the lead commissioner and joint commissioning board is in place.

6.1 Revised Costs and Phasing

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall

model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the 'spokes' and the FME services needs to be undertaken to ensure that each component accurately reflects the needs of the service. This programme of work is seen as a ten-year transformational programme of change.

Delivery of the service model has been split into three distinct stages:

- Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network
- Phase 2: Implementation of SARC Spokes
- Phase 3: Implementation of FME model.

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations to support moving forward with phase 1

Attachment 1a shows the detailed costs associated with phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network and the proposed phasing of those costs in line with the agreed model for this part of the work (attachment 1b).

It is proposed that the implementation of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network will costs £1,163,817.

6.2 Financial Impact for commissioning organisations of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network

It was and continues to be acknowledged that the financial situation for the NHS and for the police service is increasingly challenging and, likewise, third sector organisations are at risk due to uncertainties in respect of funding from statutory bodies, grant funding and charitable funding.

In line with the financial modelling in Phase 1 (2015/16), costs have been split 50:50 between health boards and the police forces/police and crime commissioner offices. It was acknowledged that there is no specific guidance on the respective responsibilities of statutory partners for sexual assault services and services provided within SARCs other than responsibility for forensic medical examination within Wales, which remains with police forces. In light of this the Phase 1 Project Board agreed to take a pragmatic approach to recommendations for a future funding model. This was a shared funding

model, with a 50:50 split between the NHS and the police/PCCs that would then be further split based on population shares.

Table 2. Distribution of Costs based on 50:50 split

Proposed model phase 1 (2015/16)	
Health contribution	£581,909
Police contribution	£581,909
total	£1,163,817

The costs currently incurred by Health Boards to support the interim children's model will be consider as part of the contribution by Health Boards to the final model and not as a cost they will incur in addition to that of the final model.

As identified in Phase 1 (2015/16), costs incurred by each Health Board will be based on a split by resident population. Table 3 outlines these anticipated costs by Health Board, based on the boundary changes, which came into being 1st April 2019. A similar pragmatic approach has been taken to the split by police force region. However, this is for visual purposes only and is only notional. Further work will be required by the police organisations to determine an appropriate proportional split of their funding contribution.

A more detailed piece of work will need to be undertaken led by the lead commissioning organisations and joint commissioning board to determine the final commissioning model.

Table3. Distribution or costs phase 1.

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

Estimated police force region split*:-			phase 1
(based on population shares)	Resident populations	%	£
Dyfed Powys Police	516754	21%	122,201
Gwent Police	587743	24%	139,658
South Wales Police	1324384	55%	320,050
Total police region	2428881	100%	581,909

- **Revenue costs**

The workforce model has been developed in line with the principles of the service specification developed in Phase 1 (2015/16) and reviewed with existing SARC managers.

As advised by the finance team in Phase 1 (2015/16), the cost of the workforce are based on NHS Wales Agenda for Change (A4C) pay scale (mid-point and including on-costs). There was recognition that the pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. It is acknowledged, however, that these costs only apply to NHS provided services and therefore are notional as a procurement process will need to take place for SARC services outside those currently provided by the NHS.

- **Non pay costs**

Non-pay costs comprise all costs not associated with payment of the workforce. This includes general consumables, drugs, travel, ISO accreditation etc. Costs to support the non-pay have been identified in the financial model.

To support the delivery of Phase 1 (Implementation of SARC Hubs for adults and children and establishing the commissioning framework and network), the non-pay cost included in the financial case is based on the current non-pay costs incurred by Ynys Saff SARC as the only existing integrated SARC hub for the region providing health and forensic assessment. There is also an additional £20,000 included to reflect the anticipated increase in travel costs for service users associated with a move to three hubs. A clear operating policy will need to be developed to support this. The non-pay costs will need to be monitored closely by the joint commissioning board.

Costs associated with the three-yearly assessment for ISO accreditation are recognised in the financial case. Any work required to meet accreditation standards for Ynys Saff SARC, Cardiff will be included within the C&V UHB major capital business case currently going through the All Wales planning process. Costs associated with relocation of Aberystwyth will need to be

included in any appropriate capital bid for Hywel Dda UHB as referenced above, as will those for the children's SARC hub in Swansea, led by Swansea Bay UHB. Further, discussions will need to take place regarding Swansea adult hub as the premises are owned outright by the third sector and have recently been subject to complete refurbishment. Clarification will need to be sought regarding the level of involvement by the police in developing the forensic requirements of the new build and assurance from the third sector that ISO requirements have been addressed

The police throughout the UK have always provided specialist forensic consumables to allow for quality assurance from suppliers. No changes to this model have been considered to date.

- **Capital Costs**

Capital costs have not been included in phase 1 or 2 as the focus of the project has been on reconfiguration of existing services.

Therefore, there is an assumption that equipment including scopes, consumables etc. that currently support forensic service at the SARC sites, that will no longer host a forensic facility, will be transferred to the new SARC Hubs.

Whilst it is not possible to go into significant detail regarding capital costs at this stage, it is possible to clarify some high level principles associated with management of capital costs. There is also an assumption that existing funding streams will continue until a formal change to the commissioning model is in place. Any changes to revenue and capital responsibilities outside those agreed by Boards in September, will also need to be agreed through a clear joint commissioning framework and will be developed through the proposed joint commissioning and procurement board, with representatives from health, police forces and police and crime commissioners

Where a SARC hub is located on health premises and requires capital investment, a business case for capital costs, which may collectively include the costs of equipment, fixtures, fittings and inclusion of examination facilities to meet ISO standards, would be developed by the Health Board hosting the SARC Hub and considered through existing NHS capital planning processes. Development of the business case would require endorsement from police colleagues.

There are currently two capital planning streams in the NHS. The process followed will depend on the level of investment required. Each Health Board has a discretionary capital programme, which addresses smaller capital

requirements. This would also be available to apply for replacement equipment. In addition, where major capital investment is required, it would be necessary to develop a formal business case by the hub host provider for consideration through the All Wales Capital Planning Programme.

Where a SARC hub is located on an NHS site, ongoing responsibility associated with the maintenance of the site will also be the responsibility of the host Health Board.

- **Transitional Costs**

Transitional costs to support the implementation of the recommended service model e.g. commissioning and Network development, have been built into the overarching finances. Health Boards will continue to support a Programme director to lead the work. Police forces have indicated a commitment to identifying resource to support the Programme Director in the next phase of the work.

- **Additional costs**

It is recognised that the costs associated with the recommended model are only those identified as 'direct costs'. Both health and the police incur significantly more costs associated with SARC service provision, as part of their wider service delivery.

Consideration will need to be given to how any unforeseen costs will be accommodated. This will need to be considered by the joint commissioning board.

6.3 Future costs associated with Phase 2 and Phase 3.

It is acknowledged that further work is required to develop detailed models and associated costs of delivery for the 'spoke' services and FME services. It is recognised that each proposed phase can be considered independently. Each phase will require a separate business case and approval from individual organisations to proceed with implementation. An organisation which currently incurs the costs associated with providing the services to be considered in phases 2 and 3, will continue to do so until a detailed model and financial framework has been agreed and the new model commissioned and implemented.

Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450) (figures have been uplifted for agenda for change banding and inflationary increases). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

Phase 3 will look at the forensic medical examination service. £666,619 (figure has been uplifted for inflation) was identified as the associated cost of the FME service in the original modelling work.

Assuming there are no further increases costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

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

Table 4. Differences between current and proposed costs

Regional model	
Costs of current model	£1,601,758
Costs of proposed model	£3,034,713
Difference	£1,432,995

There is no additional funding identified to support the proposed increase in costs above the current service level at present. However, following the work of the NHS Wales Health Collaborative (2016), the Cabinet Secretary for Health wrote to Health Boards outlining his intention that future funding requirements as detailed in the NHS Wales Health Collaborative financial assumptions should be ring-fenced from 2016/17 onwards. This equals £1,684,453.

7. EQUALITY IMPACT ASSESSMENT

An EIA was undertaken in phase 1 (2015/16) of the project, which was used to inform the initial recommendation to the SARC Project Board. This work included review of national evidence and formal engagement with key stakeholders to identify the potential impact on protected characteristic groups. The EIA has been updated to reflect the work in Phase 2 (2018/19) (attachment 6). As Phase 2 continues to follow the principles in Phase 1, the EIA continues to underpin the recommendations in this paper.

It is anticipated that further formal engagement will be required. This will need to be proportional and undertaken in collaboration between health organisations and police organisation. Advice is also being sought from the Community Health Councils in Wales, who had been engaged at the earlier stages of the Project in Phase 1.

8. RECOMMENDATIONS TO THE SARC BOARD

Significant work has taken place with partner agencies over the last 12 months in order to bring forward proposals for a regional SARC service model.

The Project Board are now asked to approved the following recommendations:

Recommendation 1.	<p>There should be two paediatric hubs (<i>Swansea and Cardiff</i>) <i>providing in-hours services for children up to their 16th birthday.</i></p> <p><i>Training and recruitment of staff will be required and a costed optional appraisal to identify appropriate accommodation in Swansea that meets forensic standards and standards for children's services.</i></p>
Recommendation 2.	<p><i>There will be one paediatric hub (Ynys Saff SARC) that will provide services <u>out of hours</u> for children across the region up to their 16th birthday,</i></p>
Recommendation 3.	<p><i>Children 16-17 will have their forensic examination undertaken by an FME at the appropriate local SARC Hub at all times.</i></p> <p><i>This will be subject to evaluation and review moving forward.</i></p>
Recommendation 4.	<p><i>There will be a commitment to developing appropriately trained paediatricians to undertake forensic medical examination for children presenting at the paediatric SARC hubs.</i></p> <p><i>It is anticipated this will take 3-5 years due to training requirements.</i></p>
Recommendation 5.	<p><i>There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to attend for service in Colwyn Bay, North Wales, if they require a forensic medical examination.</i></p>

Recommendation 6.	<p><i>There will be a single adult hub in South East Wales, at Ynys Saff SARC, Cardiff which will provide services to the populations of South East Wales</i></p> <p><i>SARC Spokes for the region will be in Risca and Merthyr Tydfil.</i></p> <p><i>Ynys Saff SARC Hub will also act as a spoke for Cardiff and Vale region.</i></p>
Recommendation 7.	<p><i>There will be a single adult SARC hub in South West Wales provided in Swansea, which will provide services to the population of South Dyfed Powys region and Swansea.</i></p> <p><i>Swansea SARC Hub will also act as a SARC spoke for the Swansea region.</i></p>
Recommendation 8.	<p><i>There will be a single adult SARC hub in Dyfed Powys provided in Aberystwyth, which will provide service to the population of Mid and West Wales.</i></p> <p><i>SARC Spokes for the region will be in Newtown and Carmarthen.</i></p> <p><i>Aberystwyth SARC Hub will also act as a SARC spoke for the Aberystwyth region.</i></p>
Recommendation 9.	<p><i>There will be a commitment from Police organisation to move towards a single provider for FME services across the region.</i></p> <p><i>This will be phased over 3-5 years due to existing contractual arrangements.</i></p>
Recommendation 10.	<p><i>There will be a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.</i></p>

	<p><i>This will require a commitment to formal training of healthcare professionals and recognition within job plans for trainers and trainees on a regional basis. This will also require commitment to management of new/existing contracts with private providers to support the training of clinicians.</i></p> <p><i>Funding will need to be clearly identified to support the training and running of an NHS provided model.</i></p> <p><i>It is anticipated this will take 5-10 years due to training requirements.</i></p>
Recommendation 11.	<p><i>There will be a formal joint procurement process (health and police), led by NHS Wales to appoint the hubs and spokes across the regional service model.</i></p> <p><i>Consideration will need to be given to ensuring there is flexibility in the process to meet local population needs alongside the core requirements of the new service model.</i></p>
Recommendation 12.	<p><i>An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation.</i></p>
Recommendation 13.	<p><i>A Lead commissioning organisation from health is appointed to establish and manage the contracts and commissioning framework as part of the Delivery Network</i></p>
Recommendation 14.	<p><i>C&V UHB is formally appointed to host the Operational Delivery Group as part of the Delivery Network</i></p>

Attachment 1 Proposed Financial Framework May 2019

	JULY 19 VERSION PHASE1 COSTS		
	Proposed		
	wte	band	£000s
Adult SARC HUB			
Sarc Manager	2	8a	114,579
Regional SARC Co-ordinator - South East Wales, South West, Mid & West Wales	2	6	78,575
Crisis worker	5	4	132,797
clinical lead/nurse	2	6	78,575
Crisis workers on call out of hours (adults)	2.5	4	66,399
Children's SARC hub-			
Consultant	2		257,142
Crisis worker	2	4	53,118
clinical coordinator	1.32	4	35,058
Paediatric/sexual health nurse	1.64	6	64,430
Paediatrician on call costs (intensity banding)			41,606
Crisis workers on call (children)	1	4	26,559
Clinical Network/regional costs:-			
Clinical Lead (Adult)	0.2		25,714
Clinical Lead (Children)	0.2		25,714
Network Manager	0.5	8c	40,462
Network/Data support (inc in above)	0.5	5	15,945
Commissioning lead	0.5		28,644
Non pay spend			78,500
Total	53.86		1,163,817

Attachment 1b. staging of costs associated with implementation of the SARC hubs for adults and children

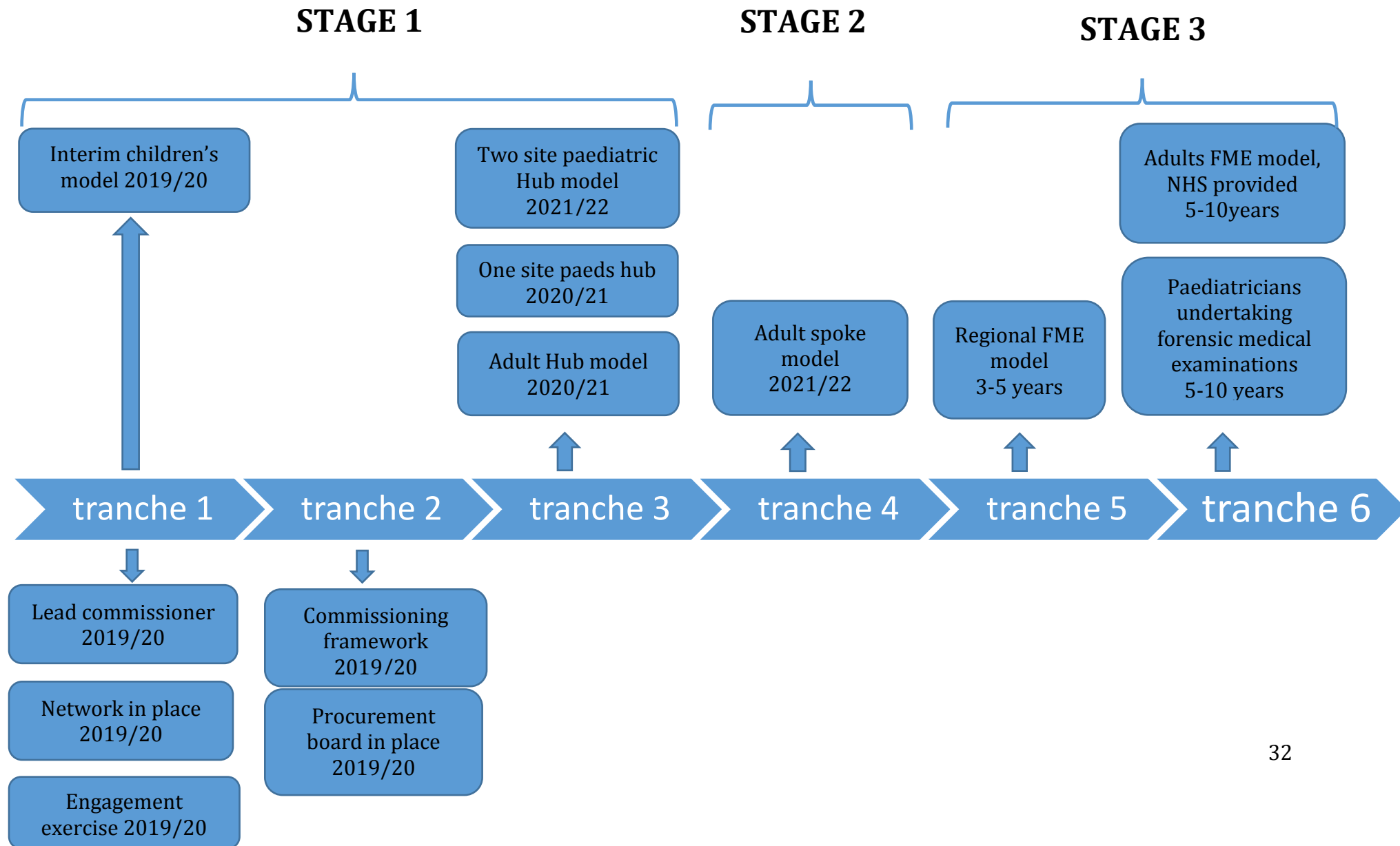
- This phasing excludes costs for ISVAs, Counselling and FME services.
- These costs will be in addition to the costs below and will continue to be paid by the current service contractor until the detailed costed models have been agreed and approved by each commissioning board.
- In the event that the service model for 'spokes' (ISVAs, Counselling) is agreed for implementation prior to 21/22, this figure may change.

phase 1 SARC hubs	19/20 £	20/21 £	21/22
Current costs	510,467		
Interim Children's Model	219,633		
Revised Hub Model (Adults)		470,925	470,925
Revised Children's Model		273,039	477,913
Lead Commissioner	14,322	28,644	28,644
Network	53,917	107,835	107,835
Non pay	58,176	78,500	78,500
Total	856,515	958,943	1,163,817
Current costs	510,467	510,467	510,467
Increased costs	346,048	448,476	653,350

Financial contribution based on population. Appropriate proportionality split to be further determined by police organisations.

	Population	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
Aneurian Bevan	587743	24%	61,409	114,249	140,825
Cardiff & Vale	493446	20%	51,557	95,919	118,231
Cwm Taf Morgannwg	443368	18%	46,325	86,184	106,232
Hywel Dda	384000	16%	40,122	74,644	92,007
Powys	132515	5%	13,846	25,759	31,751
Swansea Bay	387570	16%	40,495	75,338	92,863
Total Health Boards	2428642	100%	253,753	472,092	581,908
	Population shares	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
South Wales Police	1283000	54%	18,432	255,029	314,353
Gwent police	577000	24%	8,289	114,694	141,373
Dyfed Powys Police	515000	22%	7,399	102,369	126,182
total police	2375000	100%	34,120	472,092	581,908
grand total			287,872	944,184	1,163,817

Attachment 2. DRAFT TIMELINE



Attachment 3: Hub and Spoke service specification

Service Specification	Hub	Spoke
Twenty-four hour access to crisis support, first aid, safeguarding, specialist clinical and forensic care and ongoing support in a safe place	X	
The SARC has a core team to provide 24/7 cover for a service which meets NHS standards of clinical governance, the European Working Time Directive and agreed forensic standards	X	
Dedicated forensically approved premises and a facility with decontamination protocols following each examination to ensure high quality forensic integrity and a robust chain of evidence	X	
Access to forensic medical examiners (FME) and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for adults and children. Clients should also be able to choose the gender of the forensic examiner for their clinical examination.	X	
The forensic practitioners should be managed by health with joint funding from Health and Police to meet both health and forensic needs of the victim	X	
The medical consultation including risk assessment of self harm, together with an assessment of vulnerability and sexual health.	X	
There is immediate access to emergency contraception, post- exposure prophylaxis (PEP) or other acute, mental health or sexual health services. Follow-up as needed is coordinated through the spokes to local services	X	
Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant	X	X
Co-ordinated interagency arrangements are in place, including local third sector service organisations supporting victims and survivors.	X	X
Safeguarding boards (for children and adults) through will work with the Commissioning bodies to support the delivering of appropriate care pathways and standards across the service model.	X	X
Minimum dataset and appropriate data collection procedures in each SARC to ensure quality improvement and service user safety (including involvement with audit and risk management)	X	X
Access to support, advocacy and follow up through an independent sexual violence advisor (ISVA) service, to all victims, locally based, including support throughout the criminal justice process, should the victim choose that route		X
Access to appropriate therapeutic support for adults and children to support recovery from the trauma and trauma responses, provided by suitably qualified therapeutic professionals e.g. counsellors		X

Attachment 4: Key Principles underpinning service modelling

Childrens services

- National guidance (FFLM/ Royal College of Paediatric and Child Health (RCPCH) 2015) recommends that the service for the clinical evaluation of children will ideally see children up to the age of 18, but definitely up to their 16th birthday.
- Assessments for children must be undertaken by a qualified medical practitioner with appropriate competences (FFLM/ RCPCH 2012). Where one doctor does not have all the competences for an acute presentation, joint assessment with a paediatrician and forensic examiner is required.
- Paediatricians need to undertake a minimum of 20 forensic examinations per year, in order to maintain their skills. Consideration needs to be given as to how competencies can be maintained due to low numbers e.g. peer review.

Adult services

The option appraisal workshop in 2015, which looked at the service model for adults appraised options based on the following benefit criteria: safety and quality, sustainability and future proofing, access, equity, achievability, acceptability. The principles of this criteria have been considered when making the final recommendation for adult services,

Each SARC hub needs to:

- Be clinically safe and sustainable.
- Have clear clinical governance structures in place and lines of accountability
- Meet the service specification for a Hub
- Meet national guidance and standards associated with providing a SARC hub.

In addition to the above, each SARC spoke needs to:

- Meet the service specification for a spoke.

FME services

- Clinically safe and sustainable
- Forensic nurses are not able to examine children on their own
- FME practitioners cannot be directly employed by health, SLA will be required with police
- Any private contract arrangements will need to require the provider to identify a specific rota for FME SARC services.
- FME practitioners are able to prescribe Emergency Contraception (EC), human immunodeficiency virus (HIV), postexposure prophylaxis (PEP) etc on site (this excludes follow up treatment at present)
- Clear clinical governance structure in place

Each FME service must meet:

- service specification
- FFLM national guidance on training and supervision and provide evidence of doing so
- Minimum caseload requirements - FFLM recommends 20 cases per year
- European working time directive (EWTD) rota compliance minimum 1:6 non resident on call

Attachment 5: Baseline data set (2017/18) to underpin planning process

Table 1. Total number of cases and demographics

Age	<16	16-17	18+	total
No. individuals attending SARC	440	170	1484	2094

Table 2. Total number of cases and demographics

Age	<16	16-17	18+	total
Male	57	9	205	271
Female	382	160	1275	1817
Trans	1	1	4	6
Other	0	0	0	0
Prefer not to say	0	0	0	0
Total	440	170	1484	2094

Table 3. Assault type

Age	<16	16-17	18+	total
Acute	130	51	472	653
Non acute	210	76	338	624
Historic	100	43	672	817
total	440	170	1484	2094

Table 4. Breakdown by area of residency by health board *

	Health Bord	<16	16-17	18+	total
Area of residency by health board	Abertawe Bro Morgannwg UHB	106	40	236	382
	Aneurin Bevan UHB	70	30	354	454
	C&V UHB	120	32	424	576
	Cwm Taf UHB	60	36	172	268
	Hywel Dda UHB	53	21	187	261
	Powys HB	27	10	78	115
	other	4	1	33	38
Total		440	170	1484	2094

Table 5. Breakdown by area incident took place by police force

	Police Force	<16	16-17	18+	total
area incident took place:	Gwent police	69	32	317	418
	South Wales Police	282	104	825	1211
	Dyfed Powys Police	79	29	242	350
	other	10	5	100	124
total		203	170	1484	2094

Table 6. Acute Forensic medical examination undertaken

		<16	16-17	18+	total
forensic medical examination undertaken:	Yes	77	34	272	383
	No	240	101	1116	1457
	declined	114	35	15	164
	other	9	0	28	37
	unknown			53	53
Total		440	170	1484	2094

Table 7. Acute Forensic medical examinations undertaken by region by SARC

Region	SARC	<16*	16 - 17	18+	total
Mid and West Wales	Aberystwyth	0	1	12	13
	Newtown	2	0	11	13
	Carmarthen	3	6	24	33
	total	5	7	47	59
South West Wales	Swansea	5	7	46	71
	Sapphire Suite, Singleton Hospital	18	0	0	18
	total	23	7	46	89
South East Wales	Ynys Saff Cardiff,	33	5	81	119
	Risca	11	6	61	78
	Merthyr	5	9	37	51
	total	49	20	179	248
	Grand total	77	34	272	383

*Data is based on flows as health boards prior to new boundaries coming into place 1st April 2019. Prior to this date Bridgend residents flow to Ynys Saff SARC CandV UHB. There is no change intended to this flow at present. However, this activity will need to be acknowledged under Cwm Taf Morgannwg UHB post 1st April 2019 rather than Swansea Bay UHB (formerly ABM UHB).

**It is assumed that figures for SARCs other than Ynys Saff relate to children 14-16 as current model of care enables children >14 to have a forensic examination at a local SARC. Under the preferred model all children up until the age of 16 will be seen at a paediatric SARC hub.

NB: minimum caseload requirements are 20 cases per annum for a forensic examiner.

	Aberystwyth	Brecon	Cardiff	Carmarthen	Colwyn Bay	Fishguard	Haverford West	Llandrindod Wells	Merthyr	Machynllaeth	Newtown	Pembroke Dock	Risca	Swansea	Welshpool
Aberystwyth	0	1h 43	2h 33	1hr 20	2hr 19	1hr 28	1hr 43	1hr 08	2hr	32min	1hr 08	1hr 57	2hr 32	1hr 55	1hr 26
Brecon	1hr 43	0	1h 02	1h 13	4h 59	2h 08	1h 51	43min	30 min	1h 41	1hr 23	1hr 51	59min	1hr 04	1hr 40
Cardiff	2hr 33	1h 02	0	1hr 17	4hr 01	2hr 11	1hr 54	1hr 37	35min	2hr 34	2hr 16	1hr 50	25min	56min	2hr 34
Carmarthen	1hr 20	1h 13	1hr 17	0	3hr 35	59min	41min	1hr 22	1hr	1hr 48	1hr 59	41min	1hr 22	40min	2hr 16
Colwyn Bay	2hr 19	4h 59	4hr 01	3hr 35	0	3hr 42	3hr 56	2hr 30	3hr 36	1hr 47	1hr 54	4hr 11	3hr 53	4hr	1hr 35
Fishguard	1hr 38	2h 08	2hr 11	59min	3hr 42	0	25min	2hr 57	1hr 53	1hr 55	2hr 29	40min	2hr 14	1hr 32	2hr 47
Haverford West	1hr 43	1h 51	1hr 54	41min	3hr 56	25min	0	2hr	1hr 38	2hr 09	2hr 37	20min	2hr	1hr 18	2hr 55
Llandrindod Wells	1hr 08	43min	1hr 37	1hr 22	2hr 30	2hr 57	2hr	0	1hr 05	1hr 07	39min	2hr	1hr 33	1hr 41	57min
Merthyr	2hr	30 min	35min	1hr	3hr 36	1hr 53	1hr 38	1hr 05	0	2hr 02	1hr 44	1hr 34	36min	43min	2hr 02
Machynllaeth	32min	1h 41	2hr 34	1hr 48	1hr 47	1hr 55	2hr 09	1hr 07	2hr 02	0	45min	2hr 20	2hr 31	2hr 22	55min
Newtown	1hr 8	1hr 23	2hr 16	1hr 59	1hr 54	2hr 29	2hr 37	39min	1hr 44	45min	0	2hr 33	2hr 12	2hr 20	21min
Pembroke Dock	1hr 57	1hr 51	1hr 50	41min	4hr 11	40min	20min	2hr	1hr 34	2hr 20	2hr 33	0	2hr	1hr 18	2hr 54
Risca	2hr 32	59min	25min	1hr 22	3hr 53	2hr 14	2hr	1hr 33	36min	2hr 31	2hr 12	2hr	0	1hr 02	2hr 31
Swansea	1hr 55	1hr 04	56min	40min	4hr	1hr 32	1hr 18	1hr 41	43min	2hr 22	2hr 20	1hr 18	1hr 02	0	2hr 35
Welshpool	1hr 26	1hr 40	2hr 34	2hr 16	1hr 35	2hr 47	2hr 55	57min	2hr 02	55min	21min	2hr 54	2hr 31	2hr 35	0

Proposed pathways for Childrens Services - In-hours		
Paediatric Hub Cardiff	Paediatric Hub Swansea	North Wales SARC
Cardiff	Swansea	Machynllaeth
Merthyr	Aberystwyth	Newtown
Risca	Carmarthen	Welsh Pool
Brecon	Fishguard	
Llandrinod Wells	Haverfordwest	
	Llandrindod Wells	
	Pembroke Dock	

Proposed Pathways for Adult services		
Cardiff SARC Hub	Swansea SARC Hub	Aberystwyth SARC Hub
Cardiff	Swansea	Aberystwyth
Merthyr	Carmarthen	Fishguard
Risca	Fishguard	Llandrindod Well
Brecon	Haverfordwest	Machynllaeth
	Haverfordwest	Newtown
	Pembroke Dock	Welsh Pool

Proposed pathways based on indicative travel times

SEXUAL ASSAULT SERVICES PROJECT, SOUTH, MID AND WEST WALES - Phase 2 EQUALITY IMPACT ASSESSMENT EVIDENCE DOCUMENT March 2018

About this document

This technical document has been produced to provide background evidence to support information provided within proposal for the reconfiguration of regional sexual assault services referral centre (SARC) model across South, Mid and West Wales.

This document is meant as a reference guide, it does not provide exhaustive detail. It aims to provide an overview of how the proposals for reconfiguration of SARC services may affect different groups within our population. It is a living document and will be added to by information gathered through all stages up to and including delivery of services where actual impact will be monitored.

This document builds on the initial EIA developed in Phase 1 of the Project, which includes evidence collected through engagement with clients of the SARCs, carers, equality groups and stakeholders

1. Background

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCS fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across mid, south and west Wales, led by the NHS Wales Health Collaborative (phase 1) - a Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

In Phase 1, the SARC project developed a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystwyth and Newtown) – towns where SARCs already existed.. The decision on a hub and spoke model and the number of hubs in the region made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region. In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project

Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

2. Case for Change

Sexual assault referral centres (SARCs) were created in 2007/08 through a Home Office funded initiative to improve the public service response to victims of rape and sexual abuse. There is a wide range of publications setting out legislation, standards and guidance which is relevant to the development of a holistic sexual assault service.

Within Wales, in 2010, Welsh Government published service specifications, developed by Public Health Wales, for services for adults and children who have or may have been sexually abused. In 2013, Welsh Government commissioned a review to examine the extent to which SARCs fulfil the requirements of the Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services.

The Wales Sexual Assault Referral Centre Review 2013 found that:

- The service provided to services users across Wales is inconsistent due to varying resources and service provision
- The national service guidelines, issued by Public Health Wales, state that "SARCs should be accessible to victims of recent rape or serious sexual assault" but there was also a view from frontline staff that the provision should be available to all victims (historic, acute, serious and less-serious assaults)
- Provision for child victims is inconsistent with variations in access to forensic medical examiners (FMEs) and paediatricians
- Preventative and education work is dependent on the commitment of staff over and above their case load
- There is good evidence of benefits to the criminal justice process but no evaluation of benefits to health services of the SARC provision
- The identified cost of the SARC service is supplemented by ad hoc funding from public agencies and services provided in kind (e.g. estate, equipment)
- There are inefficiencies in the processes relating to interdependencies with follow on services which are navigated by independent sexual violence advocates (ISVAs) on behalf of clients
- Demand is highly likely to increase over and above the increase experienced since the introduction of SARCs in Wales
- Regional centres were recommended in the Public Health Wales' service specifications, which is supported by the numbers of forensic examinations required

The 2013 review highlighted the lack of sustainable funding as an issue affecting:

- Impact on range of services available
- Retention of staff
- Efforts to raise funding (some funding streams are not available to all agencies)
- Capacity and capability to raise funds exists in all lead agencies

- Fairness of funding provision
- Reliance on shortfalls in funding being covered by police, Welsh Government and lead health boards on an ad hoc basis

'An Overview of Sexual Offending in England and Wales' published in January 2013 suggested that 15% of adult victims of serious sexual offences report the incident to the police which indicates potential additional demand for services. There is no comparable data for child victims.

2.1 The SARC Project and the service model

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales serves the populations of Aneurin Bevan University Health Board (UHB), Abertawe Bro Morgannwg UHB, Cardiff and Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys teaching Health Board (THB). This includes the police forces, local authority and third sector partners who serve that population. Close alignment between the NHS, police and third sector is necessary to deliver specialist SARC services that are equitable, meet health needs, support forensic enquiry for any criminal investigation, address safeguarding issues (children and adults), and support the wider recovery and safety needs of victims and families.

North Wales have not been part of the initial service development work, but it is recognised that there are significant benefits from working across Wales and there should be a move to developing an All Wales networked service.

The service model addresses the needs of men, women and children of all age groups, but differentiates between children less than 16 years of age, those aged 16 to 17 years of age and adults (18+ years of age). It has been driven by the needs of the victims and provides assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model, has considered the acute phase (delivered by Sexual Assault Referral Centres (SARCs) and follow up (sexual assault services), as defined in the initial phase of the SARC project.

Options for the future configuration of SARCs were initially considered in Phase 1 of the project and a hub and spoke model was agreed as the preferred solution, with three adult SARC hubs and two paediatric SARC hubs supported by spokes, being the preferred configuration.

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: ‘A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care’.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (including emergency IUD fitting) and STI risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

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

2.2 Impact on Workforce

Proposals to reconfigure SARCs may affect staff as the final configuration may require staff to have to travel to new workplaces and work more flexibly across health board, police and local authority boundaries. Consideration will also need to be given to the potential impact on workforce associated with an open and transparent procurement process for both the overarching SARC services and the forensic medical examination services.

Appropriate advice will need to be sought from specialists where necessary including, legal, Human Resources, trade unions etc. to achieve an effective transition to any new arrangements. Individual organisations will be responsible for engaging with staff on proposals and agency specific policies. A partnership approach with trade union colleagues will be ensured

3. Equality and Human Rights

Under the Equality Act 2010 there is a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not. This means the needs of people from different groups must be considered and reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantage

e. The Equality Act 2010 gives people protection from discrimination in relation to the following “protected characteristics”¹

- Age
- Disability

¹ Race; Sex; Gender Reassignment; Disability; Religion; belief/non belief; Sexual orientation; Age; Pregnancy and Maternity; and Marriage and Civil Partnerships: Equality Act 2010

- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The Human Rights Act 1998 also places a positive duty to promote and protect rights for all. In Wales, we also have a responsibility to comply with the Welsh Language (Wales) Measure 2011 and All Wales Sensory Loss Standards for Accessible Communication and Information for People with Sensory Loss. We will take all our legal duties into consideration when we make decisions around reconfiguration of sexual assault service across the region.

This document is not intended to be a definitive statement of the potential impact of reconfiguration of sexual assault services and SARCs on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EIA process of the likely impact of the service proposals and to take this into account in making recommendations and decision-making.

4. Equality Impact Assessment

EIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires us to consider how the proposed reconfiguration of SARC services may affect a range of people in different ways. The EIA will help answer the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect different groups differently? Is there evidence of negative impact on any groups of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?
- How will we monitor impact in the future?

Looking at a range of national research evidence and engagement with key stakeholders has helped us to consider the potential impact. In particular, we are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.

While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies.

The report Transport and Social Exclusion: Making the Connections (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.

Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.

A literature review was carried out as a first stage of gathering evidence to inform the EIA, which identified potential impacts of the proposal on protected characteristic groups. During Phase1 of the Project, there was also formal engagement with stakeholders to develop the service model. The outcome of this work is available in a separate report.

There was general acknowledgement of the case for change and the feedback gathered fell within a number of key themes:

- Structure / continuity of care - general support for a hub and spoke model but there must be clear and effective working relationships between the hubs and spokes and support groups to ensure continuity of care
- Service model – importance of self-referral and holistic provision
- Information / communication – need for improved communication and information mechanisms for survivors which will improve service awareness and trust
- Funding – needs sustainable funding and development should not damage funding opportunities
- Access to support services – the requirement for support through independent sexual violence advisors (ISVAs) and counsellors, and referral on to continuing support services, was strongly emphasised
- Access - timeliness of access to the right person and the need for trust in the service
- Workforce – capacity to meet the needs of each victim, support for staff and taking opportunities to improve joint working across related services, e.g. sexual assault and domestic violence

United Nations Convention on the Rights of the Child

Children under the age of 18 are protected by the United Nations Convention on the Rights of the Child (UNRNC). Providers have a duty to protect, promote and fulfil the rights of the child. The UNRNC should be considered in conjunction with the Human Rights Act and the duty to promote fairness, respect, equality, dignity and autonomy. Due regard must be given to the specific needs of a person of his/her age, and in particular the right to maintain contact with family members. The convention recognises that children themselves, not adults, are entitled to be involved in decisions that affect them.

4.1 Potential impact on protected characteristic groups

This section of the document, recognises the potential impact on protected characteristic groups as identified in Phase 1 of the Project and incorporates the views collected through engagement with clients of the SARCs, carers, equality groups and stakeholders.

4.1.1. Gender

There is evidence from the Crime Survey for England and Wales (CSEW 2013/14) and research papers to show that women and girls are at greater risk than men in terms of sexual assault and are more likely than men to have experienced intimate violence² across all headline types of abuse. The 2013/14 CSEW report found that overall 19.9% of women and 3.6% of men having experienced sexual assault (including attempts) since the age of 16.

Though women make up the larger portion of sexual violence, the Report of the Independent Review into the Investigation and Prosecution of Rape in London, 2015, (Angiolini)³ suggests that men feel a sense of isolation in being able to report such crimes, due to the emphasis placed on “violence against women and girls.” There may be some hesitation from men in accessing services which are traditionally focused towards women and girls, and therefore put men who have been victims of sexual violence at a disadvantage in access to SARCs.

4.1.2 Age

Age is a risk factor for sexual assault. The CSEW found that, among both men and women, the prevalence of intimate violence was higher for younger age groups. Young women were more likely to be victims of any sexual abuse in the last year; 6.7% of women aged between 16 and 19 compared with all older age groups (for example, 2.0% of women aged between 25 and 34). In considering children, more than one third of all rapes recorded by the police are committed against children under 16 years of age⁴.

Potential impact: Young people may have different needs and will require a joint assessment with a paediatrician and forensic examiner. When treating children, the service model will additionally follow the standards and criteria outlined for children’s services⁵.

² Intimate violence is the collective term used by the CSEW to describe domestic abuse, sexual assault and stalking

³ Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

⁴ Crime in England and Wales 2005/06 Home Office Statistical Bulletin (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

⁵ <http://www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf>).

There is a need to consider further the transitional needs of young adults aged between 16 and 18 to ensure that they receive appropriate care, in an age-appropriate setting. Whilst they will be treated as adults for examination purposes, legally they are still considered children and it is important to ensure that their holistic needs are considered within this context.

4.1.3. Race

Ethnicity can increase vulnerability due to the isolated nature of some communities, cultural expectations and issues such as lack of appropriate interpretation facilities.

Women and girls from a black, minority-ethnic (BME) background may find it more difficult to leave an abusive situation due to cultural beliefs or a lack of appropriate services. Forced marriages, Female Genital Mutilation (FGM) (see detail under 'gender' on previous page) and so called 'honour'-based violence are more likely to be prevalent in (although not limited to) certain communities, although the data on these crimes is limited⁶.

Research found around BME women's experience of sexual violence services is not tailored well to the needs of the communities, and should be thought about locally and to specifically develop practice which meets the needs of BME women and girls (Between the Lines, 2015, Thiara, Roy and Ng⁷). This research further suggests a number of gaps existing within service responses to BME women experiencing sexual violence, suggesting engagement with these communities in the delivery of SARC services. The research itself identified the current engagement with BME women as generally inaccessible, making it even more difficult for BME women to access services and disclose pertinent information in an already difficult and complex situation. Services should not be "one size fits all," but meet the needs of the locally identified groups, in order to ensure SARCs are accessible for the at risk populations in that area.

The Between the Lines (2015) report also addresses the cultural barriers between service professionals and the communities, including; cultural taboos, stigma, and language. It is crucial that those professionals responsible for sexual assault services and the SARCs are appropriately educated on the specific cultural practices or beliefs which may impact on Black and Minority Ethnic (BME) women and girls' access to services, and what may prevent them from accessing such services. The research suggests, although this research is women specific, knowledge gained around the need of culturally sensitive services can be effectively transferred to the larger BME groups.

Potential Impact - there is a need to consider requirements of those clients who may require translation or interpretation services, and access to volunteers or staff who can converse in their first language. Cultural issues are also important to take into account.

There is also a need for support and training for staff in SARCs to develop expertise in responding to the needs of BME community. Overall, it is important that the local community is adequately engaged in order to determine which services and professional practice best suits the needs of the

⁶ Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government

⁷ Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence, May 2015 by Dr. Ravi K. Thiara, Sumanta Roy and Dr. Patricia Ng

BME women and girls in that area, as needs are diverse and accessible services is of the upmost importance in the safety and lives of those accessing SARCs across South, Mid, and West Wales.

4.1.4. Disability

The Looking into Abuse (2013)⁸ report states that sexual abuse is prevalent among people with learning disabilities and that it is commonly linked with other physical and psychological abuse. Disabled women may be around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some form of domestic violence in their lifetime⁹.

Potential impact - people with learning disabilities should have a greater access to safety/abuse awareness courses that are developed specifically to meet their needs. Information and services provided in SARCs needs to be evaluated and made accessible to people with learning disabilities. The report

As well as physical disability, there is a need to consider learning disabilities and mental health. Communication needs in these client groups may be more challenging and care should be adapted accordingly, for example, where there is a need for BSL interpretation services. There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss¹⁰ that apply directly to emergency and unscheduled care (in addition to primary care and other secondary care services) and these outline the staff training requirements, communication systems and equipment and patient needs information which should be provided by health boards. BSL interpreters will be required for the deaf community.

4.1.5. Marriage and civil partnership

The CSEW reported that women who were separated had the highest prevalence of any domestic abuse in the last year (22.1%) compared with all other groups by marital status (such as married (3.7%), cohabiting (8.9%) or divorced (15.5%). Married men experienced less domestic abuse (2.1%) compared with all other groups by marital status except widowed (3.9%, difference not statistically significant).

The pattern was slightly different for sexual assault with single women (4.1%) being more likely to be victims compared with those who were married (1.0%), cohabiting (1.6%), divorced (2.6%) or widowed (0.3%). This is likely to be strongly related to age.

4.1.6. Pregnancy and maternity

Evidence has shown many victims of domestic abuse experience such abuse whilst pregnant. Studies show 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth¹¹.

⁸ Looking into Abuse: research by people with learning disabilities, Looking into Abuse Research Team (2013) University of Glamorgan, Rhondda Cynon Taff People First and New Pathways

⁹ Hague, G. Thiara, R. K. Magowan, P. (2008) *Disabled Women and Domestic Violence Making the Links* Women's Aid (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

¹¹ EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

4.1.7. Religion or belief (including lack of belief)

Certain types of violence disproportionately impact on women from some communities and these have been noted under 'race'.

Potential impact - staff need to consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them¹². There are also many issues in relation to prayer, diet, death and dying rituals that would have to be considered. As previously a comprehensive cultural awareness toolkit is available for this purpose.

4.1.8. Sexual orientation

UK surveys have found that the prevalence of violence in intimate Lesbian, Gay, Bisexual, Transgender (LGBT) relationships usually mirrors that in heterosexual relationships, with approximately one in four to one in three individuals in LGBT relationships experiencing domestic abuse at some point. Men are more likely to report violence than women¹³.

Research for the South Wales Police and Crime Commissioner found that the SARCs appeared to be accessible for LGB communities with 7% of adult referrals coming from LGB communities. Research by Angiolini in 2015¹⁴ further suggests that gay men face greater barriers in reporting than their heterosexual counterparts, and that SARCs may not be well enough equipped to address these cases. A specialist LGBT service in London urged that there is a wider recognition and discussion around LGBT reporting and need for a greater understanding around the barriers they face in accessing SARCs.

The Unhealthy Attitudes report by Jones and Somerville¹⁵ provides some clear statistics and information about views and attitudes among health and social care staff which may lead to improper treatment of LGBT people, further emphasizing the need for training on LGBT issues among the workforce. The report states that "Almost three in five (57 per cent) of health and social care practitioners in Wales with direct responsibility for patient care don't consider sexual orientation to be relevant to an individual's health needs." It further reports that "Just one in twenty patient-facing staff said they have received training on the health needs of lesbian, gay and bisexual people or trans people's health needs (both four per cent)."

Potential impact: Professionals and staff should be trained to appropriately meet the needs of LGBT groups, as well as people with other protected characteristics.

4.1.9. Trans*

Trans* is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

¹² http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp

¹³ EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

¹⁴ Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

¹⁵ Unhealthy Attitudes: The treatment of LGBT people in health and social care organisations in Wales, Stonewall Cymru, November (2015)

As a group which already experiences disproportionate levels of mental ill-health it is vitally important that matters of sexual assault are handled appropriately as to not cause further avoidable mental health issues.

The Trans Mental Health Study (2012¹⁷) provided data on participant experiences of sexual violence. 17% of participants reported they had experienced domestic violence as a result of their trans identity, 11% stating they had experienced reoccurring domestic violence. The study also stated that 14% of participants had been sexually assaulted due to their gender identity, and 6% of participants reported being raped as a result of being trans. It was also noted in this study that a large proportion of trans people worry about being sexually assaulted or abused in the future, further impacting on their overall mental health

The 2015 report by Angiolini¹⁶ also suggests that trans individuals face great obstacles in reporting sexual violence, and that services are ill-informed and ill-equipped to understand and handle these crimes. There is a lack of understanding and knowledge around trans issues generally, which transfers into the realm of sexual violence. It is important that these gaps in knowledge are addressed as to allow for proper case handling around sexual violence in the trans community

Potential Impact - In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015¹⁹ Trans* people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

4.1.10. Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure 2011. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. Whilst we recognise that Welsh and English are Wales' official languages, Wales has many different voices. Like two-thirds of the world's population many people in Wales are bilingual or multilingual. This is particularly important in traumatic situations where people are more likely to need to communicate in their first language.

Potential impact - Service users who prefer to communicate in the medium of Welsh may be required to access specialist services which do not have sufficient Welsh speaking staff (this may also be the case for languages other than English). This could affect the service user's ability to

¹⁶ Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

communicate with service providers in their preferred language. Meeting the information and communication needs of victims who speak Welsh will need to be taken into account.

The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. However it is important to recognise groups of other individuals who have suffered life changing conditions that may benefit from community through the medium of Welsh. Research has shown these groups cannot be treated safely and effectively except in their first language (Welsh Language Services in Health, Social Services and Social Care, 2012)¹⁷. Our consideration of equality takes account of this.

- Training – consistency of training for all staff including in relation to the needs of those with protected characteristics to ensure awareness of and responsiveness to cultural differences
- Children and young people – need to ensure equity of access to sexual assault services and health needs
- Equality impact assessment - must promote equality, ensure services are inclusive and services are known as being inclusive and services must make reasonable adjustments to meet needs of those with protected characteristics, regardless of service structure

4.2 Summary of findings to support Phase 1.

Sexual assault tends to be closely associated with gender and age with women and girls at greater risk of sexual abuse than men. However, victims of sexual abuse can be from across the whole spectrum of society, from all age groups, all ethnicities, religions and beliefs, people with disabilities and people from the LGBT community. The research suggested cultural barriers to accessing services for BME women and girls and, also, barriers for LGBT communities requiring wider recognition and discussion around LGBT reporting. The model and configuration of sexual assault services proposed aims to support anyone affected by sexual abuse.

There is a correlation between the evidence from research and from the feedback from engagement. Whilst some protected groups are more at risk than others, no negative impacts on the protected groups are anticipated from the proposed service development. It is anticipated that the work through the project has served to raise awareness of the needs of protected groups which can be used to inform current services and the proposals for the future configuration. They can also be shared with related policy developments, in particular implementation in Wales of the Violence against Women, Domestic Abuse and Sexual Violence (2015) Act. There was recognition that sexual assault services need to be properly resourced to respond to growing demand and to ensure services across the whole pathway of care can be planned on a sustainable basis. Also, the need for equality training for staff, information and signposting, was frequently highlighted through the engagement process.

The service proposals do not introduce any additional obstacles; improving standardisation for access and specialist treatment should improve outcomes across all social groups.

¹⁷ More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)

The impact on protected groups will continue to be assessed following decision making and through implementation, and continuing engagement to identify any negative effects that may arise and associated mitigation measures.

5. Phase 2. Implementation Planning Phase 2018-2019

In June 2017, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service model taking into consideration the impact on the population, whilst also considering work previously undertaken in phase 1, which included the EIA.

Phase 2 reviewed the model, activity, service specification, victim and family needs, expected standards of care including clinical governance and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. It also acknowledged that, due to the small number of cases in the region, it would be difficult for three SARC Hubs to develop a critical mass required to support the workforce in retaining their knowledge, skills and competencies necessary to maintain safe standards of care. Therefore, after extensive discussion and review of the supporting information, a revised service model has been agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystwyth, with two additional spokes in Newtown and Carmarthen.

As a result, in the revised model access to forensic services in the north of the region would be retained including clients from the Powys area. Clients in the south of the region, would access forensic services from the SARC hub in Swansea.

For some of the population in the Dyfed Powys region, the transfer of forensic services from Newtown to Aberystwyth, may result in an increased journey if a forensic examination is required. However, travel times have been evaluated and would be maintained within a 2-hour timeframe for most residents in the north Dyfed-Powys region. Similarly, for individuals in the south of Dyfed Powys who would be travelling to Swansea for a forensic examination, travel time would be maintained within a two hour time frame, as far as possible, with the advantage of having more robust transport infrastructure. To address travel around the region, appropriate arrangements will need to be made, in conjunction with the local police force, to support the client to attend the SARC Hub where necessary. Follow up therapeutic support would continue to be provided from the spoke services within Newtown SARC and Carmarthen SARC, and Aberystwyth, which will also act as a spoke. Any follow-up required with regard to sexual health will be managed by pathways to one of the eight Sexual and Reproductive Health clinics within HDUHB and close to the clients home.

Stakeholders from Dyfed-Powys Police and HDUHB feel that this model provides equitable, safe and sustainable services to their clients and will future proof care in an unpredictable financial climate.

The benefits for an individual living in the north of the Dyfed-Powys region with the placement of the Hub in Aberystwyth, include:

- minimal travel time for the population compared to the model in Phase 1 where forensic examinations would be provided from Carmarthen for the whole of the region;
- The service will be holistic, providing a more complete forensic examination with health assessment to be undertaken in line with FFLM guidance and best practice standards;
- The service will have better links with local services such as sexual health and third sector.
- The service will be more likely to attract the specialist workforce required to run a safe and sustainable service.
- A critical mass of individuals will create more opportunities for the workforce to develop and retain necessary skills and competencies
- Greater opportunity for integration between sectors, including health, resulting in a more seamless service for the individual

The recommendation for the SARC adult hub in Dyfed Powys being in Aberystwyth, supports the development of an overarching strategic picture of sexual assault referral centers across Wales with proposed SARC Hubs located in Colwyn Bay, Cardiff, Swansea and Aberystwyth, supported by more local SARC spokes.

6. Next Steps

The needs of protected groups will continue to be an ongoing consideration during the implementation phase of the project and Health boards, Police and third sector will need to ensure that stakeholders are engaged throughout, venues are accessible and information is provided in a variety of required alternative formats in order to maximise opportunities for participation wherever required.

Attachment 8: GLOSSARY

ABM	Abertawe Bro Morgannwg
BME	Black and Minority Ethnic
C&V	Cardiff and Vale
CSEW	Crime Survey for England and Wales
EC	Emergency Contraception
EIA	Equality Impact Assessment
EWTD	European Working Time Directive
FFLM	Faculty of Forensic & Legal Medicine
FGM	Female Genital Mutilation
FME	Forensic Medical Examiner
HIV	human immunodeficiency virus
ISVA	Independent Sexual Violence Advisor
IUD	Intrauterine Device
LGBT	Lesbian, Gay, Bisexual, Transgender
NHS	National Health Services
PCC	Police and Crime Commissioners
PEP	post-exposure prophylaxis
SARC	Sexual Assault Referral Centre
STI	Sexually transmitted infection
THB	Teaching Health Board
UHB	University Health Board
VAWDASA	Violence Against Women Domestic Abuse Sexual Assault
WHSSC	Welsh Health Specialist Services Committee

Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	Meeting held on 1 st August 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Table Of Actions From Meeting Held on 4th June 2019 – Members received an update on the timescale for the receipt of the new Liberty Protection Safeguards to replace the Deprivation of Liberty Safeguards and expressed concern regarding the backlog of patients awaiting assessments, due in the main to a shortage of qualified assessors. Given the Health Board's and the Local Authority's joint responsibility for these assessments, Members were assured that the two organisations would be working together to mitigate patient delays during the interim period. Given Members concerns, it was agreed that this should be escalated to the Board. • Board to Floor (Patient Safety) Walk Around Visits – the Committee received an update on the Board to Floor (Patient Safety) Walk Around Visits where staff have embraced the visits from Board Members, welcoming the opportunity to showcase their work. Members suggested that the number of visits should be increased and that a trigger list approach from the risks identified within the particular Board to Floor area should be considered. Whilst welcoming the suggestions, the Director of Nursing, Quality and Patient Experience emphasised that the Board should also celebrate what is working well which has a direct correlation to quality and safety. • Presentation - Review of Operational Quality and Safety Arrangements – the Committee received a presentation on the review undertaken by the Wales Audit Office (WAO) into the operational quality and safety arrangements within Hywel Dda University Health Board (HDdUHB), focusing particularly on the flow of assurance from directorate level to the Board. Members welcomed the review, and noted that the improvement plan would be monitored by the Audit and Risk Assurance Committee (ARAC). Whilst Members were encouraged to note that improvements across the organisation are being acknowledged, it was agreed that the Health Board should continue to challenge itself for further improvements. • Strategic Safeguarding Sub-Committee (SSSC) Exception Report – the Committee received the SSSC Exception Report from its meeting held on 19th June 2019. Whilst Members were assured on the adequacy of the processes in place, it was agreed that future reports should only include key issues and the actions that have been undertaken to provide assurance to the Committee. • Operational Quality, Safety & Experience Sub-Committee (OSQSESC) Exception Report – the Committee received the OSQSESC Exception Report from its meeting held on 16th July 2019. Members discussed the new risk 108 in 	

relation to the limited staffing resource within the Point of Care Testing (PoCT) team and were assured that whilst current staff levels face challenges with demand, this is regularly being monitored. Members acknowledged the concerns identified within the report, and that for QSEAC's assurance, future reporting would also include the actions being progressed to mitigate these.

- **Medicines Management Sub-Committee (MMSC) Exception Report** – the Committee received the MMSC Exception Report from its meeting held on 18th July 2019. Members discussed training for junior doctors on medication safety and were advised that actions are in place to reduce nurse errors with patient safety days, although this is not the case for junior doctors. It is acknowledged that a programme needs to be established, with discussions taking place with both the Deanery and medical education for a module for junior doctors, which should reduce errors. Members welcomed the approval of funding for the immediate refurbishment of the Withybush and Bronglais Hospital Aseptic Units, noting that this is now out for tender.
- **Workforce & Organisational Development Sub-Committee (WODSC) Exception Report** – the Committee received the WODSC Exception Report from its meeting held on 4th July 2019. Members enquired as to the support available for staff who work in challenging services and were advised that one source of support for staff is access to the “Assist Me” programme. Members acknowledged the Health Board's responsibility to provide support given the strong correlation between patient experience and under pressure staff, and agreed that the WODSC should consider the support available to staff working within challenging services.
- **Effective Clinical Practice Sub-Committee (ECPSC) Exception Report** – the Committee received the ECPSC Exception Report from its meeting held on 12th July 2019, and Members acknowledged the need to maintain a watching brief regarding the newly established groups reporting in to ECPSC. Members discussed the rationale for non-participation within certain specialities for National Clinical Audits and emphasised that more should be done to encourage participation, given other Health Boards ability to complete these. Members discussed the balance to be struck between managing the risk of non-compliance against not moving forward with recommendations from previous audits, and were advised that capacity within clinical audit is continually reviewed.
- **Improving Experience Sub-Committee (IESC) Exception Report** – the Committee received the IESC Exception Report from its meeting held on 1st July 2019. Members were advised that to support staff understanding of the Putting Things Right legislation, the staff handbook has been re-developed, which will be shared as part of a staff development programme. Members were informed that the Health, Social Care (Quality and Engagement) (Wales) Bill was introduced into the National Assembly for Wales on 17th June 2019, which if passed, is likely to become law in the summer of 2020. Discussion at Board will therefore be required to understand the impact of the bureaucratic process

of the bill on the Health Board.

- **Infection Prevention (IPSC) Sub-Committee Exception Report** – the Committee received the IPSC Exception Reports from its meetings held on 3rd June and 9th July 2019. Members expressed concern regarding increases in cases of *Clostridium difficile* (C. diff) in Bronglais General Hospital (BGH), given this represents an outlier within the Health Board, however were assured that the Infection Prevention team has met with staff from BGH to establish the improvements in clinical practice and cultural behaviour that are required, which are now being progressed. Members welcomed the exception reports which provided the Committee with a good level of assurance in regard to current concerns and the mitigations in place to manage these.
- **Mental Health & Learning Disabilities Quality, Safety & Experience Sub-Committee (MH&LDQSESC) Exception Report and Fragility of Mental Health Services and Risk 686, Delivering the Transforming Mental Health Programme By 2023** – the Committee was presented with the MH&LDQSESC Exception Report from its meeting held on 16th July 2019, the Fragility of Mental Health Services Report and Risk 686, Delivering the Transforming Mental Health Programme by 2023, and considered these three agenda items together as part of a holistic approach. Members were assured that the transfer over to the Welsh Patient Administration System (WPAS) should be completed by 31st October 2019. Members acknowledged that risk 136: *MH&LD difficulty in recruiting medical staff to particular geographical areas* is the most significant, given the recognised national shortage of mental health staff. To mitigate this risk, Members were advised that the MH&LD team is exploring increased pharmacy posts in order to fill any gaps. Members suggested that the regional workforce strategies being considered by A Regional Collaboration for Health (ARCH) should also include MH&LD.

In regard to risk 686: *Delivering the Transforming Mental Health Programme by 2023*, Members expressed concerns regarding the challenge for the Health Board to transform services and progress the workforce. Whilst it was suggested that a deep dive into MH&LD could be undertaken to ensure that the Health Board is appraised of both the risks and the mitigations in place, the impact of such a review on staff who are working hard to maintain fragile services should not be under-estimated.

Since the 1st August 2019 QSEAC meeting, the QSEAC Chair and HDdUHB Vice-Chair have met with the HDdUHB Chair and agreed that a report on fragile services within MH&LD would be presented to the September 2019 Public Board.

- **Corporate Risks Assigned to QSEAC** – the Committee was presented with the Corporate Risks Assigned to QSEAC report. Following robust discussions on each individual risk, Members received assurance regarding the adequacy of the controls in place.

- Risk 654 – Nutrition and Dietetics Progress Report** – the Committee was presented with the Risk 654 – Nutrition and Dietetics Progress Report. Members were informed that whilst the risk register includes a number of malnutrition risks, risk 654 is currently the highest and has also been linked to a recent Coroner’s Regulation 28 report and safeguarding concerns. Members were advised that a business case had been presented to Executive Team on 22nd July 2019, where approval to proceed with Option 3 i.e. *to recruit to address the acute hospital shortfall in dietetic capacity*, was made pending formal approval by the Board in September 2019. Members acknowledged the progress regarding this risk and that on-going monitoring would be undertaken by the Nutrition and Hydration Group reporting to QQSESC.
- Enabling Quality Improvement in Practice (EQIIP)** – the Committee was presented with the Enabling Quality Improvement In Practice (EQIIP) report. Members were advised that the project teams selected to take part in the 8 month collaborative training programme have now undertaken four training days. Members welcomed the positive feedback from the teams taking part in the programme and also the continued Executive Director support for this patient care focused training. Members noted the iterative nature of the programme, and that whilst initial outcomes of the projects may not indicate improved performance measures, quantifiable data will be made available.
- Quality and Safety Assurance Report** – the Committee was presented with the Quality and Safety Assurance Report, noting that it is underpinned by improved governance across the indicators in the dashboard. Members welcomed the fact that Teifi ward, where improvement work commenced in September 2018, recently reported over 200 days without any incidents of pressure damage. Members also welcomed the continuing trend in the reduction in incidents of pressure damage, falls and complaints.
- Improving Experience – Development of a Patient Experience Charter** – the Committee was presented with the Improving Experience – Development of a Patient Experience Charter. Members were advised that to ensure the final version is robust, it has been shared with a number of stakeholders and two readers panels for comments. Members commended the team involved for the co-produced Charter and noted that following further discussions with stakeholders, the final version would be presented to QSEAC in October 2019.
- Outcome and Impacts of Long Waits for Planned Care on Patients** – the Committee was presented with the Outcome and Impacts of Long Waits for Planned Care on Patients report. Members were advised that quality improvement pilots regarding communications, reducing hospital admissions, and lengths of stay in A&E for patients have commenced. Members welcomed the report which provided a level of assurance for QSEAC.
- Llwynhendy Tuberculosis (TB) Outbreak – Managing the Response** – the Committee was presented with the Llwynhendy Tuberculosis (TB) Outbreak – Managing the Response update report, advising how the clinical teams involved

are managing the follow up work from the screening days held in June 2019, with a further screening programme to take place in September 2019.

- **Public Health Wales Mortality Data** – the Committee was presented with the Public Health Wales Mortality Data report. Members were advised that the Mortality Review Group (MRG) has reviewed Stage 1 performance, and given that the target is below 90%, an assurance was provided that actions have been identified to address this. In regard to Stage 2 Mortality Reviews, whilst the Health Board has now adopted a universal approach, the MRG has undertaken an assessment of current practice and prepared a draft revised process for each site to review and adopt, which will be shared at the next ECPSC meeting for approval.
- **External Monitoring (HIW & CHC) Final Reports 21 May to 16 July 2019** – the Committee was presented with the External Monitoring (HIW & CHC) Final Reports 21st May to 16th July 2019, including an update in respect of the WHCs currently monitored at QSEAC, as well as the 22 WHCs that are under the remit of the QSEAC Sub-Committee structure. Members were assured that the detail of the action plans are discussed during the CEO performance review process, and that any assigned actions are progressed by the triumvirate teams.
- **Quality, Safety & Experience Assurance Committee Work Plan 2019/20** the QSEAC Work Plan 2019/20 was received for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- Further to discussions between the QSEAC Chair, HDdUHB Vice-Chair and HDdUHB Chair following the 1st August 2019 QSEAC meeting, a report on fragile services within MH&LD will be presented to the September 2019 Public Board.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- **Table of Actions from Meeting Held on 4th June 2019** - concern regarding the backlog of patients awaiting assessments given the significant length of time before receipt of the new Liberty Protection Safeguards to replace the Deprivation of Liberty Safeguards (DoLS). In the interim period, the Health Board and the Local Authority's will work together to mitigate patient delays.
- **Infection Prevention Sub Committee Exception Report** – concern regarding increases in cases of Clostridium difficile (C. diff) in BGH, given this represents an outlier within the Health Board. To address this, improvements in clinical practice and cultural behaviour have been identified, which are now being progressed.
- **Mental Health & Learning Disabilities Quality, Safety & Experience Sub Committee Exception Report and Fragility of Mental Health Services and Risk 686, Delivering the Transforming Mental Health Programme By 2023** – concern regarding the challenge for the Health Board to transform services and progress the workforce. To address this, a deep dive could be undertaken to

ensure the Health Board is appraised of both the risks and the mitigations in place, whilst remaining mindful of the impact of such a review on staff who are working hard to maintain fragile services.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

3rd October 2019

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fragility of Mental Health Services
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joe Teape, Deputy Chief Executive/Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Liz Carroll, Interim Director Mental Health and Learning Disabilities (MH&LD)

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

<p><u>Sefyllfa / Situation</u></p> <p>The purpose of this report is to provide Hywel Dda University Health Board (HDdUHB) with an update on the current service fragility within the Mental Health and Learning Disabilities Directorate along with the mitigating actions in place within the service to address the current challenges.</p> <p>Following the December 2018 Quality, Safety & Experience Assurance Committee (QSEAC) meeting, a request was made by the Executive Team for further details on the current position in relation to the risks identified on the Directorate Risk Register and the mitigations that are in place to minimise harm and promote positive patient outcomes. A report was prepared to update QSEAC on the current risks the Directorate encounters, and to provide assurance that escalation processes are in place to manage those risks. The report was presented to QSEAC in February 2019, with a further update report to the August 2019 QSEAC meeting.</p> <p>Given the impact on our patients as well as the significant media and public interest, it is important that QSEAC are informed on service risks together with the mitigation that is in place.</p> <p>Subsequent to the August 2019 QSEAC meeting, the Chair of the Committee and the Vice Chair advised that the service risks and mitigation be escalated to Board.</p>

<p><u>Cefndir / Background</u></p> <p>As part of the Transforming Mental Health Programme, Hywel Dda University Health Board (HDdUHB) set out openly and transparently with the public the challenges regarding existing mental health services in 2015, with the aim of the programme being to identify how mental health services could be transformed and improved. The programme made a commitment to work collaboratively with service users, staff, carers and key stakeholders to co-design a future model for adult mental health services, where people are supported to recover from mental health difficulties and live full and meaningful lives through services that inspire hope, confidence and understanding. The 'Transforming Mental Health' programme has worked collaboratively with service users, staff, partners and the Community Health Council (CHC) to co-produce a future model for mental health services. The Board approved implementation of the Transforming Mental Health programme on 25 January 2018.</p>

Whilst the programme of transformation for the services offers the opportunity of providing more sustainable provision in the future, it does not negate the pressures that drove the requirement to transform services; those risks continue to be relevant today and may continue to be present during the implementation of the new model.

It should also be noted that whilst Transforming Mental Health focuses primarily on Adult Mental Health services, there are other service risks that relate to other parts of the Directorate namely, medical and psychology recruitment as well as a commissioning budget that does not match current demand upon the service.

Additionally, the Directorate is working with stakeholders in order to modernise the current Learning Disabilities provision across the Hywel Dda footprint to ensure that the model is community based, person centred and responsive in a timely manner for those who require access.

This paper provides a summary of the Directorate's risk register which covers all of its service areas – Adult Mental Health, Children and Adolescent Mental Health Services, Learning Disability Services, Older Adult Mental Health Services, Psychological Therapies, Substance Misuse Services and Commissioned Services.

Asesiad / Assessment

The report will focus on the current mitigating actions that are in place to maintain effective business continuity as well as address the challenges over the short and medium term.

Risk 150: MH&LD Directorate is reliant on an outdated Patient Administration System. The reliance on the PAS means that any inability in its function would have a direct impact on accessing clinical information.

Current score: 5 x 4 = 20

Target score: 5 x 2 = 10

Current Mitigation

- The Directorate is working with the Assistant Director of Informatics to progress a transfer over to the Welsh Patient Administration System (WPAS) by 31st October 2019.
- Manual reporting systems have been developed and implemented across the Directorate to ensure performance data is available in real time in terms of waiting times.
- The reporting pack for Care Partner (the Directorate's electronic patient record) has been developed and will be implemented once infrastructure arrangements are in place.
- In order to ensure Business Continuity should the system go down, the service would have to revert to written documentation with a view to updating the electronic system at the earliest possible opportunity.

Risk 136: MH&LD difficulty in recruiting medical staff to particular geographical areas, namely Ceredigion and Pembrokeshire. National shortage of suitably trained medical staff. Current number of substantive medical workforce in post is decreasing.

Current score: 4 x 4 = 16

Target score: 4 x 2 = 8

Current Mitigation

- A bespoke Psychiatric recruitment campaign has been developed with the UHB Recruitment Team, which has received national acknowledgement, and positive activity has been seen following the launch of the campaign.
- We are working closely with the UHB Recruitment Team to explore all recruitment options and opportunities.
- The Directorate has appointed a number of Clinical Fellows into posts with robust development packages to support them to develop into more senior roles.
- The Directorate continues to support Mental Health Practitioners into advanced roles and the development of skills to support the medical workforce, particularly non-medical prescribing. Currently the Directorate have 1 non-medical Approved Clinician in adult mental health services, with 1 Advanced Nurse Practitioner in Adult, 3 in Older Adult Mental Health Services and 1 in training for Learning Disabilities. The Directorate has developed a Job Description for a Consultant Nurse post with a particular emphasis on developing skills in the wider workforce to address the shortfall in our substantive medical position. The Job Description has been job matched and the Directorate will soon advertise this post. The Job Description also has a requirement that the post holder will work with the wider registered work force in order to develop roles that complement the medical profession – this will form part of a service wide plan for the Directorate for Advanced Practice and Non-Medical prescribing roles. The Welsh Government Transformation and Innovation fund has provided an opportunity to create additional posts to support the medical workforce, and included in the bids that were accepted were two pharmacy posts. An Attention Deficit Hyperactivity Disorder (ADHD) Clinical Nurse Specialist post has also been approved to support the assessment process of the current consultant led service. This post had been appointed into with the successful candidate due to start in September 2019; unfortunately the candidate has now withdrawn from the offer so this post will need to be re-advertised. Also as part of the WG funding GP sessions are to be funded to support the ADHD provision.
- There have been 2 appointments into substantive Learning Disability consultant posts since May 2019.
- Finder's fees are being used in order to secure locum/agency cover; the difficulty with these is that the post holder is not obliged to stay with the organisation beyond six months.
- Two pharmacy posts are also in the process of being recruited to – one appointment has been made with the other back out to advert.

Risk 144: MH&LD in year Continuing Health Care Savings Target and inability to determine future demand for services. Work to date has provided the Directorate with a clear understanding of the commissioning costs. The Head of Service has worked closely with the three Local Authorities to understand our position in relation to the historic Service Level Agreements. In addition, a transparent process has been put in place with the individual Local Authorities who are lead commissioners for the identification and notification in a timely manner of any uplifts that they agree with providers as well as the approval for new individual packages of care for clients.

Current score: 3 x 5 = 15

Target score: 3 x 3 = 9

Current Mitigation

- The regional Learning Disability (LD) Market Position Statement (MPS) has been drafted using Health and Local Authority (LA) commissioning data. This work is being led by the Regional Collaborative and provides an overview of LA and Health Board spend and placements by service type across the region. This has assisted in developing an understanding of the market as well as providing an opportunity to hold discussions with

providers about future accommodation requirements. A Housing Needs Analysis has taken place which supports the supported living agenda and has been linked to the development of the Integrated Care Fund (ICF) bids.

- A regional LD Housing Needs analysis has been drafted; this will inform the development of bids for the additional ICF capital funding from Welsh Government over the next 3 years.
- An ICF Community Supported Living programme bid for £3m capital funding has been developed with the LAs to deliver additional accommodation options over the next three years.
- The review of the Commissioning Care Assurance and Performance System (CCAPS) framework is progressing and Pembrokeshire has agreed to transfer over to the system from January 2020 Carmarthenshire and Ceredigion are considering a similar approach and the UHB is supporting this work. This will enable the three Local Authorities to be on an 'All Wales' procurement framework.
- The Directorate is working closely with finance colleagues to review the current budget.
- As part of budget setting for this financial year 2019/20, the Directorate has received a substantial increase in the commissioning budget. This is attributable to the growth that can be demonstrated, together with uplifts. The budget has increased from £20,497,297 in 2018/19 to £22,429,053 in 2019/20.
- The Directorate continues to work with the Local Authorities to increase the availability of supported living options as well as bespoke options for clients with emotional dysregulation.

Risk 227: Review of clients in LD commissioned packages of care by health professionals.

Current score: 4 x 2 = 8

Target score: 4 x 1 = 4

Current Mitigation

- In order to accelerate reviews and maintain oversight of the placements, a Band 7 team leader has transferred full time from Adult Mental Health Services, a Band 6 and Band 7 from Learning Disabilities as well as a Band 3 Administrator.
- Reviews lists have been compiled and prioritised for this work.
- The UHB continues to engage with Local Authorities as the lead agencies to provide support and close monitoring of these cases. Joint funded placements are led by Local Authorities who also review and maintain oversight of the contractual requirements.
- The programme of routine reviews will continue to be disrupted by priority cases where concerns are raised.
- During the previous twelve months, the NCCU has supported the Directorate in reviewing our LD clients in commissioned placements. However, there have been staffing challenges in Pembrokeshire due to long term sickness which have now been resolved, resulting in increased capacity within the team to undertake the reviews. We are already seeing an improvement in Care and Treatment Plan (CTP) compliance in this locality.
- The CTP compliance is monitored by the Interim Director on a monthly basis and plans for improvement are requested where compliance falls below the 90% Welsh Government target. The Directorate also have a monthly system for auditing CTP's, the audit tool provides a more detailed performance report and was developed collaboratively between the service and the Delivery Unit and has a focus on the quality of the CTP.

Risk 135: Lack of MH isolation units and historic skill mix of inpatient services led by novice professionals. Sustained pressure on adult inpatient services was a key driver for undertaking a service wide review, hence the consultation and subsequent implementation of a revised service model which will take several years to implement. At the present time the control measures are adequate although will need to be kept

under constant review.

Current score: $4 \times 3 = 12$

Target score: $4 \times 1 = 4$

Risk 141: Sustained pressures on patient flow through adult inpatient services. Adult acute services continue to experience high levels of demand on inpatient services with patient acuity high requiring additional staffing.

Current score: $4 \times 3 = 12$

Target score: $4 \times 2 = 8$

Risk 687: Inability to meet increasing demand in Mental Health & Learning Disabilities Service. Adult acute services continue to experience high levels of demand on inpatient services for patients with high levels of risk that require additional staffing. There are a number of arrangements in place to monitor patient flow and safeguard business continuity. Recruitment and retention of professional staffing groups remains challenging. The MH&LD Directorate is continuing to look at ways of sustaining this workforce through new recruitment initiatives as well as looking at roles and functions of other mental health practitioners in order to safeguard the medical workforce in providing those elements of patient care that they alone can undertake.

Current score: $4 \times 4 = 16$

Target score: $4 \times 2 = 8$

The above three risks relate primarily to Adult Mental Health Services and the Transforming Mental Health Implementation and will therefore be assessed jointly and also cut across other risks such as medical workforce.

These risks also have an impact on bed occupancy, particularly on the adult units. Between July 2017 and July 2019, the average bed occupancy has been 109.6% at its highest this has been 117.3% and at its lowest 96.9%. The number of beds per head of population is average on the basis of the national benchmarking we contribute to. There is also an impact on the Accident and Emergency departments within the UHB, as there are times when patients face significant delays in accessing a mental health bed. Whilst adult mental health beds also provide section 136 assessment facilities on four sites, there are times when these are unavailable due to high occupancy levels on the wards and results in reduced availability across the UHB footprint and increased travel for patients who are detained, as well as for police colleagues.

Current Mitigation

- All Transforming Mental Health Work streams are established and there are representatives from staff, service users, carers and the third sector demonstrating a co-productive approach to the implementation of the TMH.
- Workforce & Organisational Development are providing a three day training package for all Team Leaders. The focus will be on change management and compassionate leadership. The training is due to take place later in the financial year.
- There are daily calls to manage patient flow across the service.
- A weekly business continuity meeting takes place between the Adult Head of Service and Senior Nurses to monitor acuity, long length of stay, variable pay, Delayed Transfers of Care and staffing across the service.
- Adult Mental Health services have been working with the Corporate Nursing Team in order to be compliant with the Nurse Staffing Act and Safe Staffing levels; this work is also

informed by the all Wales inpatient acuity programme for inpatient mental health services.

- There is a Care and Treatment Plan (CTP) audit in place to ensure that CTPs are recovery focused and person centred.
- The services are introducing a feedback form for those who access the service to provide feedback on their episode of care.
- There is an escalation procedure in place in order to respond to increasing acuity, fragile staffing levels and additional demand on the service which may require the use of surge capacity.
- A Service Manager has now been substantively appointed to focus primarily on adult acute inpatient services in order that there is an increased focus on quality of service and patient experience. This will allow the remaining Service Managers to have a greater quality focus on the localities as there is significant learning from Serious Incidents which needs to be embedded in practice in order to drive the quality agenda.

Opportunities have also been embraced to pilot specific areas of new practice, which will test the new model and allow opportunities to learn and to be refined before they become the new standard of service delivery across the three counties. Additional funding from the Welsh Government Mental Health Innovation & Transformation fund has been identified to support these pilot projects as this mitigates any impact on core service provision whilst new models are analysed. It is anticipated that the projects will take some pressure off the inpatient services. The pilot projects include:

- The development of a 24/7 mental health drop in facility in Aberystwyth. The Community Mental Health Team (CMHT) in Gorwelion (Aberystwyth) currently operates 9-5 Monday to Friday, excluding bank holidays, as with all other CMHTs within HDdUHB. This project centres on providing a 24/7 drop-in service from the Gorwelion, with a designated place of safety. CMHT staff were motivated to be an early pilot site to test the 24/7 model and are currently working collaboratively to merge existing primary care and secondary care teams. Capital investment has also been secured to ensure the environment in the building is suitable.
- An Organisational Change Process (OCP) is currently being developed with staff as it will involve an extension of working hours in a phased approach. However, whilst the OCP is being developed, the CMHT is running a drop in service during weekdays and early feedback from this has been encouraging. Service users are reporting feeling more comfortable in attending appointments and engaging with CMHT staff more positively. The service is expected to be fully operational on a 24/7 basis from January 2020 and the team will be gradually phasing up its hours of operation until that time.
- The Primary Care Mental Health practitioner in Pembrokeshire. This pilot will build upon a successful pilot in Cardiff & Vale UHB that has reported significant improvements in mental health care and a reduction in referrals to primary and secondary mental health services. The project team has worked with GPs and Primary Care in developing the operational procedure and evaluative framework for this service. Two GP surgeries in Pembrokeshire have been identified to run the pilot; the practitioner has now been appointed and the service has been in place from July 2019. Early indications are that this project is having an impact in terms of reducing referrals to primary and secondary care.
- A Twilight drop-in centre in Llanelli. The aim of this project is to provide a Third Sector drop-in service for low level mental health from the hours of 6pm – 2am, Thursday – Sunday, which demand mapping has shown are peak hours for crisis activity. HDdUHB has been working jointly with HAFAL/Llanelli MIND, Llanelli CMHT/ Crisis Team, Welsh Ambulance Service Trust (WAST) and Dyfed Powys Police to run the service from Llanelli town centre. A Service Level Agreement has been co-developed with HAFAL and MIND and agreed, and the service has been operational since 12th September 2019.

- Capita were commissioned by HDdUHB to undertake the Programme Business Case for TMH which was due to be finalised in September 2019. A staffing model has been completed for the assessment and treatment units; and if required, the Directorate could explore moving to this model ahead of the refurbishment. This would be subject to Adult Mental Health service oversight and staff agreement

Each of these pilot projects will provide early indications of the potential success of differing elements of the new service model. These will influence future service design as new ways of working are rolled out across the UHB. The pilot projects are being monitored by the Data & Evaluation Group aligned to the programme. It is necessary for the directorate to speed up the evaluation of these pilots in order that they can be refined where necessary and where there are positive outcomes the initiatives are rolled out at greater pace across the service.

The 2019/20 Transformation and Innovation bids were submitted to Welsh Government at the end of June 2019 and all of the bids put forward were accepted. One of the bids related to the out of hours provision of a Band 7 Mental Health Practitioner to work across the service to improve crisis care and out of hours provision. This post will link in with other agencies out of hours – police and Duty Approved Mental Health Practitioners. It is anticipated that enabling joint working out of hours by a senior clinician will further reduce the demand on inpatient services.

The programme of TMH allows the Directorate to modernise the provision of community and inpatient services and allows a range of bed options rather than the traditional hospital based bed base. Bed occupancy has been almost continually in excess of 100% since the inception of TMH implementation, which at times has led to the use of private beds which are outside the UHB footprint. Whilst services have been able to repatriate patients who have required private provision within relatively short time frames, this is an added duress for those patients who become distanced from their localities and loved ones at times of distress. The Directorate are looking to work with Third Sector and Local Authorities to see if there are elements of TMH that could be brought forward in order to alleviate the sustained pressure on in-patient services. An element of TMH that has not been piloted to date is the use of hospitality/crisis beds as an alternative to hospital admission.

Whilst there are a number of pilots in place, the Directorate may continue to experience sustained pressure on inpatient services. This may require us to revisit a number of the initial assumptions that were made at the outset of the Transformation journey, such as predicated future demand for service, to ensure that the capacity that we have built into the future model matches service need. Additionally, consideration may also need to be given to bringing forward some of the elements of the programme of work, for example, earlier implementation of crisis/hospitality beds or the earlier establishment of the Treatment and Assessment wards.

Work will now be prioritised within the Transforming Mental Health programme to rapidly evaluate the alternative service models being piloted as well as exploring opportunities to move at a faster pace where possible.

Our staff are an integral part of our TMH journey and to that end there has been a focus around staff supervision and support as we embark upon our change journey, with associated recovery-focused training being put in place to assist in the delivery of a new model of service.

Risk 140: Insufficient funding and service specification for individuals requiring services for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). The existing controls have been adequate; however, there has been further funding on a 3 year basis to develop a diagnostic service for adults as well as children and young people.

However, the funding is time limited and current demand for the service remains high. Team Leader post has now been recruited to and other posts are at varying stages of recruitment. A waiting time initiative is in place in an attempt to complete assessments and reduce waiting times.

Current score: $4 \times 3 = 12$

Target score: $3 \times 2 = 6$

Current Mitigation

- The Directorate has waiting time initiatives in place for both CAMHS and Adult services as well as commissioning assessments for CAMHS from the Dyscovery centre in Cardiff. However, the Directorate has discontinued using the Dyscovery centre given that this has not been a cost effective approach to managing the waiting list and are utilising additional hours within the current service to try and stem the growth in those who are waiting for assessments.
- The Directorate proposes to use some of the in-year slippage against Welsh Government funding received to expand the waiting time initiatives.
- ASD and ADHD is a priority area for future opportunities when Welsh Government funding becomes available.
- Any service redesign that takes place within the Directorate will need to consider how the neurodevelopment services can be strengthened.
- An ADHD Clinical Nurse Specialist post has also been approved to support the assessment process of the current consultant led service as well as employing a GP who has expressed an interest in undertaking sessions to support the ADHD provision.
- During 2019, two workshops have taken place with the Delivery Unit, who have agreed to work with the Directorate to identify resources required on the basis of demand and current capacity; however, they have indicated that they will not be able to commit further to this until September 2019.
- Waiting times have continued to grow and at the most recent Joint Executive Team (JET) meeting these were discussed and the service tasked with submitting a financial recovery plan in order to address the current waiting list. This has been completed and the service has approval to recruit to three practitioner posts together with one administrator. The Head of Service has estimated that this will allow the current waiting list to be cleared within a year. In the meantime, we can continue the work with the Delivery Unit to determine what a sustainable service could look like.
- There is a challenge with recruiting staff that are skilled in the assessment process and to this end as part of one of the CAMHS bids that have been submitted to WG, one bid has been submitted to train our own staff in ASD assessments in order that we are less reliant on external appointments.

Risk 138: Psychological services are unable to recruit staff with the required range of skills affecting the whole UHB. Newly issued guidance around the Welsh Matrix as well as further available funding for the further enhancement of delivery of Psychological Therapies is likely to result in increased expectation and recruitment challenges for specific models of therapy, such as Cognitive Behavioural Therapy, Schema, Cognitive Analytic Therapy. Expansion of these services across Wales will impact on retention and recruitment as there will be more available posts with potentially little increase in

skilled practitioners to take up all available posts.

Current score: 3 x 3 = 9

Target score: 3 x 1 = 3

Current Mitigation

- The Directorate has a good track record in training Mental Health professionals in addition to Psychologists and Psychotherapists, in delivering models of psychological intervention at both high and low intensity. This is a programme that the Directorate is continuing to commit to whilst at the same time developing a range of interventions that are in line with the Welsh Matrices for Psychological Therapies. Staff are supported through robust governance and supervision structures. Increasing demands for psychological therapy – Together for Mental Health and the Welsh Government Delivery of Psychological Therapy: Policy implementation Guidance (PIG) 2012 and Matrices Cymru 2017 focuses significantly on ensuring we have a psychologically minded workforce. There is a requirement to increase access to timely psychological therapy for the population. The traditional psychology and psychotherapy workforce is unable to meet rising demand for psychological therapy and has traditionally struggled with waiting lists as demand outstrips capacity. A further challenge for increasing access to psychological therapies will be ensuring that staff have the appropriate standard of training and qualification and supervision as set out by the Welsh Matrices.
- Psychological Therapies are now managed by one Head of Service who has amalgamated the waiting list in order that it is managed consistently across the three counties.
- The waiting list is under constant review by both managers and clinicians to ensure that individuals are offered the most appropriate model of therapy as shorter term interventions are more readily available than those that require longer term intervention.
- Those who have made a referral are informed of the waiting times and what to do should the individual deteriorate.
- The additional funding will enable the service to recruit further staff which in turn should have a positive impact on the current waiting times. The Directorate is working with the Delivery Unit to develop a tool to support the analysis of our current demand and capacity in order that informed decisions can be made about additional staffing requirements. The initial workshop took place in May 2019 with a further one having taken place in June 2019. The Delivery Unit is unable to proceed with further work on this until September 2019.
- Waiting times have continued to grow and at the most recent JET these were discussed and the service was asked to submit a costed recovery plan in order to address the current waiting list. The Head of Service has estimated that this will allow the current waiting list to be cleared within this financial year.
- In addition there have been further bids submitted to WG as part of the CAMHS and Transformation and Innovation bids for additional posts and for training to further develop staff and increase their skill base, in order that we are able to provide a broader range of therapies in line with National Institute for Health and Care Excellence (NICE) guidance, especially in those modes where there are recruitment difficulties.

The Directorate has also stood down the provision of Emotional Coping Skills (ECS), which is a Low Intensity Psycho Education Group, as following an evaluation of the service (which is not an evidenced based package) it was found that 65% of patients referred dropped out of the group between referral and completion. In respect of patients that commenced the group, 38% made a change that could not be down to chance alone (this represents 22% of referrals). As with groups, it cannot be clear as to whether the change was down to ECS or 'non specific' factors, such as validity from being in a group and being accepted. Service users who were referred to the group will still be seen and it is anticipated that this waiting list will be cleared

within six months. This will free up staff that are currently providing ECS to provide high intensity psychological therapy, thus increasing capacity, improving access to evidence based psychological therapy and hence reducing waiting lists for specialist psychological therapies. Service users will receive the right treatment that is clinically indicated for the level of their mental health difficulties, as per NICE Guidelines and *Matrics Cymru* (i.e. right treatment, right time). Practitioners will be enabled to provide a higher level of consultation and support for service users with the highest need, including those on Inpatient Units where a therapeutic intervention may be commenced at an earlier stage thus reducing length of stay or the requirement for specialist placement.

Argymhelliad / Recommendation

The Board is asked to note the fragility of certain areas that are covered within this report and take an assurance that the MH&LD Directorate is taking all possible actions to mitigate the current risks.

The Board is also asked to note that, where possible, the Health Board will progress with earlier implementation of elements of the TMH model.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	5.2 Provide assurance to the Board that risks relating to quality, safety, statutory duty/inspection (and workforce/OD/staffing/competence and safeguarding via Sub Committees) are being effectively managed across the whole of the University Health Board's activities, including for hosted services, and through partnerships and Joint Committees.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce Support people to live active, happy and healthy lives

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Underpinning risk registers on the Datix Risk Module from across the UHB's services reviewed by risk leads/owners
Rhestr Termiau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a</i>

	<i>risk after risk treatment in order to achieve its objectives (ISO Guide 73, 2009)</i>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	MH&LDQSESC MH&LD Business, Performance and Planning Group QSEAC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are financial impacts associated with the current risks, mainly in relation to variable pay – medical and nursing as well as an over-stretched commissioning budget
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from the report however impacts of each risk are outlined in the risk description.
Gweithlu: Workforce:	There is an impact for the work force as many of the risks are associated with recruitment challenges. The workforce will need to be redesigned on the basis of safe and sustainable staffing.
Risg: Risk:	The Directorate works continually to mitigate risks as the service needs evolve.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No A full EqIA was undertaken on the Transforming Mental Health Programme of work

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board Influenza Vaccination Improvement Plan 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ros Jervis, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Vikki Wood, Senior Public Health Practitioner Jo McCarthy, Consultant in Public Health Microbiology Lynne Edwards, Vaccination & Immunisation Coordinator Rhys Sinnett, Principal Public Health Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Influenza (flu) is a serious viral infection which can result in healthy people being debilitated for several days, but for individuals in high risk groups it can lead to prolonged illness and in some cases be fatal. The most effective way to prevent influenza is through vaccination. Vaccination against influenza is targeted at specific population groups in order to protect those who are deemed to be most at risk, as set out in detail in the Welsh Health Circular (WHC: 015 2019): ***The National Influenza Immunisation Programme 2019/2020.***

Hywel Dda University Health Board (HDdUHB) is charged with implementing the requirements of the Welsh Health Circular (WHC) and in order to do so effectively, coordinated planning at a strategic and operational level for whole population and UHB service delivery areas is required. As a means of focussing activity and strengthening lines of accountability, a UHB Influenza Vaccination Improvement Plan is developed annually. The 2018/19 Influenza Vaccination Improvement Plan, presented to Board in September 2018, marked the second stage of a three-year improvement process to prevent avoidable respiratory illness and minimise impact of the influenza season on the provision of healthcare services and on the health of the population of Hywel Dda through the deployment of actions to increase uptake of the flu vaccine.

This Board report therefore introduces the third plan in the improvement cycle and highlights a change in emphasis and approach to addressing vaccine hesitancy in key target populations. It also details actions that will be taken to build upon successes within some priority eligibility groups that took place last season (e.g. 2-3 year olds and school aged children) whilst also addressing areas of underperformance such as with healthcare staff and patients with long term conditions.

Cefndir / Background

The UHB Influenza Vaccination Improvement Plan for 2019/20 is being presented in a revised format this year. This is the third year of a three-year improvement process as agreed by the Board in 2017, and building upon lessons learned from the structure and iteration of the document over the previous two seasons, it is hoped that the content supports and encourages action across the UHB with key target groups eligible for influenza vaccination.

The Journey

The Influenza Vaccination Improvement Plan for the UHB has changed in both style and approach over the last three years to address emerging local challenges, shifts in national priorities and in response to the evolving evidence base on vaccine efficacy with eligible groups.

In 2017/18 with a new Director of Public Health in post as Executive Lead for Immunisations and Vaccinations, the plan sought to focus on improving links and developing deeper relationships with primary care colleagues in GP practices. Alongside this, there was an emphasis on ensuring that both Executive Directors and senior management within the UHB were fully engaged in the corporate challenge of improving uptake rates both within the organisation and with eligible population groups.

The results of this approach were extremely positive, with more influenza vaccinations given in that season than ever before in the Hywel Dda UHB area: 104,052 in total which was a 7% increase on the previous year.

In 2018/19, there was a move to simplify the planning process which resulted in the presentation of a 'Plan on a Page' to the UHB Board last September. Other shifts in focus were to strengthen relationships with community pharmacy vaccination deliverers, and to ensure alignment of the Influenza Vaccination Improvement and Winter Planning responses of the UHB, in order to identify and respond to service pressures in primary and secondary care. Emerging evidence on the importance of vaccinating children as a means of protecting the wider population from influenza was also incorporated in a bespoke campaign targeting parents of 2-3 year olds.

Results from last year's campaign showed some successes where actions were concentrated and additional capacity brought to bear with particular target groups of vaccine deliverers and eligible populations. Again, more vaccinations than ever before were given in the UHB area – 111,615 which was a 7,563 increase (6.7%) on the previous season. Community Pharmacies involved in the campaign also showed the highest numbers of vaccines ever given locally at 6,990. Whilst the UHB showed a modest increase in uptake rates for 2-3 year olds across the Hywel Dda area, within UHB managed practices the percentage increase was significant with 4 out of the 5 practices exceeding the locally determined target of over 50%.

Over the two previous campaign seasons, particular attention is drawn to the highly successful schools vaccination programme as delivered by the School Nursing Service of the UHB. With the challenge of increasing cohort sizes, the service has still managed to vaccinate over 70% of children in eligible age groups and in 2018/19 recorded the second highest uptake rate in Wales.

Lessons Learned:

Some key lessons have been learned in the planning and delivery cycles for the two previous Influenza Vaccination Improvement Plans which have informed the document for 2019/20. These are:

- Vaccinators are working harder than ever to protect eligible population groups as the trend shows that more and more patients are receiving their flu jab. However, changes in denominator numbers for target groups mean that this additional effort is not always reflected in the end of season data. There is a need to understand what works well and to build on our assets as well as understanding why not all targets are met.
- Support from Executive Directors and senior management in clinical areas is vital to increase uptake rates in healthcare staff.
- Early engagement and planning with key operational partners is critical in ensuring that robust actions are in place to improve uptake rates.
- Practical mechanisms for monitoring progress through the season and addressing operational issues in good time helps to strengthen partnership working and drive improvement.
- Any changes to recommended flu vaccines and any disruption to vaccine supply can depress demand at critical times.

Asesiad / Assessment

Approach

While there are clear discrete pieces of work and methods for increasing flu vaccine uptake in each eligible population, for the forthcoming season it has been recognised that a new overall approach is required to shift the culture and the conversation around vaccination. As the Health and Well Being Framework for Hywel Dda (2019) highlights, there is a need to build on individual and community assets in order to identify and build on strengths as opposed to deficits. This enables a conversation to start from a different perspective where the positives of protection through vaccination can be clearly articulated. This differs from a usual disease led approach where typical interactions can be based on fear of illness and where the professional 'knows best'. With this in mind, the core themes for this year's Influenza Vaccination Improvement campaign will be:

- Focussing on health as an asset, with messaging using the 'Superprotectors' branding and concentrating on creating a 'Flu Free Hywel Dda'. By using positive messages around protecting self and others, as opposed to focussing on messages around needing the flu vaccine because of a chronic illness or age, the focus is shifted from mitigating illness to maintaining wellness.
- Building further on the 'Superprotectors' brand, aligning this with the national 'Beat Flu' campaign and reviewing how this brand can be extended to the wider vaccination and immunisation agenda.

Priorities

In the Welsh Health Circular for this seasons influenza programme, the Chief Medical Officer (CMO) has identified the following key priority groups for action based on clinical evidence:

- **Maximise uptake of influenza vaccination in children aged 2-3 years of age**
The WHC clearly states the importance of vaccinating children against influenza as early as possible in the season. Vaccinated children are 'Superprotectors' within the population: high vaccination rates can reduce the spread of influenza in the community and provide indirect protection to vulnerable people including those who cannot be vaccinated or who are less able to produce a strong immune response themselves (such as those aged over 65 years, new-born infants and people in clinical risk groups). Focussing on children therefore has a whole-population benefit.

- **Maximise uptake of vaccination in under 65 years of age at clinical risk, including pregnant women**

The Chief Medical Officer for Wales recognises collective action is needed to improve uptake of influenza vaccine in those aged under 65 years at clinical risk across Wales. People in this cohort, particularly those newly identified with risk conditions, may not be aware of their eligibility for vaccination or the potential risk of complications if they were to contract influenza. Increasing access to vaccination – and the opportunity to engage with patients to discuss the importance of vaccination – both have an important role in increasing uptake.

Providing vaccination in antenatal settings, at the same time the offer is made, has been shown to be successful elsewhere in Wales (Powys Teaching Health Board), and for the forthcoming season this will be trialled in the Hywel Dda area and an evaluation undertaken to assess whether this would be a successful and sustainable model for the future.

- **Maximise uptake of vaccination in UHB Staff**

The CMO emphasises the vital role that vaccinated health and social care staff have in reducing the transmission of influenza to vulnerable patients. This season the staff facing campaign will build on what works by increasing the number of flu champions across UHB sites and ensuring they are equipped with training and resources to enable effective conversations with their peers. Directorate leads will echo the CMO and Chief Nursing Officer (CNO) in emphasising the importance of staff vaccination for patient protection and will work with ward managers to monitor uptake at a local level. An incentive scheme building on the *Superprotector* themes of ‘doing it for others’ and community protection will be trialled.

Innovation

In order to drive progress, the UHB continues to seek out innovation both through taking evidence of good practice across Wales and beyond, and also in listening to the ideas of our locally based partners in health, other public sector agencies, the third sector as well as members of the public. Most importantly, innovation is anchored upon building on what works for our own communities.

Potential innovation for the forthcoming season will centre around the following initiatives:

- Opportunistic vaccination in ante natal settings across Hywel Dda.
- Exploration of the use of Motivational Interviewing to understand and address vaccine hesitancy in target populations.
- Introduction of a Primary Care Incentive Scheme to enhance recall of targeted groups of eligible patients and explore how to mainstream in 2020 if successful.
- Evaluation of the impact of UHB Flu Champions and Staff Incentive schemes and how to develop further in 2020 if successful.
- Evaluation of the impact of vaccination in secondary care settings in 2019/20 and how to mainstream in 2020 if successful.

Governance

The Influenza Vaccination Improvement programme forms part of the NHS Wales Delivery Framework and Reporting Guidance 2019/20 (Welsh Government, 2019). It is an essential element of planning for winter pressures, and is one of the key accountability requirements for each Health Board across Wales in order to protect the health of the population.

Although executive leadership for immunisation and vaccination, including delivery of the

Influenza Vaccination Improvement programme for the UHB, sits with the Director of Public Health, it is important to note that everyone within the health and social care sector has a role to play in the prevention of influenza-like illness (ILI) across the UHB. The influenza vaccination programme is the most effective tool for all to use in the discharge of those responsibilities.

The UHB's Immunisations and Vaccinations (I&V) Group oversees the planning and implementation of the UHB's Influenza Vaccination Improvement programme. This Group is chaired by the DPH and provides performance monitoring reports throughout the season to the Business Planning and Performance Assurance Committee (BPPAC), and the Quality, Safety and Experience Assurance Committee (via the Medicines Management Sub-Committee (MMSC) of the UHB.

In order to streamline structures and processes, a review of governance arrangements for the immunisation and vaccination agenda took place earlier this year and the I&V Group established two standing Sub Groups in order to develop delivery plans across specific work streams for the next influenza season and beyond. Alongside this, monthly partnership ('IN-FLU') meetings will be held through the season for delivery partners to check progress against our partnership priorities and address any arising operational issues. Therefore, the operational structures for the Influenza Vaccination Improvement campaign for 2019/20 are:

- Primary Care and Children's Immunisation and Vaccination Group
- Staff Flu Group
- 'IN-FLU' Partnership Group

Alongside the three groups, a focus of work for this campaign cycle has been to build upon the links developed last season with colleagues working on winter planning preparation within the UHB to ensure that robust and consistent messaging that reinforces the importance of influenza vaccination is a key component of work to reduce secondary care pressures.

Monitoring Progress In-Season

Performance monitoring of actions within the Influenza Vaccination Improvement Plan and of vaccination uptake rates in priority groups will be addressed through a range of means:

- Regular in season performance reports to BPPAC and/or MMSC within the UHB.
- Monthly partnership ('IN-FLU') meetings will be held through the season for delivery partners to check progress against our partnership priorities and address any arising operational issues.
- Monthly Action Focused teleconferences will take place in the fortnight between 'IN-FLU' meetings for delivery partners and stakeholders to address any arising operational issues.
- Analysis and dissemination of weekly updates provided by the Vaccine Preventable Disease Programme (VPDP) team of Public Health Wales (PHW) to Practice Managers.
- Monthly teleconferences with key stakeholders responsible for implementation of the Delivery Plans within the Influenza Vaccination Improvement Plan.
- Feedback reports provided at GP Cluster level for discussion at cluster meetings throughout the season.

Argymhelliad / Recommendation

The Board is invited to consider and support the positive, assets-based approach taken to the development and implementation of the Influenza Vaccination Improvement Plan this year

which ensures a focus on collective responsibility for an improvement in uptake rates for the prevention of respiratory illness across our workforce and other eligible population groups.

The approach to be taken this year is in line with the Health and Well Being Framework for Hywel Dda (Our Future Generations: Living Well) as approved by the Board in January 2019 with its focus on working with our population in order to understand vaccine hesitancy where it occurs and focus on a positive, assets based approach to improving the health of our communities.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Reference 543: There is a risk of the UHB failing to deliver the Welsh Government Tier 1 targets for the Influenza Vaccination Improvement programme 2019/20 Score: 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 2.4 Infection Prevention and Control (IPC) and Decontamination
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>Welsh Health Circular 015: <i>National Influenza Immunisation Programme 2019/20</i> [Welsh Government, 2019]</p> <p>NHS Wales Delivery Framework and Reporting Guidance 2019/20 [Welsh Government, 2019]</p> <p>Flu Fighters Healthcare Worker Vaccination: clinical evidence [Public Health England, 2015]</p> <p>Pockett RD, Watkins J, McEwan P, Meier G [2015] Burden of Illness in UK Subjects with Reported Respiratory Infections Vaccinated or Unvaccinated against Influenza: A Retrospective Observational Study. PLoS ONE 10(8): e0134928. doi:10.1371/journal.pone.0134928</p> <p>Jefferson, T., Rivetti, A., Di Pietrantonj, C., Demicheli,</p>

	<p>V., and Ferroni, E. (2012). Vaccines for Preventing Influenza in Healthy Children. The Cochrane Database of Systematic Reviews, 8, CD004879</p> <p>David Hodgson, Marc Baguelin, Edwin van Leeuwen, Jasmina Panovska-Griffiths, Mary Ramsay, Richard Pebody, Katherine E Atkins [2017]. Effect of mass paediatric influenza vaccination on existing influenza vaccination programmes in England and Wales: a modelling and cost-effectiveness analysis. <i>The Lancet Public Health</i>. DOI:10.1016/S2468-2667(16)30044-5</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>Flu – Influenza GP – General Practitioner ILI – Influenza Like Illness UHB – University Health Board VPDP – Vaccine Preventable Disease Programme PHW – Public Health Wales DPH – Director of Public Health LMC – Local Medical Committee MMSC - Medicines Management Sub-Committee</p>
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Bwrdd Prifysgol lechyd: Parties / Committees consulted prior to University Health Board:</p>	<p>UHB Immunisation and Vaccination Group BPPAC - Business Planning and Performance Assurance Committee QSEAC - Quality, Safety and Experience Assurance Committee LMC – Local Medical Committee</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<p>Ariannol / Gwerth am Arian: Financial / Service:</p>	<p>Influenza vaccination is cost effective due to the reduction in mortality, morbidity and hospital admissions that accrue from its use.</p> <p>In a study by Pockett et al 2015, patients who are high risk and vaccinated have a reduced risk of more than one GP visit with influenza like illness [ILI], compared with low risk and unvaccinated patients. High risk individuals who were also vaccinated had a lower probability of ILI related hospitalisation than individuals who are high risk or vaccinated alone. Pockett et al, calculated that the cost of ILI-related GP visits and hospital admissions in the UK over the study period in low-risk vaccinated patients would be equivalent to over £168 million for GP visits and over £112 million for hospital admissions.</p> <p>Information received from the Service Costing section of the UHB suggests that costs per bed day for 2015/16 for a medical specialty were £398 and for a critical care bed were £1,960. Alongside these figures, a prescribed course of anti-virals for diagnosed cases of influenza would be £15.41. Therefore the potential cost benefit from high vaccination uptake rates could be significant as the influenza season progresses.</p>

Ansawdd / Gofal Claf: Quality / Patient Care:	<p>Vaccination offers the most effective way of preventing influenza. By having the vaccination, patients and the general population are protecting themselves and their family.</p> <p>Patients in risk groups <i>[such as those with chronic conditions and the elderly]</i> are over 10 times more likely to die from influenza than the general population, and in some clinical groups are up to 70 times more likely to die from influenza [Public Health England, 2015].</p>
Gweithlu: Workforce:	<p>Evidence suggests that health care workers are more likely to contract influenza due to their occupation compared to the general population [Public Health England, 2015]. Health care workers who have received the vaccination will have some protection from circulating influenza strains.</p> <p>Training will be required to ensure that health care professionals use every opportunity to promote influenza vaccination to all at risk groups. Vaccinators will also require training in order to deliver the programme.</p>
Risg: Risk:	<p>From the Datix Risk Register [543]:</p> <p>There is a risk of the Health Board failing to deliver the Welsh Government Tier 1 targets for the Influenza Vaccination Programme 2019/20.</p> <p>This could lead to an impact/effect on mortality and morbidity and could increase pressure on planned and unplanned care services. Failure to improve overall respiratory health in the Hywel Dda population.</p> <p>Mitigation Measures:</p> <p>Appropriate governance to provide leadership for effective planning and delivery during the flu season.</p> <p>Ensure requirements of the Welsh Health Circular 2019, the National Influenza Programme 2019/20, are brought into planning.</p> <p>Weekly reports from Public Health Wales (PHW) during flu season and these inform the Executive Group.</p> <p>Influenza plan developed with input from across all relevant services led by the Executive Group.</p> <p>Communications strategy developed by the Public Health Team working with the UHB Communications team. Bespoke materials developed and disseminated with an enhanced focus on children and at risk groups</p> <p>Clearer lines of leadership and accountability established with Executive Directors in respect of their core</p>

	<p>responsibilities for delivery on aspects of the Health Board Flu Plan and uptake rates for staff working within their Directorates</p> <p>Collaborative work with PHW through fortnightly national teleconferencing during flu season.</p> <p>Integrated working with GP practices.</p> <p>Identify champions to promote vaccinations. More champions to be identified. More immunisers to be trained.</p>
Cyfreithiol: Legal:	No issues noted.
Enw Da: Reputational:	Failure to offer a coordinated population and staff immunisation campaign would adversely affect the reputation of the UHB.
Gyfrinachedd: Privacy:	No issues noted.
Cydraddoldeb: Equality:	Full EqIA has not been completed at this time.

Hywel Dda University Health Board

Influenza Vaccination Improvement Plan

2019/20



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Hywel Dda University Health Board Influenza Vaccination Improvement Plan 2019/20

Purpose & Aim

The Hywel Dda University Health Board (UHB) Influenza Vaccination Improvement Plan marks the third of a three year improvement process to prevent avoidable respiratory illness and minimise impact of the influenza season on the provision of healthcare services and on the health of the population of Hywel Dda through the deployment of actions to increase uptake of the influenza vaccine.

Vision & Ambition

This past eighteen months has seen Hywel Dda UHB consult on and agree a transformation in the way it delivers healthcare services. It has committed to move from a system focused almost exclusively on treatment and diagnosis to one where preventing ill health is a core activity and that embraces consideration of people's wellbeing. The Hywel Dda UHB Seasonal Influenza Improvement Plan for 2019/20 seeks to embrace the principles of the UHB *Health and Wellbeing Framework* in recognising the need to shift the culture around vaccination, build on our assets, and promote community health and wellbeing.

Successful implementation of the annual influenza vaccination campaign requires collaboration between a broad range of partners. At the end of the 2018-19 flu season, our partnership gathered together in an ambitious attempt to think differently – to look at the annual flu campaign through a 'wellbeing lens'. We worked through a process of Appreciative Inquiry – a method of identifying our assets and **building on what works**. This new look Plan reflects the outcome of that process.



There is plenty that works in our partnerships. We have a great deal of accumulated knowledge and experience gathered in a variety of disciplines and settings. We understand and apply evidence. We work with communities. We work collaboratively and influence practice. The number of flu vaccines we give increases year on year. We have achieved some real successes – in the number of school-aged children who are vaccinated, for example. A number of our GP practices achieved levels of uptake that exceeded Welsh Government targets, while others showed significant improvement on previous years. Our community pharmacies saw a 36% increase in uptake last season alone. Our UHB staff increasingly recognise the importance of vaccination for patient safety and many have volunteered as Flu Champions to vaccinate colleagues on the wards. We continue to build on the positive relationship developed with the UHB Operations Directorate, which ensures our work complements and supports wider Winter Planning arrangements across the organisation.

The Hywel Dda UHB Influenza Vaccination Improvement Plan for 2019/20 outlines how we will build on these examples of successful evidence-based practice and continue to work towards our ambition of a Flu Free Hywel Dda, in which our communities and health services are protected from the harms that influenza can cause. We will continue to roll out our *Superprotector* theme in all aspects of the campaign: emphasising the benefits of vaccination for the whole community and the positive contribution that everyone can make to keep our communities safe and well.



There are three elements to the Improvement Plan. Firstly, the **core components** section describes the specific responsibilities of UHB delivery partners to ensure implementation of the Welsh Health Circular WHC [2019] 015: *The National Influenza Immunization Programme 2019-20*. Secondly, our collective **partnership priorities** detail how we will drive improvement together; and finally our **proposed developments** outline how we will push further innovation and improvement into next season.

The rationale behind our collective partnership priorities is outlined below.

Priority 1: Maximise uptake of influenza vaccination in children aged 2-3y

The Chief Medical Officer for Wales clearly states the importance of vaccinating children against influenza as early as possible in the season. Vaccinated children are **Superprotectors** within the population: high vaccination rates can reduce the spread of influenza in the community and provide indirect protection to vulnerable people including those who cannot be vaccinated or who are less able to produce a strong immune response themselves (such as those aged over 65 years, new-born infants and people in clinical risk groups). Focusing on children therefore has a whole-population benefit.

Uptake in school aged children (4-11 years) in Hywel Dda is very encouraging (73.8% in 2018-19 season), while uptake in children aged 2-3 years shows room for improvement, with considerable variation between GP practices. In the 2018-19 season, targeted work was carried out in five local practices to increase uptake in children 2-3 years. Practices worked together, making effective use of data and engaging in repeated telephone contact with parents to encourage vaccination. This resulted in significant increases in uptake in these practices. **This season, we will build on what works by seeking to extend the successful model of patient recall across all primary care clusters.**



Priority 2: Maximise uptake of vaccination in under 65y at clinical risk, including pregnant women

The Chief Medical Officer for Wales recognises collective action is needed to improve uptake of influenza vaccine in those aged under 65 years at clinical risk across Wales. People in this cohort, particularly those newly identified with risk conditions, may not be aware of their eligibility for vaccination or the potential risk of complications if they were to contract influenza. Increasing access to vaccination – and the opportunity to engage with patients to discuss the importance of vaccination – both have an important role in increasing uptake. In the 2018-19 season local efforts were focused on increasing access to vaccination for under 65s at risk through community pharmacies as well as a small scale pilot in secondary care settings. This resulted in a 36% increase in vaccinations given in community pharmacy compared to the previous season. **This season, we will build on what works by seeking to increase the number of community pharmacy and secondary care settings offering vaccination, and ensuring staff in all settings are equipped to have effective conversations. We will support GP practices to undertake targeted recall activity to provide further opportunities to engage and vaccinate at-risk patients.**

People with asthma requiring regular use of inhaled steroids are the largest single at-risk group in the under 65 year cohort, but increasing uptake with this group is challenging. We recognise there are gaps in our understanding of the barriers and motivations of people with asthma regarding influenza vaccination. In the 2018-19 season we ran focus groups to understand the barriers and motivations of another group – parents of 2-3 year olds – which enabled us to develop an effective communications campaign matched to parents' motivations. **This season we will build on what works by running focus groups with asthmatic patients in order to understand what matters to them. We will support GP practices to identify and recall eligible asthmatic patients.**



Priority 2: Maximise uptake of vaccination in under 65y at clinical risk, including pregnant women (*continued*)

The annual point-of-delivery survey undertaken by Public Health Wales suggested that while 86% of pregnant women in Hywel Dda were offered an influenza vaccination last season, less than half received one. Providing vaccination in antenatal settings, at the same time the offer is made, has been shown to be successful elsewhere (Powys Teaching Health Board) and we would like to learn from this. **This season we will build on what works by enabling vaccination of pregnant women to take place in antenatal settings as well as GP practices. We will learn from the Powys experience and explore the feasibility of implementing a similar system in Hywel Dda.**



Priority 3: Maximise uptake of vaccination in UHB Staff

The Chief Medical Officer for Wales emphasises the vital role that vaccinated health and social care staff have in reducing the transmission of influenza to vulnerable patients. Last season, more vaccinations were given to UHB staff than ever before, with 40% of vaccinations administered by more than 70 staff Flu Champions on wards and in departments. Improvements were made to data collection systems enabling a more accurate and timely picture of uptake across staff groups and departments to be recorded and shared. In other health board areas, incentive schemes have been successful in increasing uptake. **This season we will build on what works by increasing the number of flu champions across UHB sites and ensuring they are equipped with training and resources to enable effective conversations with staff. Directorate leads will echo the CMO and CNO in emphasising the importance of staff vaccination for patient protection and will work with ward managers to monitor uptake at a local level. An incentive scheme building on the *Superprotector* themes of 'doing it for others' and community protection will be trialled.**



Encouraging progress through the season

We will work together to encourage progress on the actions in the Influenza Vaccination Improvement Plan through a variety of means:

- Monthly partnership ('IN-FLU') meetings will be held through the season for delivery partners to check progress against our partnership priorities and address any arising operational issues. The Plan will be updated monthly following IN-FLU meetings
- Monthly Action Focused teleconferences will take place in the fortnight between IN-FLU meetings for delivery partners and stakeholders to address any arising operational issues
- In-season performance reports will be provided to the Business Planning & Performance Assurance Committee (BPPAC), and quality and safety issues reported through the Medicines Management sub-committee of the Quality, Safety & Experience Assurance Committee (QSEAC) as required. Previous examples of reports produced for UHB committees that address performance in the season 2018/19 are available
- Occupational Health will provide monthly reports for directorate leads on staff uptake at ward / department level. These will be disseminated by directorate leads to ward and department managers to enable positive action in areas of low uptake
- The Public Health Team will produce regular uptake reports and analysis, using data from the Vaccine Preventable Disease Programme (VPDP) team within Public Health Wales (PHW), along with local and national campaign and surveillance updates. These reports will be provided to Practice Managers, Practice Flu Leads and Cluster Leads on a weekly basis from September to December, and then fortnightly until the end of the season. These comprehensive documents provide tailored information at a practice, cluster, county and Health Board level alongside comparators with other Health Boards and the Wales average
- Cluster-level uptake reports will be provided for discussion at Cluster / Locality meetings throughout the season
- UHB representatives will participate in fortnightly National Influenza Action Group teleconferences and report back actions and emerging issues to local partners
- An end-of-season debrief session will be held for all partners to evaluate and begin the planning process for the 2020-21 season



How will we report on progress?

**UHB Business Planning
Performance & Assurance Committee (BPPAC)**

**UHB Quality Safety & Experience Assurance
Committee (QSEAC) via the Medicines
Management Sub Committee**

Immunisation & Vaccination Group
Lead: Director of Public Health

IN – FLU
Hywel Dda Influenza Partnership Group
Lead: Consultant in Public Health

Staff Flu Group
Lead: Head of Occupational Health

Primary Care & Children's I&V Group
Leads: Head of GMS & Child
Health Service Delivery
Manager

**In-Season Flu Task & Finish
Groups**
Leads: IN FLU members as
appropriate



Section One: Core Components

This section of the Plan describes the specific responsibilities of IN-FLU partners to support implementation of the Welsh Health Circular WHC [2019] 015: *The National Influenza Immunization Programme 2019-20*. In addition, we are dependent on the support of all UHB and primary care colleagues as well as our local authorities, care homes, schools, pre-school settings, third sector groups and communities to encourage and facilitate influenza vaccination at every opportunity.

Delivery Partner	Contribution	What does this mean?	Leadership
Primary Care: General Medical Services	To support independent contractors and managed practices to deliver commissioned services under a Direct Enhanced Service for eligible population groups, as detailed in WHC (2019) 015	<ul style="list-style-type: none"> Work with independent contractors and managed practices to ensure effective planning, delivery and performance monitoring Encourage collaborative working at cluster / locality level to support flu campaign priorities Share knowledge and insight regarding general practice systems, challenges and emerging issues to enable IN-FLU to work effectively with practices and clusters 	Director of Primary Care, Community & Long Term Care
Primary Care: Community Pharmacy	To make arrangements with all community pharmacies expressing an interest in providing influenza vaccination as an Enhanced Service to eligible groups as detailed in WHC (2019) 015	<ul style="list-style-type: none"> Provide training for pharmacists expressing an interest in providing the Enhanced Service Issue PGD, Service Specification and Service Level Agreement Liaise with and support pharmacies to establish and deliver an effective Enhanced Service to all eligible groups including UHB staff and care home staff Monitor uptake data and share with IN-FLU partnership 	Director of Primary Care, Community & Long Term Care
Primary Care Nurse Advisor	To liaise between the I&V Co-ordinator and primary care to support implementation of WHCs in GP practices, and ensure primary care and practice nurse perspectives are reflected in IN-FLU planning and delivery	<ul style="list-style-type: none"> Support annual immunisation update training for Primary Care Nursing staff Support recruitment of nurses to Flu Champion roles Liaise with Lead Nurses in managed practices and develop plans to increase uptake Ensure practices are aware of updated guidance from VPDP and CMO Support I&V Co-ordinator with Patient Group Directions 	Director of Primary Care, Community & Long Term Care

Delivery Partner	Contribution	What does this mean?	Leadership
Community Nursing Service	To support the influenza vaccination campaign by administering the vaccine to house bound patients that are currently on the District Nursing caseload	<ul style="list-style-type: none"> Ensure Community Nurses are equipped with knowledge and resources to engage in effective conversations with patients Ensure all staff are provided with adequate training to administer the vaccine safely and efficiently Facilitate opportunities for housebound patients and their carer/partner to receive vaccination within their home environment 	Director of Primary Care, Community & Long Term Care
Midwifery	To ensure all pregnant women in the care of the UHB understand the importance of influenza vaccination and are offered vaccination in an appropriate setting, as detailed in WHC (2019) 015	<ul style="list-style-type: none"> Ensure midwifery teams are equipped with knowledge and resources to engage in effective conversations with patients Facilitate opportunities for pregnant women to receive vaccination in appropriate and accessible locations 	Director of Operations
Occupational Health	To support the delivery of the influenza vaccination campaign for UHB healthcare staff, as detailed in WHC (2019) 015	<ul style="list-style-type: none"> Facilitate Flu Champion recruitment, training, management and competency sign-off With support, manage the collection and dissemination of vaccine uptake data including the collection and collation of consent forms and sharing of data with Directorate leads, ward managers and department managers With UHB Pharmacy, manage vaccine storage and cold chain arrangements Promote ownership and the importance of the flu vaccine across Directorates Support planning, promotion and delivery of staff flu vaccination clinics 	Head of Occupational Health
UHB Flu Champions	To promote and provide influenza vaccination to UHB staff	<ul style="list-style-type: none"> Undertake relevant training and competency sign-off Engage in positive conversations with staff to discuss the importance of influenza vaccination Provide vaccination to UHB staff during scheduled flu clinics or ward visits, ensuring all consent forms and data are returned to Occupational Health Share insights and emerging issues with IN-FLU via Occupational Health representative 	Head of Occupational Health

Delivery Partner	Contribution	What does this mean?	Leadership
School Nursing Service	To deliver the school-based influenza vaccination campaign to children aged 4-11 as detailed in WHC (2019) 015	<ul style="list-style-type: none"> Develop and deliver local plans in partnership with primary schools to vaccinate children in school settings, including mop-up sessions where appropriate Manage collection and collation of parent / carer consents Undertake recall of parents to maximise consent and uptake 	Director of Public Health
Immunisation & Vaccination Co-ordinator	To provide specialist clinical knowledge and expertise in relation to influenza vaccines and vaccination	<ul style="list-style-type: none"> Co-ordinate and deliver immunisation training for practice and community nurses Liaise with vaccinators to support implementation of national guidance including WHCs Respond to vaccine-related queries and incidents Ensure Patient Group Directions are in place 	Director of Public Health
Local Public Health Team	To support partnership, planning and monitoring arrangements locally and nationally and support the development of priorities and innovations	<ul style="list-style-type: none"> Draft the Influenza Vaccination Improvement Plan Convene IN-FLU meetings Analyse and share uptake and surveillance data and emerging evidence Liaise with PHW Vaccine Preventable Disease Programme and share national programme developments with local partners Support effective collaboration between partners, encouraging a focus on long term development and direction in line with evidence and strategic priorities 	Director of Public Health
Infection Prevention & Control	To provide specialist advice and support in relation to the prevention and control of influenza disease in secondary care, and to support the delivery of vaccination to staff and patients in secondary care settings	<ul style="list-style-type: none"> Support recruitment and training of vaccinators in secondary care (including Infection Prevention nurses and Flu Champions) Support delivery of vaccination to patients and staff in agreed secondary care settings Contribute to risk assessment of unvaccinated staff working in high-risk areas Provide advice, liaison and support across the UHB in relation to rapid respiratory testing, management of patient caseload, screening, isolation & cohort nursing and patient flow 	Assistant Director of Nursing: Professional Standards and Workforce
UHB Communications	To deliver a robust communications strategy to promote influenza vaccination uptake across all eligible groups, utilising support from the national campaign delivered by Public Health Wales	<ul style="list-style-type: none"> Develop and distribute planned and opportunistic media messages to support campaign priorities, through a variety of channels, at appropriate times through the season Ensure consistency between the local and national campaigns Provide specialist communications advice to IN-FLU 	Head of Communications



Section Two: Our Partnership Priorities

This section of the Plan describes how IN-FLU partners will work together through the season to drive improvement.

Priority 1: Maximise uptake of influenza vaccination in children aged 2-3y

What works?	How will we do more of what works?	Who will lead on this action?	How will we know we have made a difference?	How are we doing? (monthly updates Sept – March)
Personalised and repeated contact from GP practice	Establish Cluster Incentive Scheme to fund additional staff hours for recall of eligible patients	Jo McCarthy	All clusters participate in scheme 50% uptake in children 2-3y in every cluster	
Consistent messages	Send letter and leaflet to parents of eligible 2-3y from DPH encouraging parents to contact GP surgery for appointment, to be timed with arrival of vaccine in Primary Care Use refreshed Superprotector / Flu-Free HDd theme in regular communications through the season, targeted to reach parents of 2-3y children, with emphasis on social media Engage with pre-school settings to promote vaccination using Superprotector / FFHDd themed resources Include 'Making Every Contact Count' training within annual immunisation training programme for practice nurses	Craig Jones Alex Williams-Fry Craig Jones Lynne Edwards / Vikki Wood	Practices / clusters report increased demand from parents for appointments Focus groups show that parents recognise the Superprotector brand and are aware of the message behind it Through the Healthy Pre-schools scheme, settings report they are confident to discuss influenza vaccination with parents	
Regular data to monitor progress	Send weekly practice IVOR data, campaign updates and PHW surveillance information to identified practice flu leads / Practice Managers for dissemination to all practice staff	Vikki Wood	Practices provide feedback to DPH indicating that the data and information are shared and used to drive improvement	
Cluster engagement	Send weekly IVOR cluster uptake data to LDMs and Cluster Leads Ensure IN-FLU representation at cluster meetings during flu season	Jo McCarthy Jo McCarthy	Flu is an agenda item at cluster meetings during the season; cluster uptake is monitored alongside practice uptake; Practices work together within clusters to drive improvement; Practices give positive feedback about the impact of interventions	

Priority 2: Maximise uptake of vaccination in Under 65y at clinical risk, including pregnant women

What works?	How will we do more of what works?	Who will lead on this action?	How will we know we have made a difference?	How are we doing? (monthly updates Sept- -Mar)
Increase access to vaccination in community pharmacies for patients, UHB staff and care home staff	<p>Arrange local training sessions to increase the number of pharmacies equipped to offer enhanced service</p> <p>Provide participating pharmacies with a resource and peer support package to encourage effective conversations with eligible population groups, including UHB staff and care home staff</p> <p>Remind UHB and care home staff of the opportunity to receive influenza vaccination through community pharmacy</p>	Angela Evans	<p>Increase in number of participating pharmacies from 2018/19 baseline of 78/99</p> <p>Increase in number of <65y at risk patients accessing vaccination in community pharmacies who report not receiving vaccination in the previous year</p> <p>Increase in the number of UHB and care home staff accessing vaccination in community pharmacy compared to previous season</p>	
Increase access to opportunistic vaccination in secondary care settings	<p>From December, clinical staff to offer opportunistic vaccination to eligible patients in outpatient respiratory clinics, pre-admission clinics and nurse-led chronic liver clinics across four acute sites, plus WGH respiratory clinic and outpatient clinics at Cardigan and Aberaeron hospitals</p> <p>Clinical staff to offer vaccination to long-stay in-patients</p>	Mel Jenkins	<p>Increase in number of flu vaccines given in secondary care settings compared to previous season</p> <p>Increase in number of clinics participating in the scheme compared to previous season</p> <p>Feedback from clinic staff indicating vaccination in secondary care is becoming normalised and accepted practice</p>	
Increase access to vaccination in antenatal settings	Offer opportunistic vaccination in antenatal care settings via community nurse immunisers in Glangwili and Prince Phillip Hospitals, and midwives in Bronglais and Withybush hospitals	Lynne Edwards	<p>Increase in the percentage of pregnant women who are vaccinated against flu</p> <p>Feedback from midwives and pregnant women indicating vaccination in antenatal settings is becoming normalised and accepted practice</p>	

Priority 2: Maximise uptake of vaccination in Under 65y at clinical risk, including pregnant women

What works?	How will we do more of what works?	Who will lead on this action?	How will we know we have made a difference?	How are we doing? (monthly updates Sept- -Mar)
Awareness of the views of asthmatic patients regarding motivations and barriers to vaccination	Undertake focus groups with asthmatic patients	Craig Jones	Sufficient evidence is gathered to develop an effective in-season communications package targeted at asthmatic patients	
Personalised and repeated contact from GP practice	Establish Cluster Incentive Scheme to fund additional staff hours for data cleansing and recall of asthmatic patients and patients newly eligible due to clinical risk factors	Jo McCarthy	All clusters participate in the scheme Practices are able to produce accurate lists of eligible patients 10% increase in uptake by cluster compared to previous season	
Consistent messages	Use refreshed Superprotector / Flu-Free HDd theme in regular communications through the season, targeted to reach at risk groups with a focus on respiratory patients and pregnant women	Alex Williams-Fry	Focus group feedback from asthmatic patients suggests an awareness of eligibility and of the benefits of vaccination, and how to access it Feedback from antenatal staff and primary care suggests an awareness by pregnant women of eligibility and of the benefits of vaccination, and how to access it	
Regular data to monitor progress	Send weekly practice IVOR data, campaign updates and PHW surveillance information to identified practice flu lead / PM for dissemination to all practice staff	Vikki Wood	Practices provide feedback to DPH indicating that the data and information are shared and used to drive improvement	



Priority 3: Maximise uptake of vaccination in UHB Staff

What works?	How will we do more of what works?	Who will lead on this action?	How will we know we have made a difference?	How are we doing? (Monthly updates Sept –Mar)
Flu Champions to vaccinate colleagues in accessible locations	Send letter from directorate leads requesting all ward & department managers to identify a named flu champion for their area	Jo McCarthy	Increased number of flu champions compared to previous season	
	Provide flu champions with pre-season training and resource package to enable effective conversations about flu vaccination	Rhys Sinnett	60% uptake in staff with direct patient contact as reported to PHW	
	Arrange schedule of vaccination clinics in accessible, high-footfall areas			
Accurate uptake data	Amend staff vaccination consent forms to improve two-way notification between Occupational Health (OH) and Primary Care	Leony Davies	Feedback indicated improved communication and collaboration between OH and primary care	
	Provide vaccinated staff with cards to present at their GP surgery to confirm they have received vaccination			
Regular data to monitor progress	Produce monthly uptake reports by ward and department and disseminate to directorate leads and ward / department managers	Leony Davies	Data is used to target action in areas of low uptake	
Senior directorate support for campaign	Send letters to all staff from directorate leads stating importance of staff vaccination for patient protection, in line with CMO/CNO advice	Rhys Sinnett	Directorate leads are involved in celebrating success and action to address areas of low uptake	
Consistent messages	Use refreshed Superprotector / Flu-Free HDd theme in regular communications through the season using a variety of channels	Alex Williams-Fry	Feedback from vaccinators indicates a reduction in challenging conversations and an increase in acceptance / normalisation of flu vaccination among staff	
	Produce I've had my flu jab' badges for vaccinated staff as a visual reminder			
	Update Flu Champions intranet pages to include professional-facing information to support challenging conversations with vaccine hesitant staff		Feedback from staff suggests they have sufficient information to make positive choices about vaccination	
	Publicise schedule of vaccination clinics			
Incentivise vaccination	Establish UNICEF Get a Jab- Give a Jab scheme	Jo McCarthy	Feedback from staff indicates altruism / charity provided a motivation to receive vaccination	

Section Three: Looking Forward: developments for 2020 and beyond

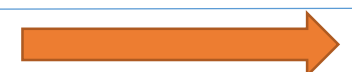
This final section of the Plan describes how we will continue to build on what works into the future. Taking forward new and innovative actions requires us to be continuously evaluating, learning, and building our relationships and networks, and to acknowledge the long term nature of cultural and behavioural change around vaccination.

What do we want to do?	How can we do it?
<p>Build on what works with partners, by:</p> <p>Improving our understanding of the systems, processes and day-to-day pressures associated with delivery of the seasonal influenza vaccination programme</p> <p>Improving our understanding of how systems and accessibility impact on people's vaccination behaviour</p> <p>Further developing the IN-FLU partnership</p>	<p>Evaluate the impact of the Primary Care Incentive Scheme and explore how to mainstream in 2020 if successful</p> <p>Evaluate the impact of UHB Flu Champions and Staff Incentive schemes and how to develop further in 2020 if successful</p> <p>Evaluate the impact of vaccination in secondary care (including antenatal) settings in 2019-20 and how to mainstream in 2020 if successful</p> <p>Evaluate how we worked together as a partnership this season, using an assets-based approach</p>
<p>Build on what works with communities, by:</p> <p>Shifting away from doing things to and for communities, and towards doing with and by them, in line with the ambition of the UHB Health and Wellbeing Framework</p> <p>Continuing to build awareness of asset-based approaches within the IN-FLU partnership</p> <p>Supporting a shift in the system towards prevention as described in the UHB Health and Wellbeing Framework and Strategic Plan: A Healthier Mid and West Wales</p>	<p>Explore the use of Motivational Interviewing to understand and address vaccine hesitancy in target populations</p> <p>Consider how to include influenza in the DPH '10,000 Conversations' community engagement programme to understand what matters in communities</p> <p>Support the Director of Public Health to make the case for the reallocation of mainstream resources into the influenza vaccination campaign; demonstrate the return on investment and how the campaign contributes to the UHB's three Strategic Goals</p>



Supporting documents

- Hywel Dda Influenza Partnership (IN-FLU) meeting schedule 2019-20
- *Our Future Generations Living Well: A Health and Wellbeing Framework for Hywel Dda*
- *A Healthier Mid & West Wales: Our Future Generations Living Well*
- Welsh Health Circular WHC [2018] 045: *Ordering influenza vaccines for the 2019-20 season*
- Welsh Health Circular WHC [2019] 015: *The National Influenza Immunization Programme 2019-20*
- BPPAC SBAR June 2019
- Board SBAR September 2019 accompanying this Plan
- Vaccination uptake data for 2019-19 season, Hywel Dda UHB



Supporting documents

Hywel Dda Influenza Partnership (IN-FLU) meeting schedule 2019-20				
Date	Meeting	Attendance	Venue	Time
28 th August	Action Focused T/C	Optional	T/C or SDP Building 1 large meeting room	10.00 - 11.00
11 th September	IN-FLU meeting 1	Full meeting – attendance required	SDP Building 1 large meeting room (V/C available)	10.00 – 12.00
25 September	Action Focused T/C	Optional	T/C or SDP Building 1 large meeting room	10.00 – 11.30
9 October	IN-FLU meeting 2	Full meeting – attendance required	SDP Building 1 large meeting room (V/C available)	10.00 – 12.00
23 October	Action Focused T/C	Optional	T/C or SDP Building 1 large meeting room	10.00 – 11.30
6 November	IN-FLU meeting 3	Full meeting – attendance required	SDP Building 1 large meeting room (V/C available)	10.00 – 12.00
27 November	Action Focused T/C	Optional	T/C or SDP Building 1 large meeting room	10.00 – 11.30
18 December	IN-FLU meeting 4	Full meeting – attendance required	SDP Building 1 large meeting room (V/C available)	10.00 – 12.00
8 January	IN-FLU meeting 5	Full meeting – attendance required	SDP <u>Ystwyth</u> Building 1 (V/C available)	10.00 – 12.00
22 January	Action Focused T/C	Optional	T/C or SDP Building 1 large meeting room	10.00 – 11.30
12 February	In-FLU meeting 6	Full meeting – attendance required	SDP Building 1 large meeting room (V/C available)	10.00 – 12.00
11 March	IN-FLU final meeting 7	Full meeting – attendance required	SDP Building 1 large meeting room (V/C available)	10.00 – 12.00

Supporting documents

Our Future Generations Living Well: A Health and Wellbeing Framework for Hywel Dda

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf>

A Healthier Mid & West Wales: Our Future Generations Living Well

<http://www.wales.nhs.uk/sitesplus/documents/862/A%20Healthier%20Mid%20and%20West%20Wales%20FINAL%20amended%20-%2028.11.18.pdf>

Welsh Health Circular WHC [2018] 045: Ordering influenza vaccines for the 2019-20 season

<https://gov.wales/sites/default/files/publications/2019-05/ordering-influenza-vaccines-for-the-2019-20-season--welsh-health-circular-whc-2018-045.pdf>

Welsh Health Circular WHC [2019] 015: The National Influenza Immunization Programme 2019-20

http://www.gpone.wales.nhs.uk/sitesplus/documents/1000/WHC2019-015%20-%20The%20National%20Influenza%20Immunisation%20Programme%202019-20_English_WORD.pdf

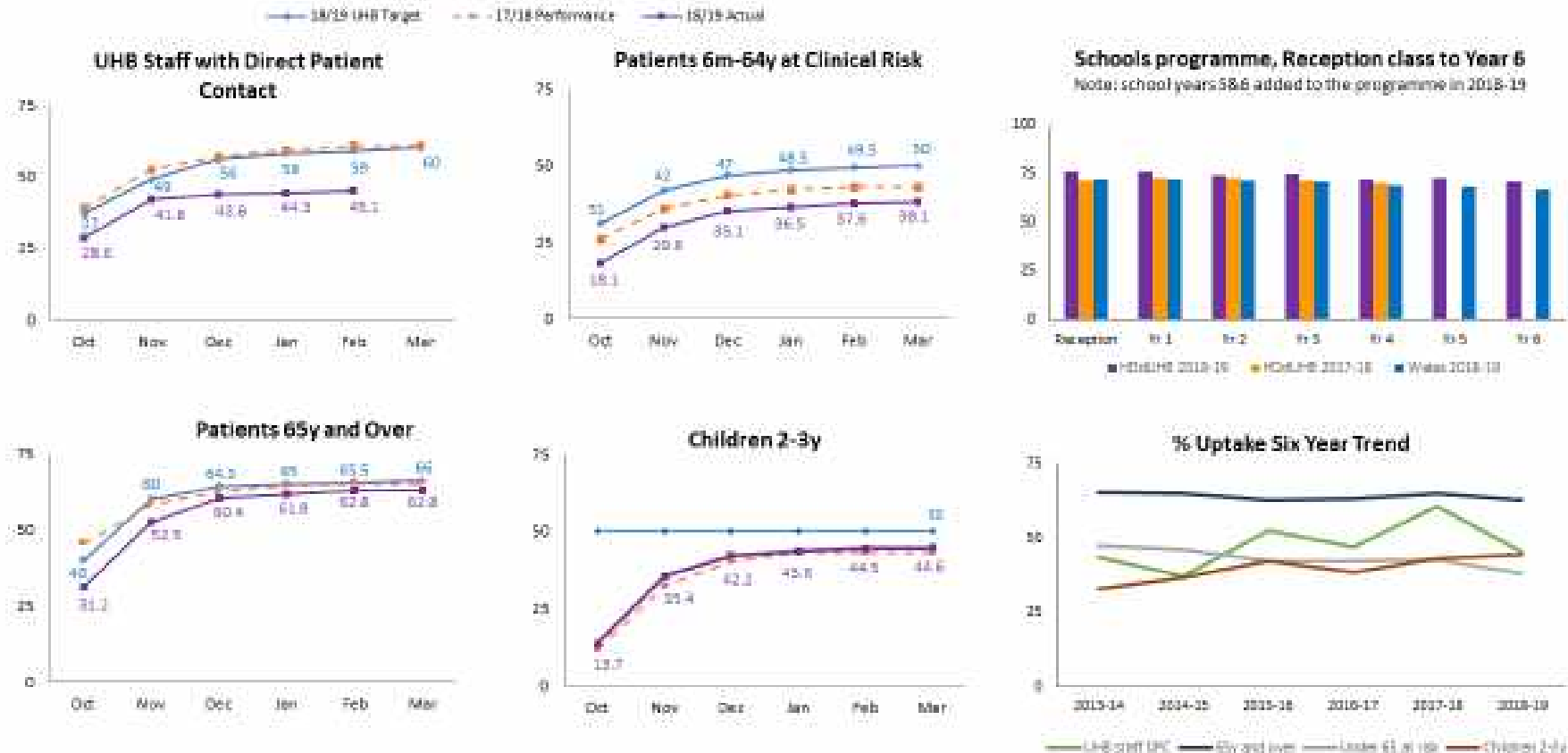
BPPAC SBAR June 20119 INFLUENZA SEASON 2018/19

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%202.3%20Influenza%20Season%202018-19%20Impact%2C%20Vaccine%20Uptake%20and%20Emerging%20Priorities%20for%20the%20Forthcoming%20Season.pdf>



% Uptake of Influenza Vaccination 2018-19, Hywel Dda UHB

Data from Public Health Wales, National Influenza Immunisation Summary Update 26.03.04.19



Enw'r Pwyllgor / Name of Committee	Business Planning & Performance Assurance Committee (BPPAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	David Powell
Cyfnod Adrodd/ Reporting Period:	Meeting Held on 29 th August 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> Health & Safety and Emergency Planning Sub-Committee (H&SEPSC) Update Report - the Committee received the H&SEPSC update report from the meeting held on 17th July 2019, which advised of the key concerns raised by the Health & Safety team observed during the recent Health and Safety Executive (HSE) inspection. However, Members expressed some concern that the report does not advise of any actions being considered to improve these and therefore does not provide assurance to the Committee. Whilst Members were informed that a plan would be developed once the Health Board receives the HSE report, it was felt that given the serious nature of some of the observations, these should be expedited. The Chair proposed that as the report only provided limited assurance to the Committee, the concerns raised should be escalated to the Board. Information Governance Sub-Committee (IGSC) Update Report - the Committee received the IGSC update report from the meeting held on 16th July 2019. Members were advised that work on an algorithm to monitor breaches associated with staff records had been undertaken, and it was proposed that a deep dive be undertaken prior to approving the movement from monitoring to enforcement. Members commended the Clinical Coding Team on their performance given their continuing staff pressures. However, concern was expressed in regard to medical and dental staff compliance with Information Governance (IG) Mandatory Training, medical and dental staff compliance is only 27%, and whilst an assurance was provided that plans are being established to improve compliance through training sessions and through the Chief Executive Officer (CEO) performance meetings, it was proposed that a report should be presented to the next IGSC meeting. A number of national policies were presented for consideration which had been agreed by IGSC. Members were assured that the procedures are being adopted across Wales in order to ensure consistency, and the Committee approved and supported their adoption by the Health Board. Corporate Risk Report – the Committee received the Corporate Risks allocated to BPPAC report. In regard to <i>Risk 245, Inadequate facilities to store patient records and investment in electronic solution for sustainable solution</i>, Members suggested that the update in regard to discussions at the previous BPPAC meeting needed revising given that BPPAC noted that option 5 was the most appropriate interim solution rather than supporting it. Referring to <i>Risk 508 Insufficient resources in fire safety management to undertake appropriate PPMs, risk assessments and audits</i>, Members were informed that an enforcement notice had been received for Worthybush General Hospital from the 	

Mid and West Wales Fire and Rescue Service, with the CEO requesting a review be undertaken as to why these issues had not been previously addressed and escalated. For BPPAC's assurance, an update would be provided to Members at the next meeting. With regard to *Risk 652 Security on acute hospital sites*, Members suggested that given the update to include lone working on acute sites following a recent Health and Safety Executive (HSE) inspection, the risk score may require reviewing. Following discussions, Members accepted the current mitigations in place for the Corporate Risks assigned to BPPAC and received assurance that wider reviews are being undertaken.

- **Operational Risk Report** - the Committee received the Operational Risks allocated to BPPAC report. Members discussed whether *Risk 63 Lack of adequate private practice processes causing avoidable commercial risk affecting the whole Health Board* should be transferred to the Finance Committee, however acknowledged that the risk is linked to ensuring that governance and appropriate procedures are in place, and that the financial elements of this risk have already been addressed by the Finance Committee.
- **Integrated Performance Assurance Report Month 4 2019/20** - the Committee received the Integrated Performance Assurance Report for Month 4 2019/20. Members discussed stroke performance, and given the lack of capacity within the speciality, acknowledged that the Health Board performs well in stroke care, especially in regard to the first 72 hours of care. Members expressed concern that services may be spread too thinly across all four sites, however were informed that until the new proposed hospital is operational, the Health Board will need to take a balanced approach to ensuring stroke services are sustainable. Members queried the timescale for the Health Board meeting the facilities cleanliness targets given that these are fundamental to patient care, and were advised that focused work is progressing and that capital funding has been identified to support improvement. Members discussed the recent increase in patients waiting for delayed follow up appointments and were assured that additional funding has been secured to reduce these and that the Health Board is producing regular reports on weekly additions in order to understand follow-up data. Members acknowledged the decrease during the previous 12 months of Hospital Initiated Cancellations and commended the team involved for improving patient flow to achieve this.
- **Monitoring Variation in Performance Over Time Report and Presentation** – the Committee received the Monitoring Variation In Performance Over Time report providing a presentation on the merits of presenting data using run charts versus statistical process control (SPC) charts. Whilst Members supported a prudent approach to using run charts for routine performance reporting, it was suggested that run charts within the IPAR should be monitored for 6 months to determine whether they provide additional assurance to the Committee.
- **NWSSP Performance Report Including Quarter 1 (2019/20) Performance Indicators** - the Committee received the NWSSP Performance Report for Quarter 1, 2019/20. Members were advised that discussions had taken place to

determine whether the planned return of direct savings for Quarter 1 2019/20 amounting to £58k from NWSSP should be used to reinvest in the procurement budget.

- **Capital, Estates and IM&T Sub-Committee Update Report** - the Committee received the Capital, Estates and IM&T Sub-Committee update report from its meeting held on 17th July 2019, highlighting the key points discussed including an update on the Health Board's medical equipment replacement position and confirmation that a general radiology room in Glangwili General Hospital had been replaced using discretionary capital funding. Given Members understanding that further roll out of Medicines Transcribing e-Discharge (MTeD) had been put on hold, queries were raised as to the benefit of this being progressed without a Board agreed plan. Concerns expressed at previous BPPAC meetings were repeated, i.e. that such an approach lacked formality and discipline, and was not scalable nor repeatable in other areas. It was also evident that, given limited resources for the implementation of clinical informatics systems, no assessment had been made of the relative priority of MTeD against other projects which may have benefited from the use of the MTeD available staff. Members expressed concern that a further roll out of MTeD would not be cost neutral to the Health Board and agreed that this concern should be escalated to the Board.
- **Planning Sub-Committee** - the Committee received the Planning Sub-Committee update report from its meeting held on 19th July 2019. Members were appraised of the key points from the meeting, and advised that following an Internal Audit of the 2019/20 Annual Plan, substantial assurance had been received. Members were informed that a workshop had taken place on the planning cycle for the following year which included learning from the previous year in order to evolve the process.
- **2019/20 Annual Plan Quarter 1 Update** – the Committee received the 2019/20 Annual Plan Quarter 1 update report. Members were advised that the Accountability Letter had now been received from Welsh Government outlining the Health Board's quarterly monitoring reporting requirements.
- **Report on the Discretionary Capital Programme 2019/20** - the Committee received the Discretionary Capital Programme (DCP) 2019/20. Members were advised that a list of capital priorities has now been identified and that following the annual review of additional VAT recovery and accruals held on schemes, £0.576m additional capital has been released into the programme for prioritisation, giving a balance for allocation of £1.279m which is still subject to approval by Executive Team. Members received the recommended priorities for 2019/20 and the rationale for each.
- **Adoption / Coverage of Key National Clinical Systems in Hywel Dda University Health Board** - the Committee received the Adoption / Coverage of Key National Clinical Systems in Hywel Dda University Health Board report. Members were advised that the report provided an update to the report presented to the June 2019 BPPAC meeting with particular reference to the

usage of electronic test requesting as a percentage of all tests requested. Members were informed that plans are being progressed to achieve the improvements in usage requested by the Chief Clinical Information Officer, and advised of the areas where improvements will be progressed. Given that Prince Philip Hospital (PPH) is the highest user of electronic test requesting, it is believed that improvements will progress faster here than on other sites, and this will be monitored to ensure improvements are on track. Members proposed that a further report on the electronic pathology test requesting progress in PPH, together with more detailed and firmer timelines for commencement for improvements in the adoption and coverage of electronic referrals from Primary Care, electronic prioritisation by clinicians and electronic discharge, should be presented to BPPAC in October 2019.

- **Major Incident Plan** – the Committee received the Major Incident Plan 2019/20, which had been revised and updated to reflect a change in patient flow arrangement, and to include updated NHS documentation. Members were advised that the plan had been approved by the H&SEPSC at its meeting on 17th July 2019. Members requested clarification that the lines of communication with staff and the public are clear and appropriate, and that the Health Board regularly undertakes exercises to test the plan. It was agreed that once the queries raised had been addressed, the policy would be approved via Chair's Action for onward ratification by the Board.
- **Consolidated Rules for Managing Cardiac Referral to Treatment (RTT) Waiting Times Policy** – the Committee received the Consolidated Rules for Managing Cardiac Referral to Treatment (RTT) Waiting Times Policy. Members were advised that the requirement for this policy emanated from a Delivery Unit review where variances had been noted. Members approved the policy, noting that adoption would align the Health Board to the Welsh Health Circular (WHC) guidelines.
- **Revised Standards of Behaviour Policy**- the Committee received the Revised Standards of Behaviour Policy. Members were advised that the policy had completed all appropriate review processes prior to being presented, and approved the policy for uploading onto the intranet.
- **A Regional Collaboration for Health (ARCH)** - the Committee received an update on the activities of A Regional Collaboration for Health (ARCH) Portfolio for the period June and July 2019. Members were advised of leadership changes at the Delivery and Leadership Group (DLG) since the previous update. Members were informed that the Regional Clinical Service Plan (RCSP) had been presented to ARCH which highlighted the ambitions and clear intentions for regional working and collaboration, which are ahead of other areas in Wales. Members noted that the Internal Audit Report on ARCH received reasonable assurance due to some outstanding actions from Swansea Bay UHB and requested confirmation that internal audit actions are being progressed by ARCH.



**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /
Matters Requiring Board Level Consideration or Approval:**

- To ratify the Major Incident Plan 2019/20

**Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:**

- **Health & Safety and Emergency Planning Sub-Committee (H&SEPSC) Update Report** – concerns raised regarding the key observations made following the recent Health and Safety Executive (HSE) inspection given that an action plan would not be progressed until receipt of the report.
- **Integrated Performance Assurance Report Month 4 2019/20** - concerns expressed that stroke services in Hywel Dda may be spread too thinly across all four acute sites, whilst acknowledging that until the new proposed hospital is operational, the Health Board will have to take a balanced approach to ensuring stroke services are sustainable.
- **Capital, Estates and IM&T Sub-Committee Update Report** – concerns that the action taken to extend MTeD informally without a plan was not a robust approach to implementing clinical systems, and that a further roll out of MTeD will not be cost neutral to the Health Board.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

29th October 2019

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Major Incident Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ros Jervis, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Sam Hussell, Head of Health Emergency Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>To present to the Board the updated Major Incident Plan 2019/20, which has been revised and updated to reflect current structures, command and control mechanisms and response processes. The Plan has been recommended by the Business Planning & Performance Assurance Committee for approval.</p>
<p><u>Cefndir / Background</u></p> <p>The Civil Contingencies Act 2004 provides a framework for integrated emergency management to ensure civil protection across the U.K. Hywel Dda University Health Board (HDdUHB) is classed as a Category 1 Responder under the Act. This means that in partnership with the Local Authority, Emergency Services, Natural Resources Wales and other Health Bodies, the UHB is part of the first line of response in any emergency affecting its population.</p> <p>The Health Board is required under the Act to undertake risk assessments and produce emergency plans. Additionally, within the Welsh Government's Emergency Planning Core Guidance 2015, Health Boards are required to have up to date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance.</p> <p>A review process is undertaken each year via the 3 County Emergency Planning Groups. Major Incident Plan response action cards are also updated on an on-going basis to reflect current organisational structures. Consultation of the revised plan is undertaken with partner agencies and with Welsh Government prior to presentation for ratification.</p>
<p><u>Asesiad / Assessment</u></p> <p>The main areas of change within the Major Incident Plan are:</p> <ul style="list-style-type: none"> • Site changes and patient flow arrangements for Bronglais General Hospital site. • Mass Casualty Incidents – reference to the updated Mass Casualty Incident Arrangements for NHS Wales and associated response structure.

For note, external telephone and mobile numbers have been blacked out in the public facing version of the plan to protect the privacy of key individuals.

Argymhelliad / Recommendation

The Board is asked to approve the updated Major Incident Plan 2019/20.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2.1 Managing Risk and Promoting Health and Safety
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> Civil Contingencies Act 2004 NHS Wales Emergency Planning Guidance 2015
Rhestr Termiau: Glossary of Terms:	Contained within the Major Incident Plan
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<ul style="list-style-type: none"> BPPAC Health & Safety and Emergency Planning Sub-Committee County Emergency Planning Groups x 3 Welsh Government WAST

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	The main costs associated with the Emergency Planning agenda are staffing; training; exercising
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	and equipment.
Ansawdd / Gofal Claf: Quality / Patient Care:	Major Incident Plan revised with relevant multi-professional input across the sites.
Gweithlu: Workforce:	On-going training issues form part of the UHB's Civil Contingencies Act preparedness and subsequent exercises test its response, plans and communication systems.
Risg: Risk:	The whole Emergency Planning agenda is based on risk and taking every practical step to mitigate against the risk of an event occurring. Identification of the highest risks, and development of plans and procedures to address and respond to them places the Health Board in a better state of preparedness.
Cyfreithiol: Legal:	The Major Incident Plan forms part of our response to the requirements of the Civil Contingencies Act and our duty as a Category One responder under the Act.
Enw Da: Reputational:	Potential. The Major Incident Plan demonstrates our level of preparedness to respond effectively to a major incident event and safeguard the reputation of the organisation.
Gyfrinachedd: Privacy:	No issues identified
Cydraddoldeb: Equality:	Impact Assessment completed June 2019. No negative impacts were identified.



MAJOR INCIDENT PLAN 2019/20

Carmarthenshire, Ceredigion & Pembrokeshire

Policy Number:	n/a	Supersedes:	MIP 2018/19	Standards For Healthcare Services No/s	2.1
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Version No:	Date Of Review:	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
2015/16	Apr/May 2015	S. Hussell	May 2015	Health Board	28/05/15	2016
2016/17	Feb/Mar 2016	S. Hussell	June 2016	Health Board	02/06/16	2017
2017/18	Mar/Apr 2017	S. Hussell	July 2017	Health Board	27/07/17	2018
2018/19	June/July 2018	S. Hussell	Aug 2018	Health Board	27/09/18	2019
2019/20	May/June 2019	S. Hussell				2020

Brief Summary of Document:	An operational plan that details the Hywel Dda University Health Board response to a major incident event. This plan has been prepared in consultation with Dyfed Powys LRF partner health agencies, and in accordance with the Civil Contingencies Act (2004), NHS Wales Emergency Planning Guidance (2015) and other related guidance.
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To be read in conjunction with:	Business Continuity Plans; Departmental Major Incident Plans; Civil Contingencies Strategy 2018/19, Dyfed Powys LRF Joint Major Incident Procedures Manual
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Classification:	Non Clinical	Category:	Plan	Freedom Of Information Status	
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Authorised by:	Ros Jervis	Job Title	Director of Public Health	Signature:	
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HYWEL DDA UNIVERSITY HEALTH BOARD

Responsible Officer/Author:	Mrs. Sam Hussell		Job Title:	Head of Health Emergency Planning
Contact Details:	Dept	Emergency Planning	Base	Hafan Derwen
	Tel No	01267 239757	E-mail:	sam.hussell@wales.nhs.uk

Scope	ORGANISATION WIDE	✓	DIRECTORATE	✓	DEPARTMENT ONLY	✓	COUNTY ONLY	✓

Staff Group	Administrative/ Estates	✓	Allied Health Professionals	✓	Ancillary	✓	Maintenance	✓
	Medical & Dental	✓	Nursing	✓	Scientific & Professional	✓	Other	✓

CONSULTATION	Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.			
	Individual(s)	Director of Public Health, WAST EPO HEPU	Date(s)	July 2019 July 2019
	Group(s)	County Emergency Planning Groups x 3	Date(s)	Spring 2019
	Committee(s)	Health & Safety and Emergency Planning Sub-Committee Business Planning & Performance Assurance Committee Board	Date(s)	17 July 2019 29 August 2019

RATIFYING AUTHORITY (in accordance with the Schedule of Delegation)	KEY		COMMENTS/ POINTS TO NOTE
NAME OF COMMITTEE	A = Approval Required	Date Approval Obtained	
	FR = Final Ratification		
Hywel Dda Board	FR		
Business Planning and Performance Assurance Committee	A	29/08/19	
Health & Safety and Emergency Planning Sub Committee	A	17/07/19	

Date Equality Impact Assessment Undertaken	02/07/19	Group completing Equality impact assessment	Mrs. Sam Hussell, Head of Health Emergency Planning Mrs. Jackie Hooper, Equality & Diversity Advisor
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Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Major Incident, Civil Contingencies, Emergency Planning
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HYWEL DDA UNIVERSITY HEALTH BOARD

Document Implementation Plan			
How Will This Policy Be Implemented?	Via: County Emergency Planning Groups and Nominated Emergency Planning Leads. Also available on staff intranet.		
Who Should Use The Document?	All staff involved in a major incident response.		
What (if any) Training/Financial Implications are Associated with this document?	On-line eLearning module – Major Incident Awareness Strategic Level Major Incident Training Tactical Level Major Incident Training MERIT Passport Course Loggist Training		
What are the Action Plan/Timescales for implementing this policy?	Action	By Whom	By When

HYWEL DDA UNIVERSITY HEALTH BOARD

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STOP

IF THIS IS A MAJOR INCIDENT SITUATION AND YOU HAVE NOT READ THIS DOCUMENT.....

DO NOT READ IT NOW !!

- IF YOU ARE IN THE HOSPITAL, REPORT TO YOUR NORMAL WORK AREA AND CONTACT YOUR MANAGER**
- IF YOU ARE REPORTING FROM A CALL-IN, REPORT TO YOUR NORMAL WORK AREA, UNLESS YOU ARE A KEY MANAGER, IN WHICH CASE REPORT TO THE HOSPITAL CO-ORDINATION CENTRE**
- REFER TO YOUR ACTION CARD AND BE PREPARED TO BE RE-DEPLOYED IF NECESSARY**
- UNDERTAKE ASSIGNED DUTIES OR READ THE CARD AND IMPLEMENT THE ACTIONS**

STATEMENT ON HEALTH AND SAFETY

In a major incident it is very easy to become absorbed by the events unfolding around you and to forget that the usual rules and regulations regarding health and safety still apply.

It is essential that these regulations are observed during a major incident and that the same thought processes with regard to risk assessment and management are adhered to in the same manner as any other task during the working day.

Appropriate personal protection equipment (PPE) and procedures must be used and followed, as must the Health Board's Policy and Procedures for issues such as infection control, manual handling or the safe use of hazardous substances. As with any other task, if you are unsure of anything during a major incident seek advice from the nearest appropriate person.

INTRODUCTION

The Civil Contingencies Act (2004) defines a Major Incident as:

'An event or situation which threatens serious damage to human welfare in a place in the UK, war or terrorism which threatens serious damage to the security of the UK.'

(Ref: Civil Contingencies Act, 2004)

Within the NHS:

'Any occurrence that presents a serious threat to the health of the community, disruption to the service or causes, or is likely to cause, such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations'.

(Ref: NHS Wales Emergency Planning Guidance 2015)

In Hywel Dda University Health Board, responsibility for amending, updating and testing the Major Incident Plan has been delegated by the Chief Executive to the Director of Public Health and the Head of Health Emergency Planning, together with the county Emergency Planning Groups.

This Plan has been prepared in consultation with Local Resilience Forum partner agencies, and reviewed by the Welsh Government Health Resilience Branch. It is only a guide and those NHS personnel on duty at the time of an incident should use their discretion regarding any need for which provision has not been made.

This Plan should be read in conjunction with the Health Boards' current Risk Management, Health, Safety and Environment Protection Strategy and relevant Business Continuity Plans. Additionally, many departments have well developed major incident response plans specific to their service, which will be activated in conjunction with this over-arching major incident plan. External risks, as identified in the Dyfed Powys Community Risk Register (<http://www.dyfed-powys.police.uk/en/what-we-do/civil-contingencies>) have also been considered in the development of the Health Board's major incident preparedness and response. Specific Welsh Government guidance is also available on a range of issues to support a major incident response and should also be consulted where appropriate e.g. "Access to CBRN Health Countermeasures" protocol.

Departments should review their Action Cards at regular intervals and new personnel must be made aware of the existence of such plans, and their roles and responsibilities within them. Any suggested amendments to this Plan should be made by staff to the Head of Health Emergency Planning.

As a minimum requirement, the Health Board is required to undertake:

- A 'live' exercise every three years
- A 'table-top' exercise every year
- A 'communications' exercise every six months

(Ref: NHS Wales Emergency Planning Guidance 2015)

A training & exercising programme has been developed to assist with the development and roll out of appropriate training opportunities to support a resilient and robust major incident response.

AIM

The aim of the Major Incident Plan is to save life and mitigate injury in circumstances where routine services may prove inadequate and to provide co-ordination to ensure that limited resources are deployed most effectively.

This Plan is based on the use of Withybush, Glangwili and Bronglais General Hospitals as the Designated Receiving Hospitals for the area with Prince Phillip Hospital designated as a Supporting Hospital. All the facilities of the Health Service would be available in the event of a Major Incident. If the number of casualties exceeds the available capacity at the time, it may be necessary, in order to release beds, to call other hospitals to assist by accepting casualties from the incident and/or patients transferred from these hospitals. It should be noted that in the event of a Major Incident in a neighbouring area, Bronglais, Glangwili, Withybush and Prince Phillip Hospitals may be called upon to act as supporting hospitals.

COMMAND AND CONTROL

During a Major Incident, Hywel Dda University Health Board will participate in the multi-agency hierarchical framework known as “Command and Control”. The process for the activation of these structures is detailed in the Dyfed Powys Local Resilience Forum’s Emergency Command Protocol. This framework works on the basis of three levels of response:

- Strategic (also known as Gold)
- Tactical (also known as Silver)
- Operational (also known as Bronze)

Strategic Co-ordination Group (Multi-Agency Gold)

This multi-agency Director level group will meet at the Strategic Co-ordination Centre in Police HQ, Llangunnor, Carmarthen. The group will initially be led by the Police Gold Commander, but depending on the type of incident, the chair may move to another agency. The group will make the strategic level decisions relating to the incident (i.e. what is to be done). For Hywel Dda, during office hours, the Executive Director with the lead for EPRR (Director of Public Health) will attend with Emergency Planning and Logistics support. During the out of hours period (or if the DPH is unavailable), the Executive Director on-call will attend, also with Emergency Planning and Logistics support.

Health Board Gold Response (Strategic)

Dependent upon the nature of the incident, and in addition to a Strategic Co-ordination Group, an internal Gold Command Team may be convened if necessary. The decision to convene a Health Board Gold Command will be made by the Executive Director on-call at the time of the incident and following a review of the incident details. The aim of the group will be to provide the strategic management and co-ordination of Health Board resources during the emergency by ensuring secondary, community and primary care service delivery for both the incident and for normal operational delivery. The Team would consist of members of the Executive Team, Emergency Planning, Logistics, and a Communications Team representative, together with any additional personnel as requested at the time.

The Gold Command Team would be based in Corporate Offices, Ystwyth Building, St. David’s Park, Carmarthen. The Board Room is the designated Health Board Gold Command facility.

Tactical Co-ordination Group (Multi-Agency Silver)

This multi-agency Senior Manager level group is responsible for formulating the tactics to be adopted by their service to achieve the desired goal (i.e. how to do it). Silver should not become personally involved with activities close to the incident but remain detached. These meetings will normally be located in the County Police Stations but other venues may also be utilised if more appropriate. For Hywel Dda, the Executive Director on-call will task an appropriate Executive Director/Senior Manager with attendance at this group.

Health Board Silver Response (Tactical)

The Health Board Silver Command will provide the tactical management and co-ordination of resources during the emergency by directing secondary, community and primary care services. Based in the Hospital Co-ordination Centre(s), this team will comprise of:

- Hospital General Manager
- Hospital Nurse Manager
- Hospital Clinical Lead
- Site/Bed Management
- Loggist
- Additional managerial, nursing, support & administrative staff as required
- HALCO (Hospital Ambulance Liaison Control Officer) – activated by WAST

The Hospital Co-ordination Centre will (so far as is reasonably practicable) endeavour to maintain and support routine services throughout the incident whilst promoting a rapid return to normal service where possible.

Operational Response (Multi-Agency Bronze)

The Operational response (Bronze) refers to those who provide the main 'hands on' response to an incident, at the scene, implementing the tactics defined by the Tactical Co-ordination Group (Silver).

Health Board Operational Response (Bronze)

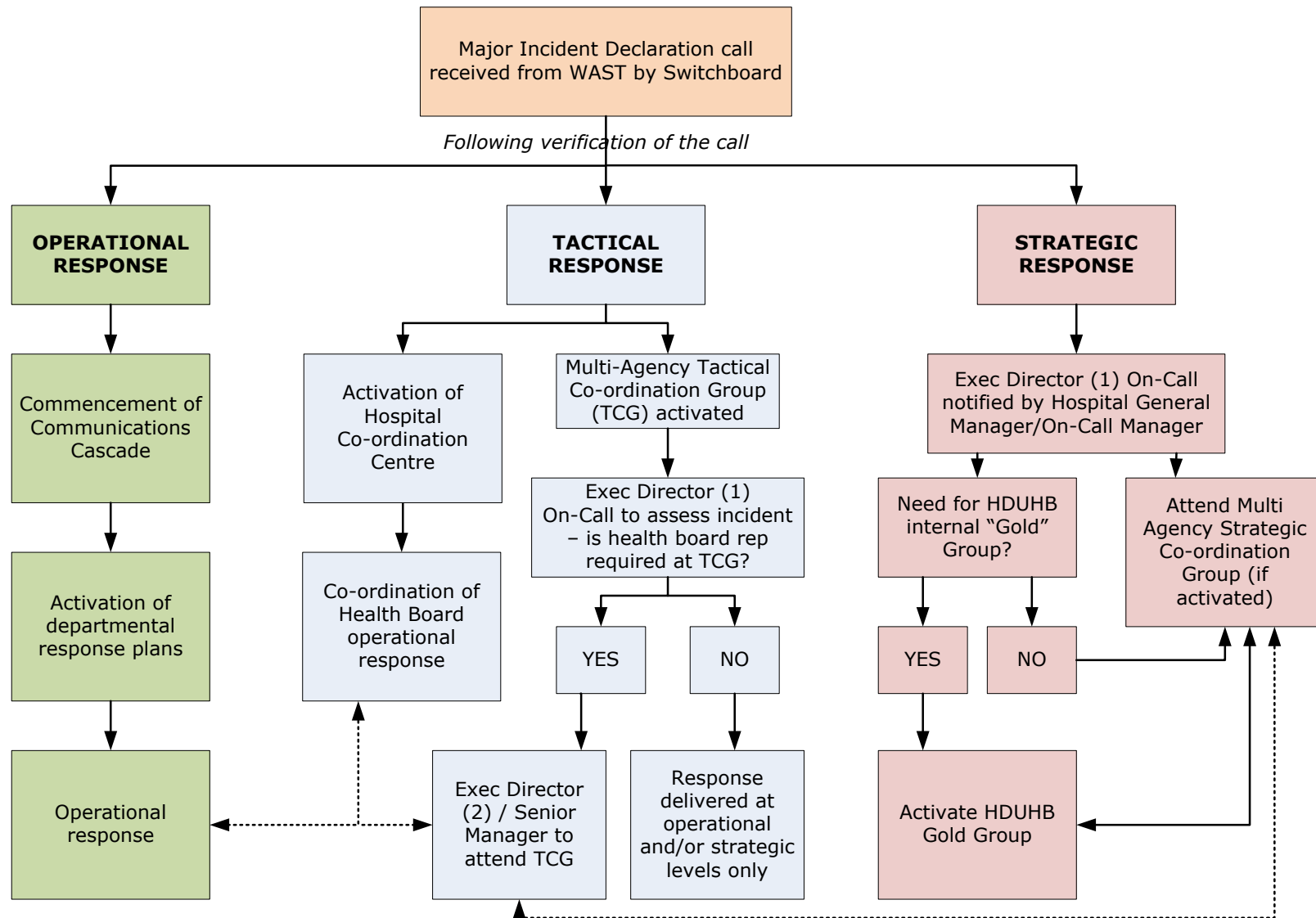
For Hywel Dda, the Bronze level response will mainly be provided on the acute hospital sites where the hospital has been designated as a "Receiving" or "Supporting" hospital. The Operational response is our front line services which will be managed via the relevant Hospital Co-ordination Centre. However, the term may also apply to the incident site where we may have staff working in the Casualty Clearing Station as part of a Medical Emergency Response Incident Team (MERIT).

Joint Major Incident Procedures Manual

To complement, and inform the above structures, Dyfed Powys Local Resilience Forum have produced a guide which details the framework used to respond to, and manage, on a multi-agency basis, a major incident which occurs within or affects the Dyfed Powys Area. The manual describes the responses and responsibilities of key responders during a Major Incident and outlines how responding organisations will work in collaboration as part of a coherent multi-agency effort to coordinate the response, implement the measures necessary to control and contain an incident and protect people, emergency responders and the environment from the effects of such an event.

HYWEL DDA UNIVERSITY HEALTH BOARD

Major Incident Response Flowchart



INTEROPERABILITY

Joint Emergency Services Interoperability Programme (JESIP)

In order to improve a multi-agency response JESIP establishes five principles which organisations need to be aware of, including:

1. Co-location of commanders as soon as practicable at a single, safe, and easily identified location near to the scene.
2. Communicate clearly using plain English.
3. Coordinate by agreeing the lead service. Identify priorities, resources and capabilities for an effective response, including the timings of further meetings.
4. Jointly understanding risk by sharing information about the likelihood and potential impacts of threats and hazards to agree potential control measures.
5. Establish shared situational awareness by using METHANE and the Joint Decision Model (JDM).

If the principles are followed then the result should be a jointly agreed working strategy where all parties understand what is going to happen when and by who, this strategy should include:

- **What** are the aims and objectives to be achieved?
- **Who by** – police, fire, ambulance and partner organisations?
- **When** – timescales, deadlines and milestones
- **Where** – what locations?
- **Why** – what is the rationale? Is this consistent with the overall strategic aims and objectives?
- **How** are these tasks going to be achieved?

Joint Decision Model (JDM)

The Joint Decision Model will be used by multi-agency partners and the Health Board Gold and Silver Commanders to ensure a consistent approach to assessing the situation and planning the response to an incident.

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Gather Information and Intelligence	Assess Threats & Risks	Power & Policies	Identify Options and Contingencies	Action & Review
Defining the situation	Assessing the situation	What is applicable to the situation	Consider options with least risk of harm	Make & implement action, then review
<p>What is happening?</p> <p>What do you know so far?</p> <p>What further information/intelligence do you want/need?</p>	<p>Do you need to take action immediately?</p> <p>Do you need to seek more information?</p> <p>What could go wrong?</p> <p>What could go well?</p> <p>How probable is the risk of harm?</p> <p>How serious would it be?</p> <p>Is that level of risk acceptable?</p> <p>Is this a situation for the Health Board alone to deal with?</p> <p>Are you the appropriate person to deal with this?</p> <p>What are you trying to achieve?</p> <p>Develop a working strategy to guide subsequent stages.</p>	<p>What legislation applies?</p> <p>Does the Health Board have the power to initiate action?</p> <p>Is there any guidance covering this situation?</p> <p>Do any NHS, LRF or WG plans or guidance apply?</p>	<p>What options are open to you?</p> <p>Will the response be proportionate, legitimate and necessary?</p> <p>Will the response be reasonable in the circumstances facing you at the time?</p> <p>What will you do if things do not happen as anticipated?</p>	<p>Implement option selected</p> <p>Does anyone else need to know what you have decided?</p> <p>Record what you did and why</p> <p>Monitor</p> <p>What happened as a result of your decision?</p> <p>Was it what you wanted or expected to happen?</p> <p>Review your decisions using the JDM</p> <p>What lessons can you take from how things turned out?</p> <p>What might you do differently next time?</p>

BUSINESS CONTINUITY

Business Continuity is a process which compliments the Major Incident Plan and extends beyond it. Business Continuity Management is an essential tool in establishing the organisation's resilience to maintain critical activities and provides a framework for identifying and managing risks that could disrupt normal service. It addresses potentially serious disruptions in the services provided by the Health Board that may not be of sufficiently high risk to trigger the Major Incident Plan.

Each service will have identified critical services within their Business Impact Analysis that must be maintained during a disruption or interruption.

Further information on dealing with a wide range of events can be found in Service level Business Continuity Plans.

Mutual Aid

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a significant incident response that exceeds local resources. It can involve offering resources to help support partners e.g. man hours, materials etc. Prior to Mutual Aid being agreed, the Health Board will take reasonable appropriate steps to assess that all services and supplies are self-protected during a Major Incident or emergency.

RECORD KEEPING

Preservation of Documents

Following a major incident the Health Board may be invited or required to provide evidence to an appropriate enforcement agency (e.g. HSE), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid.

Definition of "Documents"

For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and information held on computers. It also includes internal electronic mail. The vital message 'Preserve and Protect' – needs to be spread very quickly during a Major Incident and must reach those who might quite unknowingly hold significant documents.

Incident Log Sheets

It is especially important that a record is kept of all key decisions, including the date and time they are made, who made them and the reasons for so doing. All information, including actions and reports relating to the running of the Incident must be recorded on Incident Log Sheets (page 67). The log sheets should provide a single comprehensive record of the action card holder's actions and involvement in the Incident, details actions taken and information both sent and received. It is not necessary that incoming information be transcribed fully onto the Log record. It is sufficient that reference is made to such document on the Log. A stock of these log sheets will be held at the Hospital Co-ordination Centre. Each Department is encouraged to photocopy this Log Sheet, so that Departmental decisions can be documented from the outset of an Incident being declared.

It is also essential that when attending multi-agency command and control structures, the Health Board representatives at the Strategic Co-ordination Group (Gold) and the Tactical Co-ordination Group (Silver) record their decisions contemporaneously. As a minimum, the record should contain:

- Date
- Time
- Situation
- Hazards and Risks
- Options Available
- Option Chosen
- Rationale for Option Chosen and those Not Taken

Each responsible manager should also keep their own records, whether personally or assisted by a trained Loggist.

Incident recording

All Action Card holders must keep a record of all instructions received, actions taken and other incidents which may enable the Health Board to assess the success of the emergency response and provide evidence to any enquiry which may follow. The records should remain intact; no part should be destroyed, removed or erased because, no matter how trivial notes may appear, the total content may form an important contribution in assessment of the continuity of response. The records must be handed on if the holder is relieved during the incident and following stand-down they must be returned to the Medical Controller / H.C.C. team for safe storage.

Capacity Recording

During a major or mass casualty incident response, Health Boards will be required to enter hospital capacity data on an electronic capacity dashboard. Bed managers will enter the information at prescribed intervals. This will allow prompt identification of NHS Wales capacity and capability to deal with expected numbers of casualties.

ACTIVATION & RESPONSE PROCEDURES

There are six levels of alert:

1. **Major Incident standby** - this is when the incident does not require an immediate response, but there is the potential for the incident to escalate and a decision will be made to send out a 'stand by alert' to the Health Board and the incident will be monitored and if necessary a major incident can be declared
2. **Major Incident declared** – this is when the incident requires an immediate response and the Health Board major incident plan is activated
3. **Major Incident declared: Mass Casualty Incident** – when the threshold of the mass casualty definition has been met (where the number/type of casualties overwhelms the conventional major incident response) and the activation of the Mass Casualty Incident Arrangements for NHS Wales is required.
4. **Major Incident Cancelled** – Cancels either the first or second message.
5. **Major Incident – Scene Evacuation Complete** - issued by WAST to confirm all patients have been evacuated from scene and will confirm any that are on route to specific hospitals.
6. **Major Incident Stand down** – notifies us when an incident is over at scene. It is the responsibility of all responding agencies to determine when their organisation should stand down.

MAJOR INCIDENT - STANDBY

The decision on the action to be taken on a standby alert will vary depending on the incident location and whether the hospital is likely to be required as a receiving or supporting hospital.

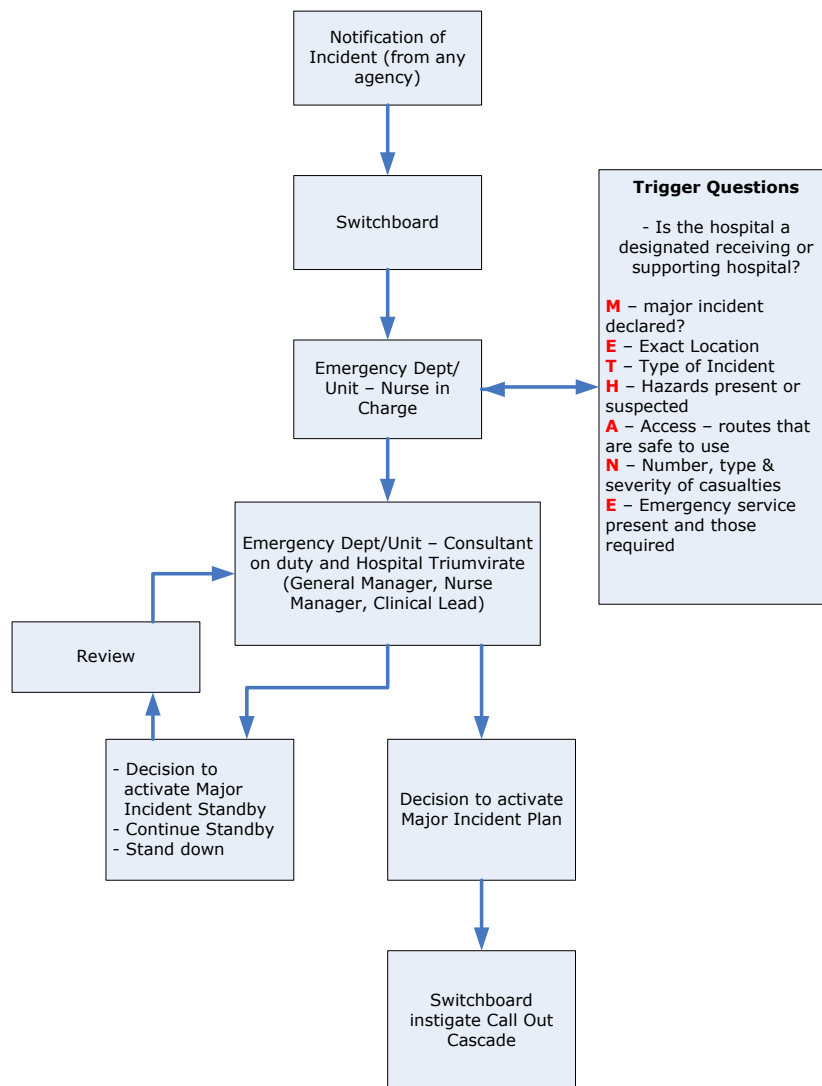
In all cases, an initial limited response will be instigated i.e.

- Switchboard will notify :
 - Hospital General Manager/On-Call Manager
 - Hospital Nurse Manager (Nurse Controller)
 - Hospital Clinical Lead (Medical Controller)

Who will:

- Consider the need to establish a Hospital Co-ordination Centre (H.C.C.)
- Establish the current bed state with the Bed Manager/NNP.
- If required, instigate Commencement of the Call Out Cascade – this will be decided by the Hospital General Manager and/or On-Call Manager in liaison with the Emergency Dept/Unit Consultant on duty. Switchboard will await this decision before commencement of the cascade.
- Inform the Head of Communications of the incident details.

HYWEL DDA UNIVERSITY HEALTH BOARD



HOSPITAL CO-ORDINATION CENTRES

With a Major Incident, there will be a need to ensure a co-ordinated approach to on-going service provision. The Health Board will need to ensure that key decisions are made by a group of managers and staff with the necessary skills and authority. The core group will co-opt other managers and staff dependant on the type and scale of the emergency.

Key functions:

1. Ensure a co-ordinated response to emergencies by all departments and services.
2. Ensure communications with tactical and strategic co-ordination groups, emergency and other health agencies is timely, accurate and managed.
3. Ensure all resources are utilised in the most effective and productive way in terms of the ongoing emergency.
4. Ensure that all emerging risks to safe service delivery and health and safety are identified and managed within the available resources including:
 - Staff
 - Patients
 - Public
 - Other agencies
5. Ensure that all staff are briefed with timely and accurate information regularly.

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The core membership may include:

- Hospital Nurse Manager
- Hospital General Manager
- Hospital Clinical Lead
- Site/Bed Manager
- Clinical Leads/on call consultant as appropriate.
- Other Service Leads as required
- WAST Hospital Ambulance Liaison Control Officer (HALCO) [*activated by WAST*]

SELF DECLARATION OF A MAJOR INCIDENT

In the RARE event of the hospital needing to self declare its own major incident, the most Senior Manager on duty/call shall:

- Advise the Switchboard to activate the communications cascade to notify staff.
- Advise Ambulance Control of the situation on 01267 229476 (Duty Manager) or 999 if unavailable)
- Advise the Executive Director on-call of the situation (rota held in switchboard)
- Advise Dyfed Powys Police control of the situation (Tel 01267 226116, identify yourself and ask to speak to the Control Room Duty Inspector urgently).

MAJOR INCIDENT DECLARED

This section details the actions that the hospital is required to take in the event of a major incident being declared.

Upon receipt of the declaration call from WAST, Switchboard will complete a Notification of a Major Incident Log (Page 60) by asking for and recording:

- Identity and Telephone Number of Caller
- Time of Call
- ***The Telephonist must then ring back to verify authenticity***
- If not from Ambulance control, Inform Ambulance Control and relate the information

M	Major Incident declared? Yes/No
E	Exact Location
T	Type of Incident
H	Hazards present or suspected
A	Access - routes that are safe to use
N	Number, type & severity of casualties
E	Emergency services present and those required

Initial notification details of the casualties may be very scant but further details will become available as the Ambulance Service make an assessment at the scene. The telephonist will

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then inform the Senior Nurse in the Emergency Department and the Duty Manager, who will then begin the process of implementing their relevant parts of the Plan.

The telephonist's next action is to call for assistance at the hospital switchboard, and commence the communications cascade to alert staff.

Incident Site Action

Co-ordination of operations at the site of the incident will normally be in the hands of the Police. In the case of a major fire, this co-ordination will be in the hands of the Senior Fire Officer. If the incident is within the premises of a major industrial concern (e.g. the oil industry) co-ordination may be in the hands of a Senior Officer of that industry.

If required, the Welsh Ambulance Service NHS Trust will call in appropriate Voluntary Aid Societies to the site of the major incident and/or the receiving hospitals.

Medical Advisor

Overall responsibility for the management of medical resources at the scene of the major incident will be that of the first Doctor or Ambulance Paramedic on site, until relieved by the Medical Advisor. The Emergency Medical and Retrieval Transfer Service Cymru (EMRTS) will fulfil the Medical Advisor role at the scene of a major incident.

Casualty Clearing Station

In conjunction with the Ambulance Incident Officer, the Medical Incident Officer should establish a Casualty Clearing Station to sort casualties and direct their evacuation. Priorities for evacuation should follow the coding:

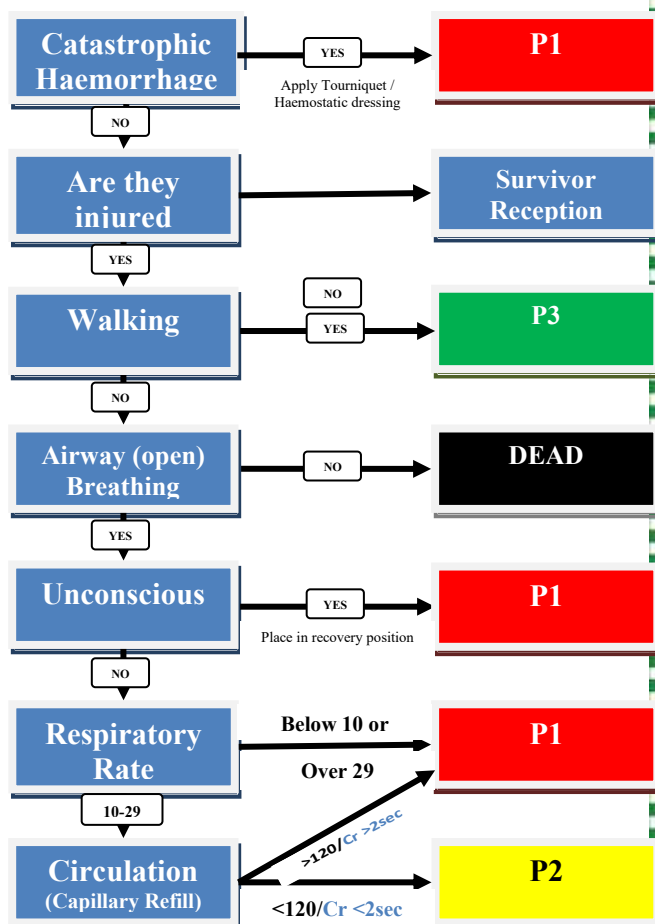
Triage Priority	Order of Treatment	Description of Casualties Needs
P1	1st	IMMEDIATE – Immediate life saving procedures required.
P2	2nd	URGENT – Casualties who require urgent surgical or medical intervention.
P3	3rd	DELAYED – Less serious cases where treatment can be delayed. Walking cases.
P4		EXPECTANT – Casualties whose injuries are so severe that they either cannot survive or would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the Chief Medical Officers' office at Welsh Government. To date, this category has not been utilised in any civilian major incident in the UK.
Dead		

Each casualty to be colour coded according to their injury / severity.

Triage

Casualties will be triaged at the incident site utilising the major incident triage sieve and sort system which is documented using CRUCIFORM cards. The cruciform card will also contain all pre-hospital care information.

TRIAGE SIEVE



TRIAGE SORT

Triage Sort

STEP 1: Calculate the GLASGOW COMA SCORE (GCS)

A Eye opening:		B Verbal response:		C Motor response:	
spontaneous	4	orientated	5	obeys commands	6
to voice	3	confused	4	localises	5
to pain	2	inappropriate	3	pain withdraws	4
none	1	incomprehensible	2	pain flexes	3
		no response	1	pain extends	2
				no response	1

GCS = A + B + C

STEP 2: Calculate the TRIAGE SORT SCORE

X GCS		Y Respiratory rate		Z Systolic BP	
13 - 15	4	10 - 29	4	≥ 90	4
9 - 12	3	≥ 30	3	76 - 89	3
6 - 8	2	6 - 9	2	50 - 75	2
4 - 5	1	1 - 5	1	1 - 49	1
3	0	0	0	0	0

TRIAGE SORT SCORE = X + Y + Z

STEP 3: Assign a triage PRIORITY

12 = PRIORITY 3

11 = PRIORITY 2

≤ 10 = PRIORITY 1

STEP 4: Upgrade PRIORITY at discretion of senior clinician, dependent on the anatomical injury/working diagnosis

Medical Emergency Response Incident Team (MERIT)

Where it is considered appropriate that the treatment of casualties should be carried out at the incident site, WAST will request a MERIT team be dispatched to site. Wales has recently moved from a health board led MERIT response to the development of an All Wales pool of MERIT trained members who can be called upon to support a major incident pre-hospital response. In accordance with the MERIT Standard Operating Procedures, WAST will request MERIT assistance via the Major Incident line in Switchboard.

MERIT team members will be drawn from the nearest appropriate supporting hospitals, and may comprise of:

- Anaesthetic Consultant / Middle Grade
- Surgical / Orthopaedic / ED Consultant / Registrar (as appropriate)
- Registered General Nurses from the Emergency Department, with appropriate relevant MERIT Passport training.

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The specific make up of a Medical Emergency Response Incident Team will be determined by the availability of the All Wales MERIT members. The Team will be assisted by an Ambulance Paramedic, if available. Staff will not be allowed on scene unless correctly attired in Personal Protective Equipment (PPE) and have Health Board ID and MERIT Passport PIN cards. Ambulance Control will arrange a vehicle to transport the MERIT from the hospital to the scene.

All Health Service communications between the incident site and the hospital will be channelled via the WAST Major Incident Vehicle on site. The vehicle will be manned by an Ambulance Communications Officer who will issue portable hand radios where appropriate.

BLOOD

The Regional Blood Transfusion Centre in Cardiff has a Major Incident Procedure and will be informed of the major incident by Carmarthen Ambulance Control and may be requested to assist if required. The Consultant Haematologist will update the Blood Transfusion Centre in accordance with the Department's Action Card. Where appropriate the agreed Major Haemorrhage Protocol should be activated.

CRITICAL CARE

The Adult Critical Care Teams will make as many beds available as possible following arrangements detailed in their unit response plans and ensuring implementation of the All Wales Critical Care Escalation Guidance and Plans.

VOLUNTARY AID SOCIETIES

The title "Voluntary Aid Society" is taken in this context to mean the WRVS, Red Cross, CRUSE, League of Friends and St. John's Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the Incident involves large numbers and/or is likely to be prolonged the Voluntary Aid Societies can provide much valuable support to the Health Board. This support would be co-ordinated through the Hospital Control Centre.

RELIGIOUS AND CULTURAL SENSITIVITY

The Health Board's response in a major incident must continue to respect the religious, ethnic and cultural background of patients who may present for treatment. Staff should continue to display sensitivity in working with patients and their families in the event of a major incident.

Guidance has been published by the Department of Health to raise awareness for responders in understanding of varying beliefs and sensitivities of victims and families from different communities in the event of a major incident. Copies of this guidance are available in the Emergency Depts/Units, HCC's and the Mortuaries.

STAFF WELFARE

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- Health and safety
- The availability of food and other refreshments
- Working hours
- Rest breaks
- Travel arrangements

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- Consideration of personal circumstances
- Emotional support during and after the incident

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly at the start of a shift at shift changes and handovers.

HEALTH AND SAFETY

A major incident may involve staff working in areas they are unfamiliar with. During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Trust policy will continue to apply.

COMMUNICATIONS TEAM

The communications team will activate their departmental major incident plan which covers all elements of their response from multi-agency working, to media and social media monitoring and handling. They will be responsible for informing and advising all staff of the response level to the incident as well as key information relating to it, as appropriate and depending on the nature of the incident. This will require the development of communication materials including press statements, social media posts and internal messages via the intranet, all staff emails and pop-up desktop messaging as needed, as well as face to face briefings depending on the nature of proceedings.

Staff and stakeholders will not only look to traditional channels for information, but will rely (as has been shown in terrorist attacks in London and Manchester during 2017) increasingly on social media. This information may be inaccurate and so the communications team will need to ensure a flexible and swift response. The information flow will need close monitoring during the course of the event as 'fake news' and misreporting could spread quickly and this will need to be pre-empted and swiftly managed. Moreover, the communications team will need to establish the corporate, bilingual social media Twitter and Facebook accounts as the 'single source of truth' on behalf of the health board. This will need to happen early on and confidence will only be maintained through the timely, regular sharing of information.

Any media calls received by Switchboard should be re-directed to the dedicated media line – 01267 239554 unless directed otherwise by the Head of Communications. A reactive statement will need to be drafted as soon as is practically possible so that there is a holding line, this should also help to prevent the dissemination of misinformation. If a spokesperson is required the communications team will be responsible for identifying this person, briefing them, and liaising with media outlets.

LOCKDOWN

A lockdown of individual buildings or a specific location may be required to either contain the major incident or prevent an external threat from gaining access to Health Board facilities. Lockdown can only be effective if it is conducted quickly, either in response to a localised incident or intelligence received.

For a localised lockdown to be effective, standard operating procedures need to be understood and practised by staff. Any decisions to lockdown should be taken by the Director of Operations or Hospital Management Team. Factors to be included are Risk; Duration; Communication and Multi-agency involvement/liaison

CHILDREN AND MAJOR INCIDENTS

Children have specific needs, both physiological and psychological. Advice and support must be obtained initially from the Nurse in Charge, Children's Ward/Unit and the Paediatric Consultant on call. A Senior Nurse/ Manager can be contacted through the Major Incident cascade process.

If children are uninjured but accompany casualties, support from the play leader/nursery nurse should be sought to minimise any distress experienced during the hospital episode. The child's GP/School Nurse/Health Visitor must be informed of any child involved in an incident.

In-patient children's services are provided 24 hours a day in both Glangwili General Hospital, Carmarthen and Bronglais General Hospital, Aberystwyth. There is a non 24 hour Paediatric Ambulatory Care Unit based at Withybush General Hospital, Haverfordwest.

Where adults and children from the same family are involved in a major incident, and the facilities for adults and children are in separate hospitals, the following guidance should be used:

- If both adults and children are seriously injured, they may need to be taken to separate facilities, but a balance needs to be struck between the benefits to children of being kept close to their parents, and their distress at seeing severely injured patients;
- If adults are seriously injured, but children are uninjured or have only minor injuries, then the family should be taken to the hospital receiving the adults where arrangements for the care of the children should be made.
- If the children are seriously injured, but the adults uninjured or have only minor injuries, then the family should be taken to the children's hospital where one exists, there the adults can be treated and help in the children's care

Dyfed Powys does not have a separate children's facility but with the use of the air ambulance the above separation may occur. Liaison should take place with the Ambulance Service and if separation has occurred non injured parties may require transport to the other sites. Appropriate transport should be arranged to facilitate this via local taxi firms, voluntary services etc. If transportation is inappropriate communication links should be established with the other sites so that family members can be kept informed.

POLICE HOSPITAL DOCUMENTATION TEAM

Depending on the scale and nature of the incident, a Police Documentation Team may be deployed to the Hospital(s). They will be established in one or more of the three rooms allocated for this purpose within the hospitals identified for Dyfed-Powys Police use, which are:

- Withybush: CCTV room/Police room, Reception Area, Emergency Department
- Glangwili: 2nd Emergency Unit Consultants Office, Emergency Department
- Bronglais: CCTV room/Porters room (rear of the Dining room)

The Police Documentation Team will pass generic casualty information electronically via the Police Holmes4 system to the Police Casualty Bureau which will be established at Police Headquarters, Carmarthen.

POLICE CASUALTY BUREAU

The Police Casualty Bureau information will be collated from the hospital and the general public. To assist this process, a unique Casualty Bureau telephone number will be publicised by the Police through the media for members of the public to enquire regarding their missing loved ones.

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This unique Police Casualty Bureau number will be issued as soon as practically possible during incidents.

The Police will refer all enquiries about the medical condition of identified casualties to the special ex-directory numbers at the relevant hospital.

The Police have the responsibility for informing relatives of the location of their family member, and will inform the next of kin of any deceased victim.

ARRANGEMENTS FOR VIP VISITS

In the event of a major incident occurring in the catchment area of the hospital, it is likely that a VIP (or VIPs) will ask to meet with casualties. The normal arrangements will be required (i.e. early liaison with Police etc) as with any other visit. However, the hospital will be under abnormal operating pressure so consideration must be given to calling in additional staff in order to minimise the impact on operational services. A designated reception area will be identified area for any VIP(s).

Head of Hotel Services will arrange for control of the media parking area. Members of the press/media will be directed to the Media Area.

Potentially, there will be a high level of media interest on such occasions. The Communications Team will deal with the media and will liaise with the Senior/On-Call Manager (as appropriate) in identifying support staff to undertake various duties in connection with the increased press and public interest.

General security matters will be dealt with by the Head Porter in liaison with the Security Advisor and the Police. As appropriate, the Police Press Officer will liaise with the Press Officer in dealing with the press and media.

MAJOR INCIDENT STAND-DOWN AND ASSOCIATED FUNCTIONS

When all live casualties have been evacuated from the Incident Site, the emergency services will agree the Site Incident Stand Down. The Ambulance Service will notify the designated and supporting hospitals of the Site Incident Stand Down. Where possible, the Ambulance Incident Officer will make it clear whether any casualties are still en-route. However, the Medical Controller in the Hospital Co-ordination Centre will decide whether it is appropriate for the hospital to go to Stand Down at this time, or at a later stage. The Medical Controller will ensure that the stand-down message is communicated to all Departments.

Post Incident Follow Up/Counselling Support For Patients/Relatives

For patients managed within the Emergency Department a copy of their patient notes will be sent to the patient's GP for appropriate follow up. This will include a letter informing the GP of the patients' involvement in the Major Incident. For in-patients, GP's will be notified via the patient's discharge letter.

C.A.L.L. Helpline

Community Advice and Listening Line offers emotional support and information/literature on Mental Health and related matters to the people of Wales. **C.A.L.L. Helpline** offers a confidential listening and support service:

Freephone: 0800 132 737 or Text 'call' to 60062

<http://www.callhelpline.org.uk>

Incident Debriefing

A hot de-brief will be held with the main responding staff within 48 hours of the end of the incident. A more inclusive Debrief for staff will occur within two weeks, with the option of a follow-up if the team requests it. Debriefing not only gives people a chance to talk through their own emotional feelings but also helps staff to review the operational processes and check to see if any changes need to be made. It also enables recognition of a job well done.

The outcomes of the internal debrief are likely to be fed into a wider multi-agency debrief which will be facilitated by the Dyfed Powys Local Resilience Forum Partnership Team. Lessons learned/identified will inform future planning and highlight opportunities for future training and exercising.

Further guidance on supporting staff after a critical incident can be found on the Staff Psychological Well-Being Services pages on the Intranet. Managers needing additional advice can contact the Service directly.

If there is a need for any ongoing team or individual psychological support, this support can be obtained from the Staff Psychological Well-Being Service and/or Occupational Health Department

COMMUNITY INCIDENT

Hywel Dda Community staff may be involved in a Major Incident situation when the rest of the Health Board Major Incident Plan has not been invoked. A request may be received from the Local Authority Emergency Planning Officer for health service support at uninjured Survivor Reception Centres and Evacuation Centres, e.g. a flooding incident or a large fire where there are no casualties, but local residents have been evacuated from their homes; or an evacuation of a Nursing / Residential Home.

In any community there are likely to be groups of vulnerable individuals. Information may be sought in relation to chronically ill patients and frail/disabled persons within a given community, where evacuation may be considered by the Police.

In particular, Community Nursing Services may be called upon to provide:-

- Nursing support at Survivor Reception Centres and Rest Centre.
- Nursing support for patients discharged early.
- Nursing service in Health Centres / Clinics.
- Assistance in the administration of vaccines and/or emergency antidotes.

Where the Hywel Dda Major Incident Plan has not been activated, activation of Community Services will be from the Local Authority Emergency Planning Officer to the Community Manager on-call or relevant Locality Office.

Pharmacy may be asked to also assist with the provision of medication in such an event and should be contacted via the Lead Pharmacist during office hours and via Switchboard out of hours.

CYBER INCIDENTS

Much work is currently being undertaken at national and local levels to respond to the increasing risk and levels of cyber attack on public organisations. It is likely that in the future, cyber resilience and response will be aligned more with Civil Contingencies. Currently though, in the event of a cyber attack within the Health Board, the technical response will be led by Informatics whilst the service level response will be led from a business continuity perspective. However, if the impact is significant the Major Incident Plan and declaration of an Internal Incident could be activated to respond to the incident.

MANAGEMENT OF BURNS

Burn care is organised using a tiered model of care (centres, units and facilities). The most severely injured are cared for in burn centres with those requiring less intensive support being cared for in burn units. Patients with smaller burn injuries are cared for in facility level burn care services.

- **Burn Centres** – This level of in-patient burn care is for the highest level of injury complexity and offers a separately staffed, geographically discrete ward. The service is skilled to the highest level of critical care and has immediate operating theatre access.
- **Burn Units** – This level of in-patient care is for the moderate level of injury complexity and offers a separately staffed, discrete ward.
- **Burn Facilities** – This level of in-patient care equates to a standard plastic surgical ward for the care of non-complex burn injuries

The Welsh Burns Centre is situated at Morriston Hospital, Swansea and offers:

- Adults: Centre, Unit & Facility level care
- Children: Unit & Facility level care

Children who sustain burns which require centre level care require transfer to the Paediatric Burns Centre at Bristol Children's Hospital.

The criteria for referral to burn services has been agreed by the National Network of Burn Care and has been widely circulated to all Emergency Departments.

- (Ref: National Network for Burn Care: National Burn Care Referral Guidance (2012))

The Burns Centre at Morriston Hospital forms part of the South West UK Burn Care Network which includes burn care services at Southmead Hospital, Bristol; Salisbury District Hospital, Salisbury and Derriford Hospital in Plymouth.

In the event of a major incident involving patients with burns the Co-ordinating Medical Officer in the H.C.C. will liaise directly with the on call Burns Consultant at Morriston Burns Centre to discuss patient care/treatment.

Relatively small numbers of burn-injured patients can overwhelm burn care capacity particularly if children and young people are involved.

It is important that those patients admitted to the Centre are those who are likely to benefit most from the specialised facilities.

The Burns Centre in Morriston hospital can admit a maximum of 10 major burns cases (>30% body surface area) but this would be dependent upon the bed occupancy rate of the centre at the time and the availability of staff.

This may mean that in the event of an incident involving multiple burns, all casualties arriving at the Receiving Hospital will require admission and stabilisation prior to transfer to a specialist burn service appropriate for their level of injury.

Acute Phase (24 hours) - Admit all patients to hospital. Inform on-call team at Morriston Burns Centre. Depending on the number of casualties a Burns Incident Response Team (BIRT) may be sent to assist with triage and advise on initial treatment.

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As many patients as possible will be transferred to Morriston Burns Centre up to capacity. When capacity is reached the On call Burns Consultant will advise on availability of beds within the South West UK Network and will have liaised with clinical colleagues in Burns services throughout the UK. Patients should be transferred to a level of care that is appropriate for their level of injury. It is anticipated that patients with minor burns would remain at the Receiving Hospital or be discharged and be treated locally by Emergency Department /Surgical staff with subsequent advice and assistance of a Burns Specialist Care Team (BSCT).

After 24 hours - The Emergency Department/Surgical Staff of the Receiving Hospital together with the Burns Incident Response Team (BIRT) from Morriston Burns Centre (or other Burns Network facility) will confer and decide on the management of patients remaining at the Receiving Hospital.

In the event of a burns major incident within the SWUK network, the on call Burns Consultant at Morriston(for adults) and Bristol Children's Hospital(for children) and Burns Liaison Manager will advise where patients should be transferred to.

The National Burns Bed Bureau (NBBB) can be contacted 24 hours a day on 01384 215576 to ascertain where there are available burn beds.

Further information can be obtained from:

- NHS Emergency Planning Guidance: Planning for the management of burn-injured patients in the event of a major incident (2011)
- NHS-E Concept of Operations for the management of Mass Casualties (Burns Annex) (2019)
- South West UK Burn Care Network: Burn Major Incident Plan Guidance Document (2012) [*in final draft form as of Oct 2012*]
- National Network for Burn Care: National Burn Care Referral Guidance (2012)

copies of which are held in the Emergency Departments and the Hospital Co-ordination Centres, and on line at:

[HTTP://WWW.SPECIALISEDSERVICES.NHS.UK/BURNCARE](http://www.specialisedservices.nhs.uk/burncare)

MANAGEMENT OF CHEMICAL INCIDENTS

In the event of a major incident involving chemical decontamination, consideration should be given to activate the Hospital Lockdown Procedure, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Hywel Dda has a responsibility of care to provide facilities for the decontamination of any persons involved in an incident, where that person or persons, may become contaminated by a substance known or unknown. Hywel Dda has therefore a responsibility to ensure the decontamination of casualties is undertaken in a safe and responsible manner.

Personal Protective Equipment (PPE)

Hywel Dda Emergency Departments and the Ambulance Service are equipped, and are able to deal with contaminated casualties. All casualties at the scene will be decontaminated by the Ambulance Service, prior to transfer to hospital.

Both Ambulance and Fire Services are equipped with mobile decontamination equipment for mass casualty chemical decontamination. Valero Refinery at Pembroke, also have a Decontamination Unit. When patient numbers exceed local capacity, liaison will take place between the HCC and local Fire Service to provide extra decontamination facilities.

The hospital decontamination unit must be utilised in the event of any chemical, radiation or biological incident, this may be necessary for patients self presenting from the scene that have not been decontaminated by the Ambulance Service.

Advice must be sort from the On-call Public Health Consultant via Ambulance Control Carmarthen.

Once the nature of the chemical contamination has been ascertained further advice may be obtained from the 24 hour Chemical Incident Hotline Tel: 0344 8920 555.

Other Sources of Information/Advice

Public Health England Centre for Radiation Chemicals and Environmental Hazards
In hours – 02920 416388 or Out of Hours – 0344 8920 555

Provides support and advice to local authorities and health bodies in the event of an acute chemical related incident and related issues such as contaminated land. 24 hour advisory service on environmental, chemical, medical toxicological, epidemiological and public health aspects of chemical health hazards.

CHEMSAFE Tel: 01235 463060

The 'Chemsafe' scheme is operated by the British Chemical Industry and aims to provide accurate information on the nature of spilled chemicals, and practical assistance when required from incidents involving the transportation of dangerous incidents.

National Focus for Chemical Incidents Tel: 0541 545654

The National Focus provides a telephone specialist advice and is available 24/7. It can provide direct specialist advice, usually for incidents of national significance, or will direct callers to the appropriate sources of expertise and advice.

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National Poisons Information Service Tel: 0344 892 0111

This service is only available to NHS professionals, and is staffed 24-hours a day, 365 days a year by trained NPIS specialists in poisons information.

Water Research Centre Tel: 01491 571531

The Water Research Centre through it's national Centre for Environmental Toxicology, offers advice on a wide range of issues concerning the potential effect of chemical contaminants.

Known Hazardous Sites in the Hywel Dda area:

Top Tier COMAH Sites (Control of Major Accident Hazards):

- Puma Refinery, Tiers Cross, Milford Haven (formally known as Murco)
- Valero Pembroke Refinery (previously known as Chevron refinery)
- VPOT Fuel storage site, Waterston, Milford Haven, (formally known as Petrol Plus/SemLogistics),
- Dragon LNG Terminal, Waterston, Milford Haven. (Located on SemLogistics site)
- South Hook LNG terminal, Herbrandson, Milford Haven.
- Tata Steel Plant, Trostre, Llanelli, Carmarthenshire.

Notification of Installations Handling Hazardous Substances Regulations (N.I.H.H.S.)

- Ministry of Defence, RAC Range Castle Martin, Pembroke

MANAGEMENT OF RADIATION INCIDENTS

Roles of different agencies on the occurrence of a radiation incident are as follows, and the Hospital Co-ordination Centre will make the necessary contact:

Current advisors are able to monitor casualties and advise on decontamination requirement. The current Radiation Protection Advisors are based at Singleton Hospital, Swansea, and can be contacted via Switchboard on 01792 205666. Out of hours contact can be made by requesting Medical Physics on call.

In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown Procedure, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Incidents involving the transport of nuclear materials will fall under the remit of national arrangements facilitated by the Atomic Weapons Establishment who monitor movements of Defence Nuclear Material. In the event of an incident the Joint Operations Cell will alert the Civilian Emergency Services and call out the Nuclear Emergency Organisation.

Response Standby

The extent of the response will depend upon the type of incident and its impact.

Where an Incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by the Dyfed Powys Police (with assistance of the Fire Service who possess a mobile de-contamination unit).

Type 1 - Non-Injured Patients

Advice may be sought from the Radiation Protection Advisor, at Singleton Hospital. If there is a need for drug administration for the treatment of internal contamination, the Ambulance Service should ensure that casualties are conveyed to the Emergency Department, Morriston Hospital, Swansea.

Type 2 - Injured Persons (e.g. Road Traffic Collision)

For these types of incident, there are two national schemes in place to provide support to the Police who will lead any responses. They are:

1. **RADSAFE** - this scheme provides expert assistance to the emergency services following an incident involving the transport of radioactive material.
2. **The National Arrangements for Incidents Involving Radiation (NAIR)**. This scheme is administered by the National Radiation Protection board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to provide advice on protection measures and respond to the Emergency Department receiving contaminated or irradiated casualties, this would usually be Morriston Hospital, Swansea.

Type 3 - Multiple Persons Involved (e.g. Power Station Incident)

An incident of this magnitude will require a multi-agency response, the involvement of the National Radiation Board, and the Welsh Government. The Welsh Government will establish an Incident Response Team to co-ordinate the health response and provide support to the Police arrangements.

Reception and Treatment of Casualties

As soon as severely irradiated casualties are decontaminated and stabilised, they should, in liaison with the Medical Team and the Radiation Advisor, be transferred to an appropriate facility which is suitably equipped to deal with them.

Radiation Monitoring For Members Of The Public

The Radiation Protection Advisor may need to establish a temporary Radiation Monitoring Unit (RMU) to carry out health monitoring.

Public Health Information

Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group (Gold) who are responsible for co-ordinating mobile media information.

Where the radiation injury is life threatening and the need for treatment immediate, admission may be direct to the Receiving Hospital whilst the advice of a radiation expert is awaited.

If time is available preparations should be made before the patient arrives at the hospital.

As soon as possible, information must be obtained from the scene of the incident regarding numbers and condition of casualties expected, and whether or not decontamination has been undertaken at the scene. Ideally, all casualties should be decontaminated prior to transport to Hospital.

If Biological Sampling Kits are required, five are stored in the Emergency Dept - WGH, and a further five are kept in the Biochemical Laboratory at WGH. However, if more kits are required, they can be obtained from the Chemical Pathology Laboratory at Morriston Hospital. (During working hours: contact Secretary to Consultant Chemical Pathologist on 01792 703988, out of hours: the on call Chemical Pathologist / Clinical Scientist via Morrison Switchboard 01792 702222).

It will be necessary to monitor the condition and movements of all staff who have had contact with contaminated patients (including Ambulance personnel). Once their immediate duties have been completed, they should be kept in a separate prepared area of the Department for monitoring, following decontamination. This area will be identified at the time of the incident and according to numbers.

Staff who are, or may be, pregnant must be informed of the situation. A decision will then be made, based on the specialist advice obtained, whether they can participate in the patient(s) care.

The HCC must ensure that notices are posted, and the Hospital Information / Media Centre utilise local media to advise any self referrals to the Emergency Department that a decontamination process will be required prior to entering the hospital building. This may also require the support of the Police controlling large numbers of people / patients.

The HCC must ensure that advice is obtained and implemented in relation to any contamination of the hospital environment by means of biological / chemical / radiation agents. The HCC will need to liaise with Public Health Wales / Ambulance Control to access supplies of antidotes / vaccines as appropriate to the situation.

MANAGEMENT OF BIOLOGICAL INCIDENTS

Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable diseases including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by local authority environmental health departments.

Public health legislation for the control of communicable diseases is vested in local authorities;

- Public Health (Control of Diseases) Act 1984
- Public Health (infectious Diseases) Regulations 1988

Within Hywel Dda, the Infection Control Departments in conjunction with the Consultant Microbiologists are responsible for Infection Control Policies.

In cases of outbreaks of Small Pox or SARS, a specified area within the Emergency Department will be used and cordoned off for self referral patients. This area will be identified at the time of the incident and according to numbers.

The Infection Control team led by the Consultant Microbiologist should be contacted for isolating these and other patients in a designated area of the hospital. This area will be identified at the time. These patients will be held in the designated area for a short time. After stabilisation, these patients will be transferred to the Infections Ward, University Hospital of Wales, Cardiff.

The Consultant Microbiologist (or Infection Control Team) will inform the HCC and the Director of Public Health of an outbreak. Public Health Wales has a lead role in the managing an outbreak of infectious diseases.

If requested by the Strategic Co-ordination Group, Public Health Wales will establish and chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment, the Health Board may be under pressure to maintain services. In such situations arrangements will need to be put in place to ensure adequate resources are in place. This may include invoking emergency planning procedures.

Where investigations lead to suspect that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put in place.

MORTUARY FACILITIES AND DECEASED PERSONS

These are the responsibility of Her Majesty's Coroner (via the Police). As a general rule, no such persons shall be moved without the advice of the Police.

NOTE: Where a large number of fatalities occur at an incident site, there will be covered temporary body storage, known as **Body Holding Area** (not to be confused with a Temporary Mortuary).

Temporary Mortuary

The Coroner may request a Temporary Mortuary. In this case, no deceased person should be transferred from the incident site to the hospital mortuary, except in circumstances where a small number of fatalities occur. In these circumstances, it may be possible to accommodate them at a Hywel Dda mortuary.

Dyfed Powys Mass Fatalities Plan

The temporary mortuary arrangements within Dyfed Powys are facilitated via the **Dyfed Powys Mass Fatalities Plan**. This plan details the multi-agency arrangements. Local Authorities have the statutory duty to provide temporary mortuary facilities on behalf of the Coroner. The four Local Authorities within Dyfed Powys maintain contracts with specialist providers of such services (e.g. Blake Emergency Services) and are the identified licence holders. The Coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the county. This is specifically intended to reduce pressure on the hospital mortuaries.

Any such, a temporary mortuary facility will be jointly operated by the Police and the Local Authority on behalf of the Coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

Hywel Dda University Health Board supports the Designated Individual (D.I.) responsible for overseeing the activity within the Temporary Mortuary whilst operational. Hywel Dda mortuaries have only a limited capacity to expand to accommodate fatalities (subject to existing occupancy).

National Emergency Mortuary Arrangements (NEMA)

The UK NEMA capability has been decommissioned. As a result, additional body storage facilities have been acquired, and located within the Dyfed Powys LRF area. These include:

- Nutwell Storage Unit – located with Dyfed Powys Police
Access via Specialist Operations on 01267 226352
- NEMA Storage Unit – located with Pembrokeshire County Council
Access via Emergency Planning Unit on 01437 775661 (office hours) or 07785 928731/
07792 608580 (out of hours)

Both units are available to partner agencies to provide additional body storage capacity.

Forensic Considerations

Any major incident (which is not a natural occurrence) where fatalities occur, will be the subject of a criminal inquiry and every effort must be made to preserve forensic evidence for subsequent investigation.

All forensic material including clothing, personal effects and any other artefacts brought to the receiving hospital in relation to a patient/victim of a major incident must be **retained in a clear plastic bag** and labelled with details, if known, of the owner. Any material not identifiable as being the property of an individual must also be clear bagged and labelled with the date, time and location at which found. Dyfed Powys Police Forensic Offices will collect material from hospitals.

Under the authority of the Coroner, Dyfed Powys Police will undertake work relating to identification of bodies and management of their belongings etc. known as **Disaster Victim Identification (DVI)**.

MASS CASUALTY INCIDENTS

Definition of a mass casualty incident

A mass casualty incident is defined as “a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response”. (Welsh Government “Wales Emergency Planning Guidance: Mass Casualty Incidents: A framework for Planning. Nov 2015)

A mass casualty incident will consequently be defined by the circumstances and apparent nature of the episode and not by the initial assessment of numbers of casualties. Numeric assessments are not possible in such incidents often for hours or days. It will generally be recognised by its scale and the fact that normal major incident responses will be insufficient.

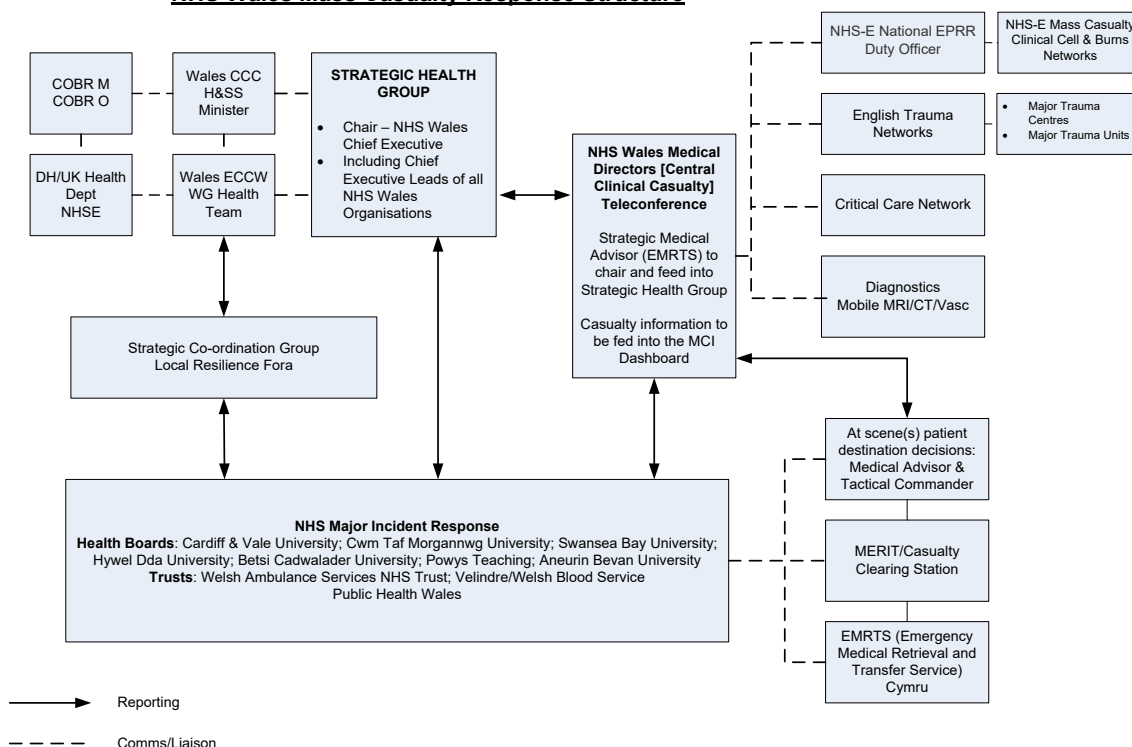
General information

Responding effectively to a mass casualty incident requires an integrated approach to service delivery by Health Boards working in partnership with other Health Boards, Trusts and partner Category 1 and 2 responders. In planning their response to these types of incidents, all Health organisations will need to ensure business continuity and escalation processes, and the on-going provision of services for patients who require urgent medical attention but not associated with the incident/s.

Command, control and co-ordination arrangements of NHS Wales for dealing with a mass casualty incident, building on existing major incident plans, are set out in the “Mass Casualty Incident Arrangements for NHS Wales” document issued by Welsh Government (version 3 – July 2019)

The arrangements provide a response framework for NHS Wales organisations to escalate and combine their capabilities, while allowing each of their respective major incident plans to address internal capacity, staffing and resource issues and/or local multi-agency arrangements.

NHS Wales Mass Casualty Response Structure



BRONGLAIS HOSPITAL SITE ACTIONS

Declared Incident

Out of hours:

The telephonist calls out **key staff** in accordance with the **Cascade System**. The telephone message should contain the following:- **"A major incident has occurred. This is not an exercise. I repeat NOT an exercise. Report to your place of duty in the Major Incident Plan, informing the Hospital Co-ordination Centre of your arrival, and follow the instructions of your major incident action card. You should attend in uniform and/or carry hospital identification as you may have to pass a police cordon."**

If on-call personnel of a Department are unavailable this should be reported to the Hospital Co-ordination Centre on completion of calls as listed.

On notification of a Major Incident, and before leaving for BGH, recalled key staff should follow the instructions of their departmental plan. This may involve cascade recall of other staff.

On arrival at the hospital, staff should park in the Frongoch car park – the shuttle bus will be operational to transport staff to site. Key staff should inform the Hospital Co-ordination Centre of their arrival and of the state of departmental recall. Instructions may then be given with regard to call-out of their own departmental staff, if not already performed.

Working Hours

Contact will be established with the key staff internally/externally as necessary.

The procedure is then as directed in departmental plans/action cards. Staff will, on notification of a Major Incident, carry out the instructions on their Action Cards unless modified by instructions from the Hospital Co-ordination Centre.

The initial evacuation of the Day Surgery Unit Recovery Room will be co-ordinated by the Sister in charge/nominated deputy in conjunction with medical officers as available. Patients should be transferred to wards or if medically fit, then discharged directly home.

All outpatient areas will be cleared as per departmental plans.

Out Of Hours:

Senior Manager on site will inform all ward areas to **prepare** for possible discharge/transfer and receipt of additional patients. If further clearance does prove necessary on the wards they will be notified by the HCC.

Patient Clearance Holding

Risk assessments will be undertaken to identify appropriate patients for facilitated discharge. These patients will transfer to the Physiotherapy Department adjacent to Outpatients in the blue block with overflow to Leri Day Unit to await transport.

Out of Hours

On declaration of major incident, duty Occupational Therapist will proceed to the Physiotherapy Department, and using the duty pack and its enclosed updated telephone recall list, the duty O.T. will then commence staff recall.

Working Hours Procedure

The most senior O.T. should take charge and delegate a member of staff to undertake the recall of staff if necessary. Any waiting patients should be asked to leave the hospital and go home. Patients under treatment should have their treatment curtailed and they should be advised to leave. Any that cannot, should move to Physiotherapy.

Allocated O.T. staff to report to Physiotherapy to assist in the following:

1. Recording of Patient name **on arrival**; ward of origin; any planned mode of transport; whether for transfer or discharge.
2. **On discharge**; time of leaving; mode of transport; where discharged or transferred to.

These simple records should be held until completion of the incident and then surrendered to the Co-ordinating Medical officer in the HCC.

As indicated, patients may be transferred to, Tregaron or other neighbouring Health Board hospitals. Inter-hospital transfers will be arranged in conjunction with the Ambulance Service, and Internal Hospital Transport. However, as it is likely that Ambulance vehicles will be involved in the main incident contact may be required with the Central Transport Unit and the Local Authority to check availability of suitable transport assistance.

Co-ordinating this activity will be the Medical Controller in the Hospital Co-ordination Centre.

SOFT FM (HOTEL SERVICES)

The Soft FM staff are to provide portering, traffic control and security activities along with other areas of activity at a very early stage in the alert and in the preparation of the hospital. Staff, including domestic, catering and portering will proceed in accordance with the detailed current departmental plan. This entails an early attendance at the Emergency Department by a Duty Porter whether in working hours or out of working hours, the first Duty Porter is to make sure that the doors in the Postgraduate Centre and Reception entrance are opened, and that the main entrance to the Horse Shoe entrance, Penglais Hill is locked. Allocation of additional Porters is arranged in the departmental plan, providing assistance in a variety of areas. Appropriate arrangements will be made in terms of catering, dependent upon information received from the Hospital Co-ordination Centre and similar activities should follow in terms of availability and usage of domestic staff.

CASUALTY HANDLING

Hospital Capacity

At Bronglais Emergency Department, the maximum capacity to stabilise "serious casualties" by surgical and/or resuscitative treatment is 2 in a two hour period.

A "Serious Casualty" is one who without medical and/or surgical intervention within the first two hours of being injured would be expected to die.

Not all life-threatening casualties would require surgery as the condition of some could be life-threatening by virtue of, for example, the need for airway management rather than surgery.

Reception, Triage & Resuscitation

The Emergency Department will be converted into a facility for the handling of casualties, however emergency admissions for non incident patients will also be maintained where possible. Triage will be carried out, as the casualties arrive, by the Triage Doctor, or if not available, the Senior ED Nurse.

The details of the preparation and conversion of the ED to this role are held in the EUCC Department Major Incident Plan.

TRIAGE AND CASUALTY LABELS

Evacuation priorities should follow the coding set out below. Each casualty to be colour coded according to the injury severity. Each Cruciform card will also be pre-numbered.

COLOUR	PRIORITY	ACTION
Red	1	Immediate <i>Patients requiring life saving resuscitation or treatment</i>
Yellow	2	Urgent <i>Patients requiring urgent treatment for serious but not life threatening injuries.</i>
Green	3	Minor <i>Patients requiring non-urgent treatment for minor injuries and psychological shock.</i>
Blue	4	Expectant <i>Casualties whose injuries are so severe that they either cannot survive or would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the Chief Medical Officers' office at Welsh Government. To date, this category has not been utilised in any civilian major incident in the UK.</i>
White		Deceased

Following arrival at Bronglais Hospital Emergency Department, all patients will be re-assessed.

PATIENT FLOW/ALLOCATION FROM EMERGENCY DEPARTMENT

The planned allocation of patients is as outlined below however the Hospital Co-ordination Centre may deviate from this plan as dictated by the nature of the Incident (numbers and case mix of casualties)

Following Triage, patients will be allocated as follows:

Patient Category:	Allocation to:
P1's	Emergency Department: <ul style="list-style-type: none"> • Resus Bays 1 & 2 • Majors Bays 3-6 then Main Theatres (after being stabilised) with Endoscopy (4 x recovery bed spaces plus procedure room = 5) as holding area if required

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Patient Category:	Allocation to:
P2's	CDU Rooms D, E, & F then either main theatres or allocated wards as appropriate
P3's	Emergency Department with DSU as overspill (12 bays plus large waiting areas)
End of Life Care	CDU Rooms A&B
Non Incident Serious Patients	CDU Room C
Existing In-Patient Discharge holding area	Out-patients Physiotherapy Dept. (takes approx. 4-6 pts on stretchers and can secure area), with overflow/2nd option back of Leri Day Unit (take approx. 6 patients on beds)

Mortuary - Temporary facility for deceased arriving, is the Hospital Mortuary. This should only be those that have died en-route. No deceased at the scene should be brought to the hospital. Access to Mortuary via external door.

Casualty Documentation

Documentation packs will be available at the Casualty Reception Area/Triage Points. Each pack contains an identity bracelet, a Police documentation form and a property bag, all uniquely numbered. These will be issued on triage and take precedence over existing documentation. Casualties arriving with a completed Cruciform card detailing any pre-hospital triage sort & sieve and treatment will need to have the Cruciform Unique Reference Number attached to all further documentation to ensure all records can be collated.

The Cruciform card and the property bag will remain with the patient until admitted to ward or discharged. If the Police require the property as evidence it must be signed for (see Health Board Property Policy). The Police will be responsible for the completion of the Police documentation form.

Post-Operative

The post-operative admission ward/area(s) will be nominated by the HCC, based on the beds available after decanting etc.

Apparently Uninjured-involved

The apparently uninjured will be directed, following initial triage, to the Outpatients Department where a further assessment will be made. Any Voluntary Aid Group personnel will be asked to assist in this area. Patients cannot be discharged home until the Police Documentation Team have confirmed that they have all necessary details. If required the Dining Room can be utilised as a secondary waiting area.

Relatives

Relatives and friends will be directed to go to the Dining Room via the lower ground entrance Caradog Road (Pharmacy entrance) for information. Again, Voluntary Aid Group personnel will be encouraged to assist in this area together with the Health Board's "Volunteering for Health" volunteers if required.

Traffic Control

A designated person will be responsible for traffic control duty at the Ambulance Discharge Point, to prevent blocking access by vehicles. (As specified in Hotel Services departmental plan).

Media

The Hospital Co-ordination Centre will arrange for an area to be set aside for the use of the media - the **Postgraduate Lecture Theatre**.

All media representatives will be directed to the Postgraduate Lecture Theatre. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team.

The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews.

Outside broadcast vehicles will be sited in the access road to the National Library (adjacent to the Hospital).

Communication with staff

Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems.

Non incident Emergency Department Patients

Any patients arriving who need treatment but who are not part of the major incident will be advised of the current situation, assessed and informed of appropriate alternative treatment options. If they decide to wait, they will be treated as incident patients but recorded as not so in their documents on triage. CDU Room C will be utilised for serious non-incident patients.

The G P Out Of Hours Unit

Normal Working Hours:

During normal working hours the unit is not functional.

Out Of Hours:

Out of hours the unit is functional and is located in Out-Patients. The aim will be to continue to function as normal. Non incident Emergency Department patients to be redirected to the GP in the unit where possible to alleviate any extra burden on the Emergency Department. If incident numbers/type is such that unit cannot continue then HCC to be informed immediately.

INFORMATION

Relatives arriving at Bronglais Hospital should be directed to the Dining Room via lower ground entrance, Caradog Road (Pharmacy entrance). This entrance should be manned by 2 staff members/volunteers. The dining area will act as a point of contact for the Voluntary Services and other agencies involved. Hospital Chaplains should be asked to assist in this role. Relatives will be asked to give information to assist in locating/identifying their relative who may be involved in the incident. This should be clearly documented. Person to be designated by HCC to be based by door between Dining Room and DSU to prevent unauthorised access to the DSU from Dining Room and from the top floor car park to the rest of hospital.

Radio

A communication link will be provided between Bronglais Hospital and Ambulance Control by the Ambulance Liaison Officer. If necessary an additional link will be set up in the Emergency Department by Ambulance Personnel. Care should be taken with regard to interference with medical devices. Copies available in HCC and ED.

Telephones

The Hospital Switchboard will continue to operate normally for as long as possible. It is anticipated that staff will need to rotate every 30-60 mins.

MS Outlook

Outlook will be used for the duration of the incident as a method of disseminating information from the HCC to all relevant areas. Any communication from Wards/Departments to the HCC must be via internal telephone or runner. It is accepted that not all areas will have I.T. access but the aim is to provide another method of communication where available.

Helicopter Landing Facilities

Helicopters carrying casualties can be landed in the Penglais School and/or Blaendolau fields prior to transfer by WAST to the Emergency Department. Helicopter transfers from Bronglais to other hospitals e.g. Morriston will also be co-ordinated by the Ambulance Service.

Information for decanting GP unit

In the event of a major incident being called during the Out of Hours weekend period the following actions are to be observed:

- Out of Hours Triage Nurse to inform Pembs doctors that a major incident has occurred.
- All patients are informed that a major incident has occurred at Bronglais Hospital and that only emergency primary care cases will be dealt with.
- All routine primary care will be postponed for 24 hours and patients are requested to divert to Cardigan or Llandysul treatment centres.
- Of the Out of Hours staff available on a Saturday morning, one Doctor, Driver and Nurse are to remain at the Bronglais site and form part of the staffing required for the Bronglais major incident.
- Should a major incident occur during the evening hours, the Pembs Doctors on call will be requested to take over the call handling and triaging of all patients.
- The patients will be advised that the Aberystwyth treatment centre will be closed and that all treatment centre contacts will be diverted to south of the county. Only acute primary care conditions are to be dealt with.

GLANGWILI HOSPITAL SITE ACTIONS

HOSPITAL CAPACITY

At Glangwili Emergency Unit, the **maximum** capacity to stabilise “**serious casualties**” by surgical and/or resuscitative treatment is **4** in a two hour period.

A “Serious Casualty” is one who without medical and/or surgical intervention within the first two hours of being injured would be expected to die.

Not all life-threatening casualties would require surgery as the condition of some could be life-threatening by virtue of, for example, the need for airway management rather than surgery.

Because of this limit to the hospital's capacity, it will be important for the Medical Controller to liaise with the Triage Officer so that prior to saturation point, notification is made to Ambulance Control in order for the Ambulance Service to divert casualties to other hospitals.

HOSPITAL ALERTING PROCEDURE

Any notification of a major incident (either ‘Standby’ or ‘Declared – Activate Plan’) **must** be directed to the Glangwili Switchboard in the first instance for verification and determination of the nature and scope of the incident.

If the On-Call Manager is not present on the GGH site, he/she should immediately arrange for an alternate senior manager to deputise in this role.

The Senior Manager/On-Call Manager will establish the Hospital Control Centre in the Clinical Decision Unit Seminar Room.

HOSPITAL ACTION

On arrival at the hospital, all staff must avoid parking in the immediate vicinity of the Emergency Unit.

- Key personnel (including General Managers and Senior Nurse Managers) should report their arrival or presence at the hospital to the Hospital Control Centre (Clinical Decision Unit Seminar Room, extension 8743). Emergency Unit staff will report direct to the Emergency Unit.
- Middle Grade Doctors should go to the Emergency Unit Staff Base and report to the Senior Emergency Unit Doctor. FP1& 2 Post Holders should report to their specialty wards.
- The On-Call Orthopaedic and General Surgery Consultants should report to the Senior Emergency Unit Doctor in the Emergency Unit Staff Base.
- A Triage Area will be established at the Emergency Unit Ambulance Entrance Foyer.
- Once casualty numbers have been estimated/determined and they exceed the current capacity of the Emergency Unit, then existing patients may be moved to the Endoscopy Unit to release capacity. This will be determined by the Senior Emergency Unit Doctor and the Nurse in Charge in conjunction with the Hospital Co-ordination Centre.

Triage

The Triage Officer will be:

The Emergency Unit **Consultant On-Call** (supported by a Senior Emergency Unit Nurse)
(Deputy – Senior Emergency Unit Doctor)

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The Triage Officer will divide the medical and nursing staff into teams so that patients can be assessed as soon as they enter the hospital. Priority for treatment will be decided as per the following principles;

COLOUR	PRIORITY	ACTION
Red	1	Immediate <i>Patients requiring life saving resuscitation or treatment</i>
Yellow	2	Urgent <i>Patients requiring urgent treatment for serious but not life threatening injuries.</i>
Green	3	Minor <i>Patients requiring non-urgent treatment for minor injuries and psychological shock.</i>
Blue	4	Expectant <i>Casualties whose injuries are so severe that they either cannot survive or would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the Chief Medical Officers' office at Welsh Government. To date, this category has not been utilised in any civilian major incident in the UK.</i>
White		Deceased

If the number of patients exceeds the maximum capacity of the Emergency Unit, patients in lower priority categories will be treated in the following locations;

Green Suite, OPD: (Priority 3 patients only)
Appropriate Specialty Wards.

Decisions on the location of patients will be determined by the Triage Officer. All patients found to be dead on arrival will be sent to Mortuary.

The needs of children will be recognised as far as practical with the resources available. Paediatric expertise will be called as required.

If there are paediatric casualties, the Nurse in Charge/Deputy Nurse in Charge will notify the Hospital Co-ordination Centre who will inform the Consultant Paediatrician On-Call.

ORGANISATION OF BEDS

The organisation of beds will be the responsibility of the Medical Controller, who will be the Hospital Clinical Lead.

The Medical Controller will be based in the Hospital Control Centre in the Clinical Decision Unit Seminar Room.

The Medical Controller will assume responsibility for co-ordinating the discharge of patients nearing convalescence or waiting for non-urgent surgery, in order to make beds available to accommodate for casualties from the incident. He/she will decide on the cancellation of routine admissions and advise on any matters of medical priority as necessary.

The Hospital/On-Call Manager will establish regular liaison with the Ambulance Liaison Officer, situated in the Outpatient Department.

The Site Manager will be the Nurse Controller until relieved by the Clinical Lead Nurse or their Deputy and will be based in the Hospital Control Centre.

The Nurse Controller will inform senior nursing staff of the incident and assess nursing resources. The Nurse Controller will call in the Night Nurse Practitioners and Senior Sister OPD as required and arrange for the recall of nursing and essential administrative staff as necessary.

The Nurse Controller will alert the ICU and HDU to the incident.

If requested by the Medical Controller, the Nurse Controller will ask the Operating Theatres Department to make arrangements for the cessation of non-emergency surgery and to prepare the Theatres for the treatment of the injured.

Bed State

The Site Manager (holder of Bleep 070) will be responsible for keeping the Medical Controller up to date with the bed state in the hospital and for establishing the bed state at neighbouring hospitals. In Glangwili General Hospital beds may be needed in several wards and Ward Sisters (or senior nurse on the ward) should liaise with their respective FP1 & FP2 post holders in order to advise on patients suitable for discharge.

All inpatients suitable for discharge from specialty wards will be sent to Out-Patients Reception for collection. Patients from Ward Blocks 1, 2, 3 and 4 should be directed to use Out-Patients exit. (Discharge sheet to be completed on patients discharged – see Page 76).

Theatres

If required the Senior Theatre Nurse on duty will prepare operating theatres for substantive treatment of the injured.

Intensive Care Unit

The Consultant Anaesthetist On-Call will advise the Intensive Care and High Dependency Units of patients to be admitted for critical care treatment.

Helicopter Landing Facilities – Helicopters carrying casualties can be landed in the field adjacent to the Roundabout prior to transfer to the Emergency Department. Helicopter transfers from Glangwili to other hospitals e.g. Morriston will be co-ordinated by the Ambulance Service.

COMMUNICATION

Relatives

Relatives arriving at the hospital should be directed to the Relatives' Reception Area located in the **Cardiac Respiratory Unit**. This area will act as a point of contact for the voluntary services and other agencies involved.

Beverages will be made available by Hotel Services staff.

Hospital Chaplains should report to the Hospital Control Centre to be given directions to where and how they can assist relatives.

Media

The Hospital Co-ordination Centre will arrange for an area to be set aside for the use of the media - the **Cambrian/Coracle Rooms**.

All media representatives will be directed to these rooms. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team.

The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews.

Outside broadcast vehicles to be sited in the parking area to the rear of the Cambrian Room.

Communication with Staff

Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems.

Telephone

The hospital switchboard will continue to operate as normally as possible for as long as possible. If the incident occurs when there is only one Telephonist on duty, a second Telephonist should be called in as quickly as possible.

Internal Communication

Volunteer and off duty staff will be used as runners between the Hospital Control Centre and hospital departments. The current system of internal radio links will also facilitate effective two way communication. If necessary, hand-set radios may be issued to the Medical Controller, Nurse Controller, by Head of Hotel Services or deputy.

Voluntary Aid Groups

A reception point for volunteers will be established at the Personnel/General Office Reception. The Nurse Controller will arrange for volunteers to be directed to the most appropriate areas.

Chaplaincy Services

Hospital Chaplains will report to the Hospital Control Centre where they will be deployed to either the Relatives' Reception Area (Cardiac Respiratory Unit) or the Chapel. They will ensure that the department supports the Health Board in responding in the most appropriate way to the distinctive needs of patients, carers and staff. The Chaplaincy team will be able to draw on multi-faith personnel to comply with and to consider the wide spiritual, religious, sacramental, ritual and cultural requirements during, and after the incident. They offer full consideration to the needs, background and traditions of those who practice a faith and people of no specified faith.

SUPPORTING HOSPITAL - PRINCE PHILIP HOSPITAL

Prince Phillip Hospital's main role in a Major Incident would be to continue the intake of medical emergencies from Carmarthenshire, provide a decant facility from Glangwili General Hospital, and where appropriate management of walking patients involved in the Major Incident.

Hospital Capacity

Prince Phillip Hospital has no capacity to stabilise casualties requiring definitive surgical management but could in extreme circumstances manage patients requiring airway management prior to transfer for definitive treatment. At Prince Philip Hospital the **maximum** capacity to stabilise “**serious casualties**” by resuscitative treatment is 2 in a two hour period.

The Hospital Co-ordination Centre from the Designated Hospital will be in contact to agree what type and what level of support can be offered by Prince Philip Hospital as the Supporting Hospital.

Hospital Alerting Procedure

Any notification of a major incident (either ‘Standby’ or ‘Declared – Activate Plan’) will be received from GGH General Manager/Manager on call as part of their action card responsibilities. In the event that the call is received via any other external route, the call **must** be directed to GGH Switchboard for verification and determination of the nature and scope of the incident.

If the Hospital/On-Call Manager is not present on the PPH site, he/she should immediately arrange for an alternate senior manager to deputise in this role (as the on-call manager covers both the PPH and GGH site it would be more likely that they would go to GGH than PPH).

The Hospital/On-Call Manager or deputy will establish the Hospital Co-Ordination Centre in the Management Offices Co-ordination Hub.

Hospital Action

On arrival at the hospital, all staff must avoid parking in the immediate vicinity of the Minor Injury Unit (MIU) and Acute Medical Assessment Unit (AMAU)..

Key personnel should report their arrival or presence at the hospital to the Hospital Co-Ordination Centre (Management Offices Co-ordination Hub Ext. 3709, 3530, 3073 or 3450) MIU and AMAU staff will report directly to their respective units.

Medical staff should report to their normal place of work and await further instruction (unless action card holders).

Staff with no particular departmental duties should make themselves available to be called by the Hospital Co-ordination Centre, to assist in the provision of a system of “runners/messengers”.

When a major incident is declared Paediatric casualties of any type **should not** be admitted or received by Prince Phillip Hospital.

Organisation of Beds

The organisation of beds will be the responsibility of the Site Manager/Bleep 600 Holder

The Medical Controller will be based in the Hospital Co-ordination Centre. The Medical Controller will assume responsibility for co-ordinating the discharge of patients nearing convalescence or waiting for non-urgent surgery, in order to make beds available to accommodate for casualties from the incident. He/she will decide on the cancellation of routine admissions and advise on any matters of medical priority as necessary.

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The Site/Bed Manager (the holder of bleep 600) will be the Nurse Controller until relieved by the Head of Nursing or Senior Nurse Manager and will be based in the Hospital Co-Ordination Centre.

The Nurse Controller will inform senior nursing staff of the incident and assess nursing resources. The Nurse Controller will call Emergency Nurse Practitioners, as required.

Bed State

The Site/Bed Manager (holder of bleep 600) will be responsible for keeping the Medical Controller up to date with the bed state in the hospital and for establishing the bed state at neighbouring hospitals. In Prince Philip Hospital beds will be needed in several wards and Ward Sisters (or senior nurse on the ward) will liaise with their respective medical teams in order to advise on patients suitable for discharge.

All inpatients suitable for discharge from specialty wards will be sent to the Discharge Lounge/Gerontology Day Hospital for collection.

Intensive Care / High Dependency Unit

The Consultant Anaesthetist On-Call will alert the Unit of patients to be admitted for critical care treatment.

Hospital Site Traffic

The car parking areas in front of the MIU and AMAU Units must be cleared and reserved for ambulances. Head of Hotel Services (or deputy) will arrange for the clearing of the area as soon as possible. Close liaison with the police will be necessary for hospital traffic routes to be kept clear.

Helicopter Landing Facilities – There are no helicopter landing facilities on site, however it may be possible to land in adjacent fields (with prior permission). Helicopter transfers from Prince Phillip to other hospitals will be co-ordinated by the Ambulance Service.

Communication

Relatives

Relatives arriving at the hospital should be directed to the Post Grad Lecture Theatre.

Media Facilities

The Hospital Co-ordination Centre will arrange for an area to be set aside for the use of the media - the **Caebryn Conference Room**.

All media representatives will be directed to the Caebryn Conference Room. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team.

The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews.

Outside broadcast vehicles will be sited in the Consultants car park at the front of the hospital

Communication with Staff

Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems.

Telephone

The hospital switchboard will continue to operate as normally as possible for as long as possible. If the incident occurs when there is only one Telephonist on duty, a second Telephonist should be called in as quickly as possible.

Internal Communication

Volunteer and off duty staff will be used as runners between the Hospital Co-ordination Centre and hospital departments. The current system of internal radio links will also facilitate effective two-way communication. If required, hand-set radios will be issued to Medical Controller and Nurse Controller by Head of Hotel Services or deputy.

Arrangements for VIP Visits

In the event of a major incident occurring in the catchment area of the hospital, it is likely that a VIP (or VIPs) will ask to meet with casualties. The normal arrangements will be required (i.e. early liaison with Police etc) as with any other visit. However, the hospital will be under abnormal operating pressure so consideration must be given to calling in additional staff in order to minimise the impact on operational services. The management offices will be the designated reception area for any VIP(s).

Chaplaincy Services

Hospital Chaplains will report to the Hospital Co-Ordination Centre where they will be deployed to either the relatives' reception area (Post Grad Lecture Theatre) or the Chapel. Chaplains will attend to the spiritual needs of patients, relatives and staff.

Voluntary Aid Groups

The title "Voluntary Aid Groups" is taken in this context to mean the Red Cross, CRUSE, League of Friends and St John's Ambulance.

All these groups have skills and resources that may be relevant to the health care and welfare of casualties.

It is unlikely that the volunteers would be able to respond to the call-out for a Major Incident within the time frame envisaged. However, if the incident involves large numbers and/or is likely to be prolonged, the Voluntary Aid Groups will provide valuable support.

A reception point for volunteers will be established at the Main Entrance Foyer. The Nurse Controller will arrange for volunteers to be directed to the most appropriate areas.

WITHYBUSH HOSPITAL SITE ACTIONS

If a full implementation of the plan has been requested, Hospital Switchboard must proceed with the cascade call out.

The Switchboard operator will call out key staff in accordance with the cascade system. If on-call personnel of a Department are unavailable this should be reported to the Hospital Co-ordination Centre (Tel. No. 3547, 3548 or 3576) on completion of calls as listed.

The Senior Manager/On-Call Manager will establish the Hospital Control Centre in the HCC room above the EUCC.

On arrival at the Hospital, all Action Card holders must either attend or report (action card will specify) to the Hospital Co-ordination Centre where a record of their attendance will be maintained and a brief incident update given.

Staff classed as Action Card Holders will, on notification of a Major Incident, carry out the procedure indicated in their Action Card unless alternate instructions have been given from the Hospital Co-ordination Centre.

Instructions will be given with regard to call-out of their own Departmental staff. All additional staff will on arrival at the hospital report immediately to their area of and await further instructions. All staff will be required to wear their identification badges, or provide further means of identification.

INTERNAL COMMUNICATION

Staff working in all Departments will be kept informed of the response to the incident by a Manager allocated working out of the Hospital Co-ordination Centre. Radios will be held by core staff members to ensure effective and timely communication. A list of designated holders is maintained in the HCC.

CASUALTY TRIAGE POINT

A Casualty Triage point will be established inside the Ambulance entrance to the Emergency Department.

Triage will be carried out as the casualties arrive by the allocated experienced Nurse and the Emergency Department Middle-Grade Doctor.

TRIAGE AND CASUALTY LABELS

Evacuation priorities should follow the coding set out below. Each casualty to be colour coded according to the injury severity. Each Cruciform card will also be pre-numbered.

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COLOUR	PRIORITY	ACTION
Red	1	Immediate <i>Patients requiring life saving resuscitation or treatment</i>
Yellow	2	Urgent <i>Patients requiring urgent treatment for serious but not life threatening injuries.</i>
Green	3	Minor <i>Patients requiring non-urgent treatment for minor injuries and psychological shock.</i>
Blue	4	Expectant <i>Casualties whose injuries are so severe that they either cannot survive or would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the Chief Medical Officers' office at Welsh Government. To date, this category has not been utilised in any civilian major incident in the UK.</i>
White		Deceased

Following arrival Withybush Hospital Emergency Department, all patients will be re-assessed.

PATIENT FLOW/ALLOCATION FROM EMERGENCY DEPARTMENT

The planned allocation of patients is as outlined below however the Hospital Co-ordination Centre may deviate from this plan as dictated by the nature of the Incident (numbers and case mix of casualties)

Following Triage, patients will be allocated as follows:

- a) Minor casualties and apparently non-injured will be directed to the waiting areas designated within the Outpatients Department or treated within the Emergency Department and discharged.
- b) Casualties requiring Urgent/Emergency surgery should be transferred to Main Theatres (after being stabilised). If Theatre capacity is full, patients are to be placed in the most appropriate facility to await transfer to Theatre (e.g. Day Surgery Unit / Same Day Admit / High Dependency Unit).
- c) Casualties requiring hospitalisation but not urgent surgery will be allocated ward beds as appropriate.
- d) Casualties requiring end of life care will be directed to and will be cared for in an alternative environment to the Emergency Department. The environment (e.g. Endoscopy, Medical Day Unit, CDU) will be dependant on the nature of the Major Incident and the numbers of casualties requiring end of life care.

GP OUT OF HOURS

The current GP Out of Hours service is based in the out-patient corridor adjacent to the Emergency Department. Therefore the service will continue to function as normal during a major incident. The aim will be to continue to function as normal. Non incident Emergency Department patients to be redirected to the GP in the unit where possible to alleviate any extra burden on the Emergency Department.

HOSPITAL DISCHARGES / MAXIMISING BED AVAILABILITY

The organisation of beds will be the responsibility of the Medical Controller. The Medical Controller will assume responsibility for co-ordinating the discharge of patients nearing convalescence or waiting for non-urgent surgery, in order to make beds available to accommodate for casualties from the incident. He/she will decide on the cancellation of routine admissions and advise on any matters of medical priority as necessary.

Arrangements will be made for the discharge or transfer to South Pembrokeshire Hospital, Health & Social Care Resource Centre, Tenby Cottage Hospital, commissioned beds within the community and Community Services of patients from the relevant wards, depending upon the type of Major Incident. This will be co-ordinated by the Bed Manager / Senior Nurse in charge of each ward supported by the medical staff.

Patients nominated as Discharges / transfers from wards will be relocated to the facilitated Patients' Discharge Waiting Area in the Physiotherapy Treatment area. The staff in the Patients Discharge Waiting Area will co-ordinate and document all inpatient movements via the Discharge / Transferred Patients log (page 69) and ensure that the Hospital Co-ordination Centre is kept informed.

The Bed Manager (holder of bleep 2138) will be responsible for keeping the Medical Controller up to date with the bed state in the hospital and for establishing the bed state at neighbouring hospitals.

All patients leaving the hospital will exit the hospital via the Physiotherapy Department entrance.

RELATIVES AND FRIENDS RECEPTION CENTRE

Relatives arriving at Withybush should be directed to the Ante-Natal area.

This area will act as a point of contact for the voluntary services and other agencies involved. Hospital Chaplains will be asked to assist in this role.

CHAPEL

The Chapel will be available during a major incident response.

MEDIA CENTRE

The Hospital Co-ordination Centre will arrange for an area to be set aside for the use of the media - the **Auditorium at the Conference Centre**.

All media representatives will be directed to the Conference Centre. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team.

The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews.

Outside broadcast vehicles will be sited in the parking area adjacent to the Conference Centre and/or other suitable area of the hospital grounds.

COMMUNICATION WITH STAFF

Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems.

INFORMATION SIGNS

External notices will be erected outside the hospital main entrance to direct all incident casualties to the Emergency Department.

EXTERNAL COMMUNICATIONS LINK

A communications link will be provided between the Co-ordinating Medical Officer, Ambulance Service Major Incident Vehicle and the Medical Incident Commander as a priority, and should be kept open at all times. Radio users need to be aware that sensitive information should not be transmitted on radio links, as these are insecure and can be scanned by public and media scanners. All sensitive information should be transmitted by landline or face to face and not mobile communication.

HELICOPTER LANDING FACILITIES

Helicopters carrying casualties can be landed on the helipad to the rear of the Emergency Department and/or Withybush Airport. Helicopter transfers from Withybush to other hospitals e.g. Morriston will be co-ordinated by the Ambulance Service (refer to Helicopter Policy for more information).

INTERNAL MAJOR INCIDENTS

“An incident within Health Board premises that warrant special arrangements for the co-ordination, command and control of the situation, by senior representatives of the organisation“.

Serious situations affecting small numbers of patients and/or staff may also be co-ordinated in this manner, if deemed appropriate.

However, **responses to escalating emergency pressures are not covered by this plan.**

HDUHB must plan to handle incidents in which its own facilities - or neighbouring ones – may be overwhelmed. The organisation itself may be affected by its own internal major incident or by an external incident that impairs its ability to work normally. Fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime or the need to deal with one or more contaminated person(s) may paralyse the provision of services and jeopardise safety arrangements. This plan should be considered in conjunction with service level Business Continuity Plans.

ACTIONS FOR INTERNAL MAJOR INCIDENT

TELEPHONISTS

On receiving notification of an *Internal Major Incident* from the Senior Manager on duty/call:

1. Complete Notification of a Major Incident Form (page 60)
2. Inform, as requested by Senior Manager on duty/call:-
 - Hospital Nurse Manager
 - Hospital Clinical Lead
 - Patient Flow Team
 - Emergency Department

State “***An Internal Major Incident has been declared please report to the Hospital Co-ordination Centre***”.

3. Initiate call out of relevant personnel as requested by Hospital Co-ordination Centre (once operational).

HOSPITAL GENERAL MANAGER/ON-CALL MANAGER

Activate Hospital Co-ordination Centre. Assess situation with other Response Team Members. Advise Executive Director on-call of situation. Facilitate onward management of the incident. If required, activate full Major Incident response.

HOSPITAL NURSE MANAGER, HOSPITAL CLINICAL LEAD & PATIENT FLOW TEAM

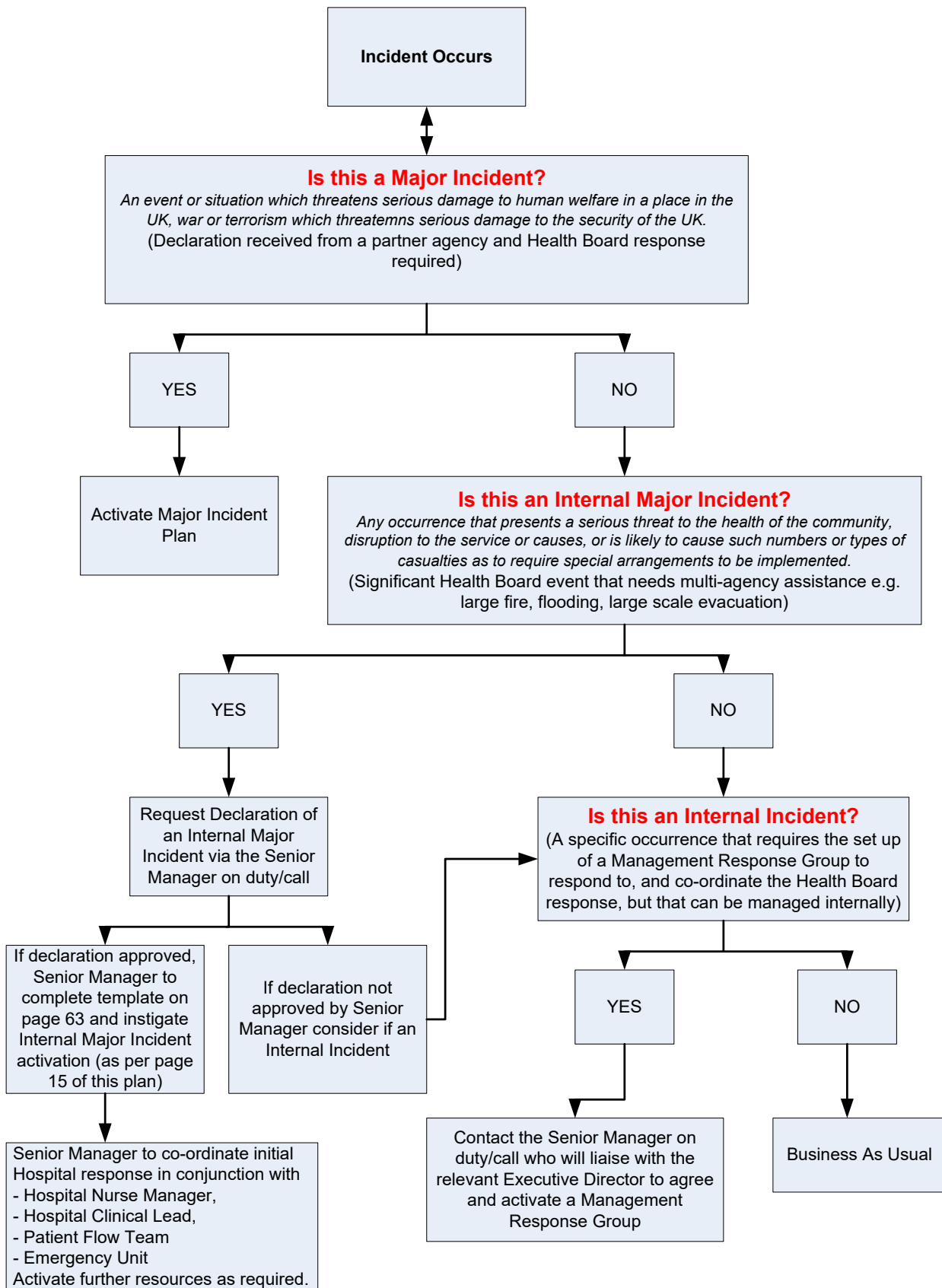
Attend Hospital Co-ordination Centre to assess situation with other Response Team Members and if required, activate full Major Incident response.

EMERGENCY DEPT.

Liaise with Hospital Co-ordination Centre. Determine extent of incident. If required:

- Ensure that patients that can be discharged home are dealt with asap.
- Do not admit patients to wards until advised by Response Team.
- Ensure accurate information is available for Response Team regarding patient status in the ED.

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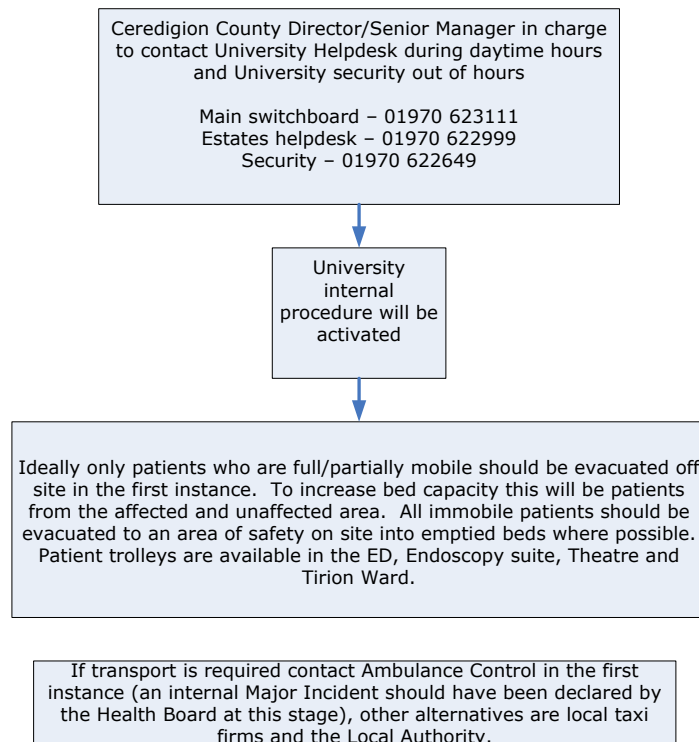
INTERNAL INCIDENT REQUIRING EVACUATION

FOR BRONGLAIS HOSPITAL ONLY:

Use of University of Wales, Aberystwyth

The University have kindly agreed to assist us if possible in providing temporary patient holding facilities if we need to evacuate part/whole of the hospital. The degree of assistance will depend on their circumstances e.g. examinations etc. It is anticipated that the sports cage/hall or Pantycelyn would be the initial areas of choice due to access, size and services available.

Procedure to request assistance:



HYWEL DDA UNIVERSITY HEALTH BOARD

CONTACT TELEPHONE NUMBERS

Dyfed Powys Hospitals:		
Glangwili General Hospital Carmarthen		
Prince Phillip Hospital Llanelli		
Withybush General Hospital Haverfordwest		
Bronglais General Hospital Aberystwyth		
Other Hospitals in Wales:		
Ysbyty Gwynedd		
Wrexham Maelor General Hospital		
Ysbyty Glan Clwyd		
University Hospital of Wales		
Prince Charles Hospital		
Llandough Hospital		
Royal Gwent Hospital		
Nevill Hall Hospital		
Morriston Hospital		
Princess of Wales Hospital		
Welsh/English Border Hospitals/Trusts:		
Royal Shrewsbury Hospital		
Hereford Hospital		
Gloucester Royal NHS Trust		
East Gloucester NHS Trust		
Local Authority Emergency Planners:		
Ceredigion County Council	Lewis Barron	
Carmarthenshire County Council	Richard Elms	
Pembrokeshire County Council	Steve Jones	
Powys County Council	Andy Twigger/Paul Grose (daytime)	
	Emergency (24 hours)	
Duty Emergency Planning Officer for Carms, Ceredigion & Pembs – Emergency (24 hours)	Contacted via Careline	
Director's of Environmental Health:		
Ceredigion	Daytime	
	Out of Hours	
Carmarthenshire	Daytime	
	Out of Hours	
Pembrokeshire	Daytime	
	Out of Hours	
Powys	Daytime	
	Out of Hours	
Director's of Social Services:		
Ceredigion	Carys James	
	Out of Hours	
Carmarthenshire	Jake Morgan	
	Out of Hours	
Pembrokeshire	Jonathan Griffiths	
	Out of Hours	
Powys	Alison Bulman	
	Out of Hours (via Brecon Hospital switchboard)	

HYWEL DDA UNIVERSITY HEALTH BOARD

National Bodies:		
Welsh National Poisons Unit	24 hours	
Welsh Government		
Health Emergency Planning Adviser for Wales	David Goulding	
Welsh Government	Duty Officer	
National Blood Transfusion Service (Wales)	Daytime	
Welsh Water	24 hours	
Natural Resources Wales	Anytime	
Ministry of Agriculture Food & Fisheries (Wales)		
BASIS Registration Ltd (Pesticides)	Daytime	
Health & Safety Executive	Daytime	
	Emergency	
Public Analyst (Cross Hands)		
Military – Joint Regional Liaison Officer	Daytime	
	24 hours	
WRVS Emergency Services	24 hours	
WRVS Manager (Wales)	Trish Hughes	
Coroner's Offices:		
Ceredigion		
Carmarthenshire		
Pembrokeshire		
Dyfed Powys Local Resilience Forum:		
Partnership Team		
Strategic Co-ordination Centre		

HYWEL DDA UNIVERSITY HEALTH BOARD

BRONGLAIS INTERNAL CONTACT NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Duty Manager	As per rota	5476
Hospital Co-ordination Centre	Meetings Room, Management Offices	7613/5981/ 01970 617006
Emergency Department	Reception Nurse Office Plaster Room Resus Room Team Leader Doctors Room Base Station 1 Base Station 2	5753 5736 5740/Bleep 302 5502 7815 5738/7810/5450 5736/7807/5938 7808/7809
Operating Theatres	Theatre Office Theatre 1/2 Theatre 3 Recovery	5606 5611 5612 5608
CSSD		5701
Wards	Endoscopy ITU Ceredig Ceredig Rhiannon Short Stay Gwenllian Angharad Meurig Iorwerth CMU Iorwerth/CMU reception Ystwyth Enlli	5925/8876 5621/2 5624/5 5644/5646 5640 5633 5757 5752 5744/5 5746 5941 5986 5932
Radiology	Reception CT-Control Room CT - Reception	5681 5985 5697- not manned
Medical Records		7038 /5661 / 8892
Pathology	Blood Bank Coagulation Laboratory Biochemistry Histopathology Laboratory Mortuary	5945 5712 5786 Sec. 5934 5715 5743
Press Centre	Postgraduate Centre Corridor	5806 7048
Porters	Head Porter	5729/7617/ 7619/ Bleep 506 5349
Information	Senior person	7001
IT Helpdesk		01267 232000
Pharmacy		5732/5733

HYWEL DDA UNIVERSITY HEALTH BOARD

GGH INTERNAL CONTACT TELEPHONE NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Hospital Control Centre	Based in CDU Seminar Room	8743
Media Reception Area	Based in Cambrian/Coracle Rooms	2426
Family Reception Area	Based in Cardiac Respiratory Unit	
Staff Rest Centre	Based in Staff Restaurant	2053
Patients Discharge Area	Based in Out-Patients Department	
Ambulance Liaison Officer	Based in Out-Patients Department	2022
Police Documentation team	Based in 2 nd Consultant Office in EU	3979/68
Key Departmental Numbers		
Emergency Unit	Navigator Reception Nurse's Main Duty Office Staff Base Sisters Office Resuscitation Rooms Plaster Room	Bleep 194 3961 3987 3960 3971/72 3980,3966 3969
Operating Theatres	Reception ODP - Bleep Theatre Senior Sister/ Manager - Bleep Theatre – 1 Theatre – 2 Theatre – 3 Theatre – 4 Theatre – 5 Theatre – 6 Recovery Day Surgical Unit Endoscopy Unit	2333 107 176/2424/186 2571 2572 2573 2574 2776 6092 2576 2372 2355
Wards	CDU ITU HDU CCU TOWY PADARN STEFAN PICKTON PRESELI SAU/CLEDDAU TEIFI MERLIN TYSUL DINEFWR CERI COTHI	2626/2624 2073 / 2074 2602 /2236 2760 2621 2612 2950 2784 2515 2606/2607 2750 2418 2599 2591 2600 2125
Radiology	X-RAY (Bleep 125) CT SCAN	2092,2645 2556
Pathology	Reception Biochemistry Lab -Out of Hrs Bleep – 110 Haematology & Blood Bank - Out of Hrs Bleep – 109 Microbiology Infection Control (Bleep 100)	2453 2456 2458 2502 2596,2422
Pharmacy		2465
Physiotherapy	(Bleep 118 / 119)	2470
Physiological measurements		2084

HYWEL DDA UNIVERSITY HEALTH BOARD

CSSD		2369 2061/ 62/ 63
Occupational Health		2429
EBME		2793, 2499
Estates		2942-Hotline 2332 -Secretary
Fire Officer		2107
Medical Records		2097 / 8490

HYWEL DDA UNIVERSITY HEALTH BOARD

PRINCE PHILLIP CONTACT NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Hospital Co-Ordination Centre	Management Offices Co-ordination Hub	3709/3530/3073/3450
Press Room	Based in Caebryn Conference Room	
Relatives Reception Area	Based in Postgrad Lecture Theatre	3249
Volunteers Reception Area	Based in Seminar Room 2	3251
Staff Rest Centre	Based in Staff Restaurant	3029
Patients Discharge Area	Based in Discharge Lounge/Geriatric Day Hospital	3213
Key Departmental Numbers		
Minor Injuries Unit	Reception	3230
	Sisters Office	3237
Operating Theatres	Reception	3088
	Theatre Senior Sister/ Manager	
	Theatre – 1	3096
	Theatre – 2	3095
	Theatre – 3	3094
	Theatre – 4	3528
	Recovery	3093
	Day Surgical Unit	3113/3516
	Endoscopy Unit	3117
Wards	Ward 1	3217
	AMAU	3303
	Ward 3	3131
	Ward 4	3136
	Ward 5	3105
	Ward 6	3108
	Ward 7	3080
	Ward 9	3313
Radiology	X-RAY	3262
	CT Scan	3268
Pathology	Reception	3045
	Biochemistry Lab	3062
	Haematology	3056
	Microbiology	3068
	Infection Control	3066
Pharmacy		3212
Physiotherapy		3204
Physiological measurements		3157
CSSD		3299
Occupational Health		3518
EBME		3019
Estates		3689

HYWEL DDA UNIVERSITY HEALTH BOARD

WITHYBUSH CONTACT NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Hospital Control Centre	Based in 24/7 Room, E&UCC	3547/3548/3576
ED Triage Area	Based in ED-Ambulance Entrance Foyer	3081
Relatives Reception Area	Based in Ante-Natal Area	3286
Press Room	Based in Conference Centre Auditorium	3150
Patients Discharge Area	Based in Physiotherapy Treatment Area	3263
Ambulance Liaison Officer	Based in Out-Patients Department	3666
Police Documentation Team	Based in Consultant's Office in ED	3380
Additional Staff Reception	Based in New Outpts Ophthalmology Reception	2435
Communications Team	Based in the Springfield Block	4476/4482
Key Departmental Numbers		
Emergency Department	Reception	3446/3142
	Sisters Office	2364/2492
	Staff Base	3447/3503
	Staff Office	3380
	Staff Rest Room	3457
	Resuscitation Rooms	2369
	Plaster Room	3276
Operating Theatres	Reception	3500
	Theatre Manager	3577
	Theatre One	2416
	Theatre Two	2415
	Recovery	3141/3274
	Theatre Supply Office	3294
	Central Department	3551
	Theatre Bleep	2159
	ODP Bleep	2233
	Day Surgical Unit	3277
	Day Theatre Manager	3316
	Endoscopy Unit Reception	3421
	Endoscopy Nurse Station	3477
	Endoscopy Recovery	2547
	Endoscopy Sister	2548
Wards	Ward 1	3201
	Ward 3	3203
	Ward 4	3204
	Ward 7	3707
	Ward 8	3868
	Maternity	3306
	PACU	3209
	Ward 10	3210
	Ward 11	3211
	Ward 12	2352
	ACDU (Adult Clinical Decision Unit)	3214/2471
	CCU	3558
	ITU	3337/3440
Radiology	X-RAY	3279
	Radiology Manager	3178
	Radiology Office	3385
Pathology	Blood Transfusion	3230
	Haematology	3271
	Biochemistry	3293
	Microbiology	3318
Pharmacy		3137
Physiotherapy		3260
HSDU		3475
EME		3035
Estates		3463
Medical Records		3108 / 3106

HYWEL DDA UNIVERSITY HEALTH BOARD

SWITCHBOARD LOG SHEET FOR MAJOR INCIDENT CALL NOTIFICATION OF A MAJOR INCIDENT FOR:

Bronglais Hospital ☐
Withybush Hospital ☐

Glangwili Hospital ☐
Prince Phillip Hospital ☐

Major Incident Stand-By ☐ **Major Incident Declared** ☐

Identity of Caller (Agency)		
Tel No		
Name		
Title/Rank		
Time of Call	Time of Incident	

M Major Incident?	YES	NO
E Exact Location		
T Type of Incident		
H Hazards present		
A Access		
N Number, type & severity of casualties		
E Emergency services present		

Any additional information?	
-----------------------------	--

Authenticity verified by ringing caller back	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Signature & name of person receiving call:.....

.....Date.....

HYWEL DDA UNIVERSITY HEALTH BOARD

INCIDENT LOG RECORD SHEET

Date:	Incident:
Role being carried out:	Name of Person undertaking role:

Time	Message/Decision/Action	Signature

HYWEL DDA UNIVERSITY HEALTH BOARD

DISCHARGE/TRANSFERRED PATIENTS LOG SHEET

[illegible]

HYWEL DDA UNIVERSITY HEALTH BOARD

REPORT FOR DECLARATION OF INTERNAL MAJOR INCIDENT

Incident Site:	
Date/Time:	
Name of Person initiating request for internal Major Incident declaration:	
Name of Duty Manager receiving request:	
Time of alert to County on-call/Executive Director:	
Time of alert call to Ambulance Control:	
Time of alert call to Dyfed Powys Police Control Room:	
Other agencies notified:	
Nature of Incident:	
Number of known casualties:	
Nature of injuries:	
<p>Decision process that led to Major Incident request:</p> <ul style="list-style-type: none"> - who was consulted: e.g. other colleagues/external agencies - bed state at time (if relevant) i.e. incident due to volume as opposed to type of injury - any other relevant information 	

Signature & name of person completing form:.....

.....Date.....

HYWEL DDA UNIVERSITY HEALTH BOARD

Example Major Incident Alert to Day Patients/Visitors:

We have received notification that a major incident has occurred and this hospital is on standby to receive casualties.

It is policy to cancel all clinics and procedures. Day patients, outpatients and visitors must be evacuated immediately. Our medical teams will be proceeding to their designated areas to take up their roles in a major incident.

We do apologise for the inconvenience of this situation and ask you to do the following:-

- If you are able to leave the hospital by your own means, please do so without delay.
- If you came to the hospital by Ambulance, please wait in the designated area in the Outpatients department. A member of staff will be in attendance shortly to make arrangements.
- If you have any problems with your transport, please wait in the Outpatients department until a member of staff arrives to assist.

You will need to reschedule your appointment by contacting the relevant area in 2 working days time (contact numbers to be handed out by all clinic areas)

Outpatients	Nurses' Office	01970 635669
Central Admissions		01970 635834
Main Appointments		01970 635661
Physiotherapy		01970 635705
Radiology (X-ray)		01970 635681
Pathology (Bloods, specimens, etc.)		01970 635709
Ante Natal		01970 635633
Leri Day Unit		01970 635973

Enghraifft Digwyddiad Mawr Rhybudd I Gleifon Dydd/Ymwelwyr:

Rydym wedi cael ein hysbysu bod digwyddiad mawr wedi digwydd a bod yr ysbyty hwn wrth gefn i dderbyn y rhai a anafwyd.

Mae'n bolisi gennym i ganslo pob clinig a thriniaeth. Rhaid ceisio gwagio'r ysbyty o gleifion dydd, cleifion allanol ac ymwelwyr yn syth. Bydd ein timau meddygol yn mynd i'w hardaloedd dynodedig i ymgymryd â'u rolau mewn digwyddiad mawr.

Ymddiheurwn am anghyfleustra'r sefyllfa hon a gofynnwn i chi wneud y canlynol:-

- Os oes modd i chi adael yr ysbyty ar eich pen eich hun, gwnewch hynny yn ddioed.
- Os daethoch i'r ysbyty mewn Ambiwylans, arhoswch yn yr ardal ddynodedig yn yr adran Cleifion Allanol. Bydd aelod o staff yn dod atoch cyn bo hir i wneud trefniadau.
- Os oes gennych broblemau gyda'ch trafnidiaeth, arhoswch yn yr adran Cleifion Allanol hyd nes bod aelod o staff yn cyrraedd i'ch helpu.

Bydd angen i chi aildrefnu eich apwyntiad drwy gysylltu â'r adran berthnasol ymhen 2 ddiwrnod gwaith

Swyddfa Cleifion Allanol	01970 635669
Derbyniadau Canolog	01970 635834
Prif Apwyntiadau	01970 635661
Ffisiotherapi	01970 635705
Radioleg (pelydr-X)	01970 635681
Patholeg (Gwaed, samplau, ac ati.)	01970 635934
Adran Gynenedigol	01970 635633
Uned Dydd Leri	01970 635973

DEFINITIONS

EMERGENCY SERVICES

The Ambulance, Fire, Police, Mountain Rescue & Coast Guard services. (Military personnel deployed in support of civil powers are not included in this designation).

POLICE CASUALTY BUREAU

A bureau set up by the Police to maintain a list of casualties resulting from a major incident (including casualties dealt with at the site without referral to hospital).

POLICE DOCUMENTATION TEAM

A team provided at a Receiving Hospital by the local Police Force to pass information regarding casualties to the Police Casualty Bureau.

COMMAND SUPPORT UNIT

The vehicle on site provided by the Ambulance Service, which acts as the base for the Medical Incident Commander/Medical Advisor and the Ambulance Incident Commander. It will serve as the Health Service communication centre on site.

MEDICAL ADVISOR

The Medical Officer with overall responsibility, in close liaison with the Ambulance Incident Commander, for the management of medical resources at the scene of a major incident. He/she **should not** be a member of the MERIT (Medical Emergency Response Incident Team) during the incident.

AMBULANCE STRATEGIC COMMANDER

The Senior Ambulance Officer who manages, in close liaison with the Medical Incident Officer/Medical Advisor, the NHS resources at the scene of the incident

MEDICAL EMERGENCY RESPONSE INCIDENT TEAMS (MERITs)

A team of specialists provided by Health Boards and transported to the site of a major incident by the Ambulance Service to give medical and nursing aid to casualties in the Casualty Clearing Station.

LISTED HOSPITALS

Hospitals equipped to receive casualties on a 24 hour basis.

RECEIVING HOSPITALS

Hospitals selected by the Ambulance Service to receive casualties in the event of a major incident.

DESIGNATED HOSPITAL

The **first** Receiving Hospital designated to receive casualties.

SUPPORTING HOSPITALS

A hospital which receives casualties after the Designated Hospital or receives patients transferred from the Designated Hospital to allow for a larger number of casualties to be accepted.

HOSPITAL CONTROL TEAM

The Team, led by the Hospital/On-Call Manager and including the Medical Controller and Nurse Controller, that manages the Hospital's response to a major incident. The Hospital Control Team will be based in the Hospital Co-ordination Centre.

HOSPITAL CO-ORDINATION CENTRE

A centre set up at a Receiving Hospital to collate details of casualties received, their condition and location, hospital bed status, theatre availability, and all necessary information to assist the hospital's response to the incident.

TRIAGE OFFICER

The Doctor who receives and assesses all casualties as soon as they enter the hospital and then decides priority for treatment.

HYWEL DDA UNIVERSITY HEALTH BOARD

AMBULANCE LIAISON OFFICER

An Ambulance Officer at a Receiving Hospital who is responsible for the provision of mobile radio communications between the hospital and Ambulance Services; for the supervision of Ambulance Service activity and for liaison at the Receiving Hospital.

MEDICAL CONTROLLER

The Doctor responsible for co-ordinating all hospital medical arrangements relating to the major incident.

NURSE CONTROLLER

The Senior Nurse responsible for co-ordinating all hospital nursing arrangements relating to the major incident.

RELATIVES RECEPTION AREA

An area allocated to relatives or friends involved in the major incident, which will be attended by the appropriate specialist personnel, Counsellors, Hospital Chaplain etc.

INCIDENT RESPONSE TEAM

A team of Senior Representatives from Hywel Dda University Health Board, Public Health Wales and other nominated agencies which will usually only be activated in certain circumstances, i.e. communicable disease, radiation incidents, chemical incidents, flu pandemic or other unforeseen circumstances.

GLOSSARY

A&C	Acute and Community
AHP's	Allied Health Professionals
AIC	Ambulance Incident Commander
ALO	Ambulance Liaison Officer
BGH	Bronglais General Hospital
ChaPD	Chemical Incident Hotline
CIMSU	Chemical Incidents Management Support Unit
CNC	Clinical Night Co-ordinator
COMAH	Control of Major Accident Hazards Regulations
DSU	Day Surgery unit
ED	Emergency Department
EU	Emergency Unit
GGH	Glangwili General Hospital
GP	General Practitioner
HCC	Hospital Co-ordination Centre
HDU	High Dependency Unit
ID	Identification
ITU	Intensive Therapy Unit
MERIT	Medical Emergency Response Incident Team
MIO	Medical Incident Officer
MIP	Major Incident Plan
MOU	Memorandum of Understanding
NAIR	National Arrangements for Incidents involving Radioactivity
NBBB	National Burns Bed Bureau
NHS	National Health Service
NNP	Night Nurse Practitioner
OCM	On Call Manager
OPD	Out Patients Department
PPE	Personal Protective Equipment
PPH	Prince Phillip Hospital
RMU	Radiation Monitoring Unit
RTC	Road Traffic Collision
SAR	Surgery, Anaesthetics & Radiology
SDA	Same Day Admit
SPH & HSCRC	South Pembrokeshire Hospital and Health & Social Resource Centre
STAC	Scientific and Technical Advisory Cell
VIP	Very Important Person
WAST	Welsh Ambulance Services NHS Trust
Wd	Ward
WG	Welsh Government
WGH	Withybush General Hospital

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Performance Assurance Report – Month 5 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Karen Miles, Director of Planning, Performance and Commissioning In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Karen Miles, Director of Planning, Performance and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>The Integrated Performance Assurance Report (IPAR) is being brought to the Board's attention to examine and consider Hywel Dda University Health Board's latest performance data, achievements, challenges and needs. This is a requirement of the NHS Wales Delivery Framework 2019/20.</p> <p>Following a request to reduce the length of the Board IPAR, changes have been made. This IPAR consists of:</p> <ul style="list-style-type: none"> • Title page – includes buttons to navigate the different sections of the report and highlights the areas of concern from the latest data; • Executive summary – a one page summary of key points to highlight improved performance, areas where improvements are needed, potential challenges for the future and report developments; • Performance overview – a one page summary of the 30 key deliverable indicators; • Exception reports – included for non-mental health delayed transfers of care, delayed outpatient follow-up appointments, cancer, physiotherapy, referral to treatment and diagnostics; • Selected run charts – included with narrative for the other areas of concern: E.coli infection rate, serious incidents and job planning. <p>The following accompanying documents are also provided:</p> <ul style="list-style-type: none"> • <u>Run charts</u> - included for the 30 key deliverable indicators. A link to the run charts is also included as a button at the bottom of the IPAR homepage; • Performance dashboards are available to NHS Wales staff (via the intranet site) and are updated monthly. The Performance Team are developing internet pages which will include all relevant performance dashboards. It is the team's aim to have these available in advance of the November 2019 Public Board meeting; • <u>Full performance summary</u> – details of all performance indicators with the latest reported data, trend chart, 12 month trend arrow and all Wales benchmarking figures if available; <p>Note: these changes apply to the bi-monthly IPAR prepared for Public Board meetings. The IPAR for the Business Planning and Performance Assurance Committee (BPPAC) will</p>

continue to include exception reports for all metrics not meeting target / unstable green.

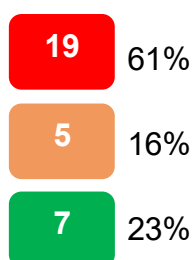
Cefndir / Background

The [NHS Wales Delivery Framework 2019/20](#) aims to have a 'Healthier Wales'. It identifies key areas to be monitored and, where relevant, improvements made for this aim to be achieved. The University Health Board is working to make improvements for its resident population, patients and staff and has identified a number of additional local performance indicators to further support the Framework.

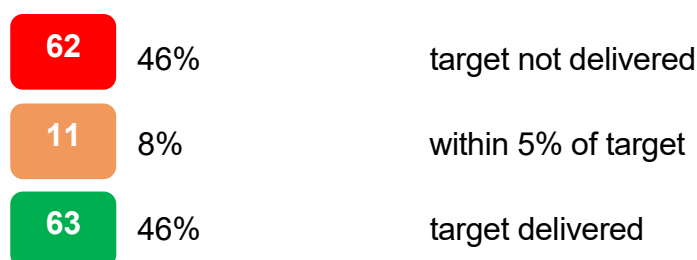
Asesiad / Assessment

The latest performance data shows:

31 key deliverable indicators



All+ performance indicators



+ only those indicators for which it is possible to assign a red, amber or green rating are included here. Some indicators are under development and others do not have sufficient historical data to show an annual improvement or decline

The most recent all Wales data shows that the UHB ranked in the top 3 for 32.5% of indicators which is a 1.6% deterioration to the previous month's position.

Improvement made

- The 65% target has been met for ambulances arriving to **red calls** within 8 minutes;
- **Mental Health DTOC** achieved the 2019/20 ambition.

Improvement needed

- 313 **ambulance handovers** were reported as taking longer than 1 hour; a deterioration from 251 in August 2019;
- There were 424 **physiotherapy** breaches, mainly from the Musculoskeletal Physiotherapy (MSK) specialty;
- August 2019 saw the highest number of **non-mental health DTOC** cases (72 cases) since April 2018;
- **C. difficile** – The national target equates to a cumulative total of no more than 97 cases at the financial year end, current projections forecast a year end position of 146 cases. To achieve the year-end target, the University Health Board (UHB) will need ≤ 6 cases per month for the rest of the year;
- **E.coli** - 21 of the 45 cases in August 2019 were in Glangwili General Hospital and 10 were in Bronglais General Hospital. The National target equates to a cumulative total of no more than 259 cases at the financial year end, current projections forecast a year end position of 418 cases. To achieve the year-end target, the UHB will need ≤ 13 cases per month for the rest of the year;
- **S.aureus** – The National target equates to a cumulative total of no more than 78 cases at the financial year end, current projections forecast a year end position of 115 cases. To achieve the year-end target, the UHB will need ≤ 5 cases per month for the rest of the year;

- There has been an increase in **delayed follow up appointments** for the last seven consecutive months. The UHB has not met the 12 month improvement target or the 2019/20 ambition;
- **RTT** 36 week breaches have increased from 264 to 506;
- **Diagnostic** breaches have increased from 192 to 345;
- **Non urgent suspected cancer** has not recovered their previous position, with 25 breaches reported in July 2019 (74%);
- 48% of Consultants & Specialty and Associate Specialist (SAS) doctors do not have an up-to-date **job plan**.

Potential challenges for the future

- Performance for **serious incidents** assured within timescale has been declining away from target since July 2018. With timely serious incident investigations, patients and their families can be assured that measures are being put in place to avoid reoccurrence and services are learning to ensure improved patient care.

Argymhelliad / Recommendation

The Board is asked to discuss the report and raise any issues arising from its content.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2017-18
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Busnes a Sicrhau Perfformiad: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Business Planning and Performance Assurance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Integrated Performance Assurance Report (IPAR) for Board

Position as at 31st August 2019 (Month 5)

Click one of the boxes below to navigate to that section of the report:

Executive summary

- Key points to highlight
- Potential challenges for the future
- All Wales update
- Report developments

Overview

- Targets
- Latest data
- Performance trends
- All Wales positions

Areas of concern

- E.coli
- Non-mental health delayed transfers of care
- Delayed outpatient follow up appointments
- Diagnostics
- Job planning
- Serious incidents
- Physiotherapy waits
- Cancer
- Referral to treatment (RTT)



Supporting documents

[Performance matrix](#)

[Performance dashboards](#)

[Run charts - key deliverable indicators](#)



Executive summary

This report includes summary information on the key deliverable targets. Run charts are included with supporting narrative for areas of concern. Exception reports are only included for metrics with a current steep decline in performance (astronomical data point) or where the Senior Responsible Officer has requested for an exception report to be included.

Improvement made

- The 65% target has been met for ambulances arriving to **red calls** within 8 minutes;
- **Mental Health DTOC** achieved the 2019/20 ambition.

Improvement needed

- **313 ambulance handovers** were reported as taking longer than 1 hour a deterioration from 251 in August 2019;
- There were 424 **physiotherapy** breaches, mainly from the Musculoskeletal Physiotherapy (MSK) specialty;
- August 2019 saw the highest number of **non-mental health DTOC** cases (72 cases) since April 2018.
- **C. difficile** – The national target equates to a cumulative total of no more than 97 cases at the financial year end, current projections forecast a year end position of 146 cases. To achieve the year end target, the Health Board (HB) will need \leq 6 cases per month for the rest of the year;
- **E.coli** - 21 of the 45 cases in August were in Glangwili General Hospital and 10 were in Bronglais General Hospital. The National target equates to a cumulative total of no more than 259 cases at the financial year end, current projections forecast a year end position of 418 cases. To achieve the year end target, the HB will need \leq 13 cases per month for the rest of the year;
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- There has been an increase in **delayed follow up appointments** for the last seven consecutive months. The Health Board has not met the 12 month improvement target or the 2019/20 ambition;
- **RTT** 36 week breaches have increased from 264 to 506;
- **Diagnostic** breaches have increased from 192 to 345;
- **Non urgent suspected cancer** has not recovered their previous position with 25 breaches reported in July;
- 48% of Consultants & SAS doctors do not have an up-to-date **job plan**.

Potential challenges for the future

Performance for **serious incidents** assured within timescale has been declining away from target since July 2018. With timely serious incident investigations, patients and their families can be assured that measures are being put in place to avoid reoccurrence and services are learning to ensure improved patient care.

Report developments

Following a request to reduce the length of the Board IPAR, run charts/exception reports are now only included for those metrics triggering non-random variation or where there is a cause for concern. [Run charts](#) for all 31 key deliverable metrics can be accessed via the intranet site. The IPAR for the Business Planning and Performance Assurance Committee (BPPAC) will continue to include exception reports for all metrics not meeting target / unstable green.

Key deliverable targets

19

5

7

All targets⁺

62

11

63

+ Only those indicators for which it is possible to assign a red, amber or green rating are included here.

All Wales rank

Hywel Dda UHB ranked in the top 3 for 32.5% of indicators which is a 1.6% deterioration to the previous month's position.

- 1 11 indicators
- 2 8 indicators
- 3 7 indicators
- 4 11 indicators
- 5 13 indicators
- 6 11 indicators
- 7 17 indicators
- 8 2 indicators



Latest performance overview

Click [here](#) to view M4 IPAR exception reports

Domain	Indicator	Target	Previous period	Latest data	12 month trend	Non-random variation?	Latest all Wales rank	Notes
								<div> <div>Target delivered</div> <div>Within 5% of target</div> <div>Target not delivered</div> </div> <div> <div>↑ improving</div> <div>↓ declining</div> </div>
	'6 in 1' vaccine	95%	94.1%	92.8%	↓	n/a	7 th out of 7	Quarter 4 2018/19 saw a 1.3% decline in performance
	MMR vaccine	95%	91.0%	90.6%	↑	n/a	7 th out of 7	Carmarthenshire has the lowest compliance (89.5%)
	C.difficile	<=25	38.9	37.8	↑	No	6 th out of 6	No. of cases increased from 8 in July to 11 in August 2019
	E.coli	<=67	100.4	107.8	↓	No	6 th out of 6	No. of cases increased from 44 in July to 45 in August 2019
	S.aureus	<=20	30.4	29.8	↑	No	5 th out of 6	No. of cases remained static with 9 cases in July and Aug 2019
	Serious incidents	90%	50.0%	23.8%	↓	No	6 th out of 9	Performance has declined from 50.0% in July 2018
	Hospital initiated cancellations	5%↓	127	89	n/a	Yes	3 rd out of 7	38 fewer patients cancelled in August compared to July
	Concerns and complaints	75%	67%	71%	↑	No	7 th out of 10	Performance improved by 4%
	Mental health delayed transfers of care (DTC)	12m↓	2	3	↑	No	2 nd out of 7	Achieved the 2019/20 Annual Plan ambition
	Non-mental health DTC	12m↓	47	72	↓	Yes	5 th out of 8	41 in Carmarthenshire and 19 in Pembrokeshire in August
	Ambulance red calls	65%	63.9%	65.5%	↑	No	7 th out of 7	Ceredigion missed the target by 1.8%
	Ambulance handovers over 1 hour	0	251	313	↓	No	2 nd out of 6	Increases from previous month for BGH (+53) & WGH (+68)
	A&E/MIU 4 hour waits	95%	82.1%	82.2%	↓	No	1 st out of 6	Annual Plan ambition not met
	A&E/MIU 12 hour waits	0	732	793	↓	No	4 th out of 6	Increase from previous month for WGH (+109)
	Admission to stroke unit <4 hours	58.9%	78.9%	63.0%	↓	No	2 nd out of 6	Target not met in WGH (12.5%)
	Assessed by stroke consultant <24 hours	84.4%	90.4%	92.9%	↓	No	3 rd out of 6	Target met in all sites
	Stroke patients - speech and language therapy	↑	40.6%	43.3%	↑	No	5 th out of 6	Lowest compliance PPH (41.8%) and highest BGH (52.4%)
	Delayed follow-up appointments 5 specialties	12m↓	20,492	21,736	↓	n/a	3 rd out of 5	Numbers have increased for 6 consecutive months
	Ophthalmology patients seen by target date	95%	63%	62%	n/a	n/a	5 th out of 7	This is a new measure with 4 months of reported data
	Urgent suspected cancer	95%	83.9%	74.0%	↓	n/a	5 th out of 6	25 out of 96 patients breached
	Non urgent suspected cancer	98%	98.3%	97.6%	↑	No	4 th out of 6	3 out of 130 patients breached
	Diagnostic waiting times	0	192	345	↓	Yes	4 th out of 7	Highest number of breaches since September 2015 (418)
	Therapy waiting times	0	297	424	↑	No	7 th out of 7	All 424 breaches are in physiotherapy
	Referral to treatment (RTT) <=26 weeks	95%	89.3%	87.8%	↑	No	3 rd out of 7	The 2019/20 Annual Plan ambitions were not met and there was a decline in performance for both RTT metrics
	RTT – patients waiting 36 weeks+	0	264	506	↑	n/a	2 nd out of 7	
	Children/young people neurodevelopment waits	80%	39.1%	35.9%	n/a	n/a	n/a	In July 2019 there were 542 patients waiting over 26 weeks
	Adult psychological therapy waits	80%	64.6%	63.5%	n/a	n/a	n/a	In July 2019 there were 558 adults waiting over 26 weeks
	Finance	(£15.0m)	(£8.3m)	(£10.6m)	↑	No	n/a	Health Board Control Total requirement is £15.0m deficit.
	Sickness absence (R 12m)	12m↓	4.92%	4.92%	↓	No	4 th out of 10	National target and Annual Plan ambitions have been met
	Performance appraisals (PADR)	85%	79%	78%	↑	Yes	1 st out of 10	Significant 12 month improvement despite 1% in-month dip
	Consultants/SAS doctors - current job plan	85%	54%	52%	n/a	n/a	n/a	Performance decreased by 23% from April 19 to Aug 19



E.coli bacteraemia

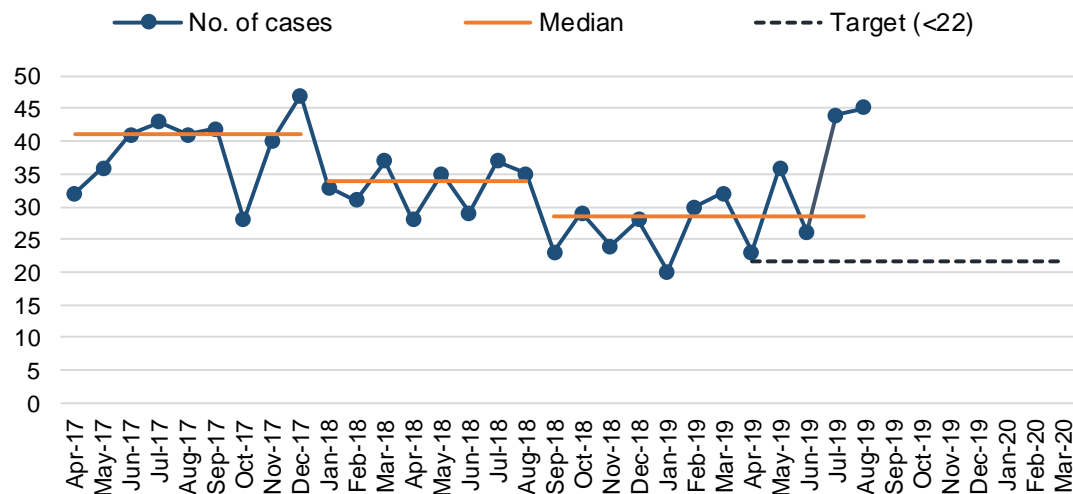
Executive Lead: Mandy Rayani

Senior Responsible Officer(s): Sharon Daniel

Aug 2019 ●

5 month performance: **declining**

Number of cases of E.coli



The number of E.coli cases has increased for July and August 2019 with 45 cases in August which is above the median. 21 of the 45 cases in August were in Glangwili General Hospital and 10 were in Bronglais General Hospital.

The run chart shows no evidence of unusual variation in recent months.

The National Framework target of ≤ 67 cases per 100,000 population was not achieved with a cumulative rate of 107.94. This target equates to a cumulative total of no more than 259 cases at the financial year end. To achieve the year end target, the HB will need ≤ 13 cases per month for the rest of the year. Current projection forecasts a year end position of 418 cases and a rate of 108.3.



Serious Incidents

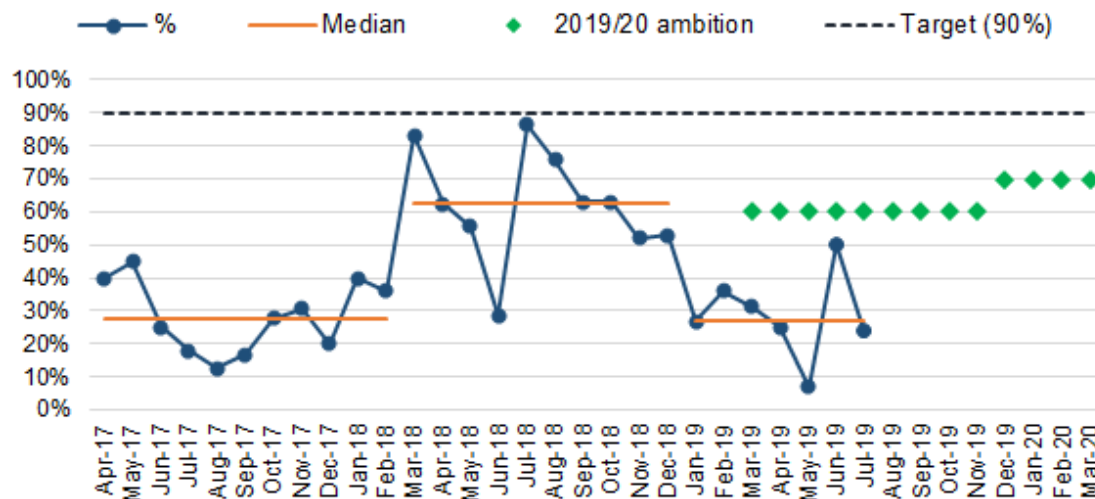
Executive Lead: Mandy Rayani

Senior Responsible Officer(s): Sian Passey

July 2019 ●

12 month performance: **declining**

Serious incidents assured within timescale



In July 2019 23.8% of serious incidents were assured within an agreed timescale. The Health Board has missed the Welsh Government target of 90% and the Annual Plan ambition of 60%. The latest all Wales data ranks the Health Board 6th out of 9.

The latest two points of data have varied around the median. However, the median (27%) is well below the national target (90%).



Delayed transfers of care (DTOC) – non mental health – Carmarthenshire

Lead Committee: BPPAC

Executive Lead: Joe Teape

Senior Responsible Officer: Rhian Dawson

Metrics (targets):

- Number of Health Board DTOC in month (12 month reduction)

HD Status as at Aug 2019

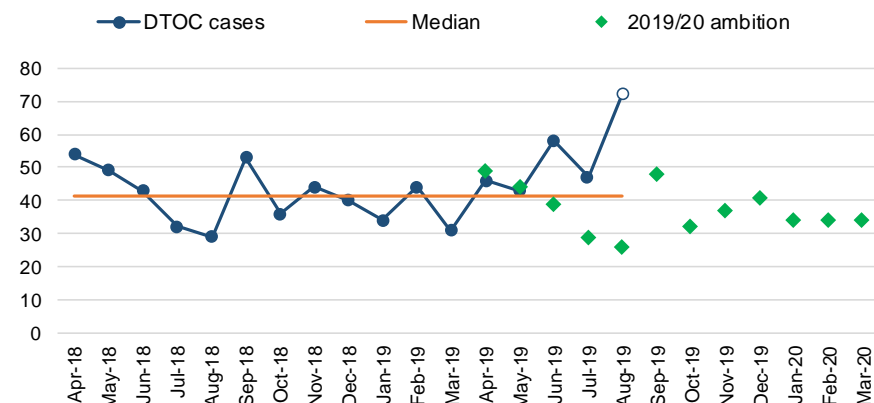


HD Performance the past 12 months

Declining

Latest data

Non Mental Health DTOC cases (12 mth reduction target)



	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Carmarthenshire	14	30	17	15	15	17	27	17	17	16	31	28	41
Ceredigion	7	12	8	11	12	8	6	8	9	7	11	8	9
Pembrokeshire	6	9	9	15	12	9	9	5	20	19	15	10	19
Out of HD area	2	2	2	3	1	0	2	1	0	1	1	1	3
Hywel Dda total	29	53	36	44	40	34	44	31	46	43	58	47	72

Where are we against target?

At the end of August 2019, the Health Board (HB) did not meet the National target of a 12-month reduction. The number of in month patients for Carmarthenshire was 41 compared to 28 in July and 14 in August 2018.

The main reasons for the delay are as follows:

- Domiciliary Care packages - 8 patients;
- Care Home sector - 16 patients with several responsible factors:
 - care home of choice - 6 patients;
 - waiting for the care home manager to assess - 5 patients,
 - families in process of selecting a home - 5 patients.

- Housing - 6 patients.

As of 3rd September 2019, 12 people had been discharged since census date with several more planned during the remaining part of this week.

Why has this situation occurred?

- Care Home Sector. The number of 16 patients is particularly stark and is untypical. It is not necessarily linked to availability of residential and nursing care home placements as there are a high level of vacancies across the county. It is more often the case that a patient and/or family are waiting for a specific care home which can cause significant delays if the home is in high demand and has a waiting list. This accounted for 6 patients. 5 patients were related to families undertaking the visits to select the home of choice and a further 5 awaiting the Care Home Manager to assess. The latter is the result of small and medium sized care homes having insufficient managerial cover to undertake assessments;
- There have been difficulties in commissioning domiciliary care in certain parts of the county that are very rural and remote. Of the 8 recorded, 4 had been waiting for less than 7 days with the 3 between 2 and 4 weeks and 1 over 4 weeks. The delay for the latter 4 is related to the entrenched issues of rurality and domiciliary care capacity;
- Housing – 6 people were recorded as awaiting a housing solution although 3 were unknown to the Local Authority's Housing Options Team. The remaining 3 were waiting for an extra care tenancy.

The above picture does not accord with the findings of the National Complex Discharge Review undertaken by the NHS Wales Delivery Unit (2018) that considered factors responsible for delays in hospital discharges. August must be seen as unrepresentative for Carmarthenshire owing to the comparatively and excessively high number of people delayed due to the care home sector, of which as explained is the result of three separate factors

What are the challenges?

The challenge is to reduce not only the number of DTOCs but also to reduce the associated number of days lost and improve other discharge rates for patients where the acute medical episode has ended. However, in view of the 16 patients recorded against the care home sector, this requires further investigation.

What is being done?

A variety of initiatives are being undertaken with the support of the Delivery Unit and learning from best practice 'Every Day Counts'. Ongoing actions are in place with Acute, Community and Local Authority partners, as listed below, although some immediate actions in response to August's unprecedented and untypical number include:

- Regularly throughout every day, the Local Authority (LA) brokerage is working with its care providers to identify capacity to facilitate discharges from hospital. This includes the LA domiciliary care and reablement service;
- Each Community Resource Team is made aware of the priority accorded to hospital assessments and acting promptly and speedily;
- Community hospitals and the community nursing service are equally on a daily basis working to their full capacity to enable discharges from acute hospitals;
- Daily Investigation into the reasons behind the unprecedented number that relate to the care home sector. The residential brokers who work in the LA have been communicating with families and Care Home Managers on the imperative of prompt decision making and speedy responses to request to assess patients. This is being actively implemented;
- The LA will be case tracking request for residential and nursing care to establish the predominant factors that account for the time taken from identification of need to discharge;
- The Housing Options Manager is meeting with the Head of Nursing to discuss better access and criteria for response;
- The LA is reviewing its domiciliary care model to make it more efficient and effective for the patients pathway and is seeking to protect its domiciliary care capacity by targeting reductions in double handed care and calls requiring 26 calls or more per week (this will allow better recycling of finite capacity to meet demand both from hospital and the community - this is proving very successful) and whether its two week rule for recycling capacity could be re-considered for those individuals who are admitted from challenging parts of the county;
- Additional ongoing actions can be found in [M4 IPAR \(page 27\)](#)

Actions since last report

- Progress with recruitment for key positions for delivery of Transformation Fund;
- Progress on the LA domiciliary care commissioning project and links to the Right Sizing lessons. This has led to the establishment of a new model to be introduced as part of the LA new commissioning framework in Spring 2020. (It takes 6-9 months for a domiciliary care tender to be undertaken. Work will continue with agencies to Right Size packages to release capacity and avoid service user long term dependency);
- Continued development and circulation of a new and detailed brokerage spreadsheet reporting daily on LA data of people waiting for care in both the community and hospital. This is allowing for common understanding and prioritisation across the system;
- Daily liaison among all key professionals including contact with LA brokerage service and its care providers to expedite patient discharges;
- Delivery Unit facilitated work to 'Right-size community services' to determine capacity in community in support of flow and complex discharge – this is leading to a more sophisticated understanding of the system and will be developed further;
- 'A Healthier Carmarthenshire' programme with emphasis on whole system redesign with implementation of key actions has commenced e.g. engagement of all key partners, recruitment of District Nurses and Healthcare Support Workers.

Actions for next period

- Investigation into care home sector factor and the 16 patients recorded in August;
- Evaluate lessons of recent review of patients with a long length of stay;
- Implementing actions arising from Transformation e.g. continued recruitment, developing pathways for Crisis Response Service.

When can we expect improvement and by how much?

Ongoing improvement is expected as previously reported in [M4 IPAR \(page 27\)](#).

How does this impact on both patients and finances?

As previously reported in [M4 IPAR \(page 27\)](#).



Latest data can be found in the [Carmarthenshire report](#).

Where are we against target?

At the end of August 2019, the Hywel Dda University Health Board (HDUHB) 12 month reduction target was not achieved and the number of in month patients for Pembrokeshire was 19 compared to 10 in July 2019 and 6 in August 2018. The main reasons for delay remain consistent.

- Awaiting start of new home care package;
- Waiting for care home of choice for Elderly Medical Ill (EMI), General nursing and Residential;
- Legal issues/family patient related;
- Transfer for inpatient rehabilitation;

Why has this situation occurred?

The main reasons for the delays as noted above relate to:

- Availability of domiciliary care packages;
- Availability of care home placements;
- Challenging family and home situations and expectations.

What are the challenges?

There remains an overall lack of domiciliary care in Pembrokeshire as reported previously in [M4 IPAR \(page 30\)](#). This is also leading to increased use of Intermediate Care Beds in residential settings as an interim solution to inpatient stay.

What is being done?

A variety of initiatives are being undertaken with the support of the Delivery Unit and learning from best practice 'Every Day Counts'; Ongoing actions are in place with Acute, Community and Local Authority (LA) partners;

- The development of micro enterprises to stimulate the provision of domiciliary care;
- Work fairs to encourage recruitment; the LA are in the process of transferring the Reablement service to an in-house provision which will commence in November;
- Daily, Joint Discharge Team/Community Pull (Mon – Fri) reviews; LA continue to commission step down beds;
- Further details of ongoing actions can be found in [M4 IPAR \(page 30\)](#)

Actions since last report:

- 'Right-size community services' work to determine capacity in community in support of flow and complex discharge continues;
- The LA are increasing capacity of their in house domiciliary care provision service and have recruited an additional 6 workers who will complement the existing service following 8 week induction period;
- The LA have appointed to the Reablement and Home Care Manager position;
- Additional ongoing actions can be found in [M4 IPAR \(page 30\)](#)

Actions for next period:

- A KPMG facilitated Pembrokeshire County workshop attended by staff representatives of acute, primary care, community, 3rd sector staff was held on September 10th. The focus on improvements in Avoiding Admissions and Readmissions; Enhance Primary, Community Care and links with Social Care; Reducing Length of Stay in hospital pathway and Reducing Delayed Transfers of care and delays of Medically optimised patients. Recommendations for action will be shared following all County workshops.
- Progress with recruitment for key positions for Intermediate Care services through the Transformation fund in support of pathways for rapid response, fallers and community support are in train. The Integrated Assessment and Co-ordination Hub is due to go live in November;
- Bridging care recruitment through Winter 19/20 funding in support of patient packages awaiting domiciliary care who have a delay in discharge, recruitment completed and additional staff to support flow from October;
- The Intermediate Care Fund have supported a development officer to work with the domiciliary home care sector to develop more capacity within the sector. The officer will focus on attracting people to the sector, supporting them through the new national induction program & Disclosing and Barring Service (DBS) checks, and then arranging with the sector for interviews for permanent positions within a range of providers including LA and independent sector.
- Continue with the support of the Board's Legal representatives to resolve the ongoing cases;

- Renewed focus on using SharePoint as a tool to drive communication, identify delays in a timely way and proactively manage patient flow across the whole system. This will include developing electronic referrals, which will reduce delays in process and enhance accountability;
- Development of a proactive system wide escalation plan to support flow. This will include the sharing of information on capacity and constraint as well as actions expected by different departments or organisations where delays are identified;
- Ensure ward staff and discharge liaison teams are aware of and encouraging patients and families to utilise the 'Findaplace.Wales' website when choosing a care home within the Region. This is a website updated daily by the Care Homes to identify vacancies that are available.

When can we expect improvement and by how much?

Ongoing improvement is expected and is measured, both in terms of the number of delayed patients but also in terms of the number of patients with a long length of stay and reduced bed days. New reporting available through SharePoint enables close tracking of the number of complex patients, the delay in waiting for Multi-Disciplined Team (MDT) review once medically optimised and transfer once ready to leave. Work is ongoing to identify a reasonable target to improve the number of days waiting transfer. There is a risk that better data recording and monitoring of process will enable patients to become ready for transfer sooner, if care in the community capacity does not improve, the number of DTOCs could grow.

The transformation fund benefits and impact will be monitored through the Regional partnership on behalf of all partner agencies.

How does this impact on both patients and finances?

As previously reported in [M4 IPAR \(page 30\)](#).



Latest data can be found in the [Carmarthenshire report](#).

Where are we against target?

At the end of August 2019, the Health Board did not meet the revised National target of a 12-month reduction. The number of in month patients for Ceredigion is 9, an increase of 1 client. Of these 9 clients, the main reason for delays as follows:

- Awaiting start of new home care package (5);
- No appropriate placement identified private provider (1);
- Waiting for residential place availability in care home of choice (general) (1);
- Housing unsafe or unsuitable (1).

Why has this situation occurred?

- Availability of domiciliary care packages in remote areas;
- Challenges with family and home situations;
- Availability of Nursing/Residential Home placements;

The above picture accords closely with the findings of the National Complex Discharge Review.

What are the challenges?

- Cross-border challenges in terms of communication with local teams and placement availability;
- Availability of Nursing Home placements and lack of available choice for individuals and families;
- One Nursing home remains under embargo.

What is being done?

A variety of initiatives are being undertaken continuously throughout the region. Best practice is being shared by each county and practice modified to improve performance.

- Additional Therapist are being recruited to work alongside the Frailty Nurse in A&E in Bronglais General Hospital;
- Palliative Care Speciality Team in reach daily into Bronglais supporting the wards with Palliative discharges and MDT's.
- Additional ongoing actions can be found in [M4 IPAR \(page 29\)](#).

Actions for next period:

- Recruitment for the Locality Lead post to drive the transformation agenda. – interviews planned for the end of September;
- Additional ongoing actions can be found in [M4 IPAR \(page 29\)](#).

When can we expect improvement and by how much?

The opportunity of developing Community teams via the Transformation fund should improve patient flow both in terms of DTC and reduced bed days.

How does this impact on both patients and finances?

Extended stays for patients not only potentially adversely affect their functional independence and well-being, but also create a need for surge beds, which has a financial impact.



Delayed Follow Up Appointments

Lead Committee: BPPAC

Executive Lead: Joe Teape

Senior Responsible Officer: Stephanie Hire/Keith Jones

Metrics (targets):

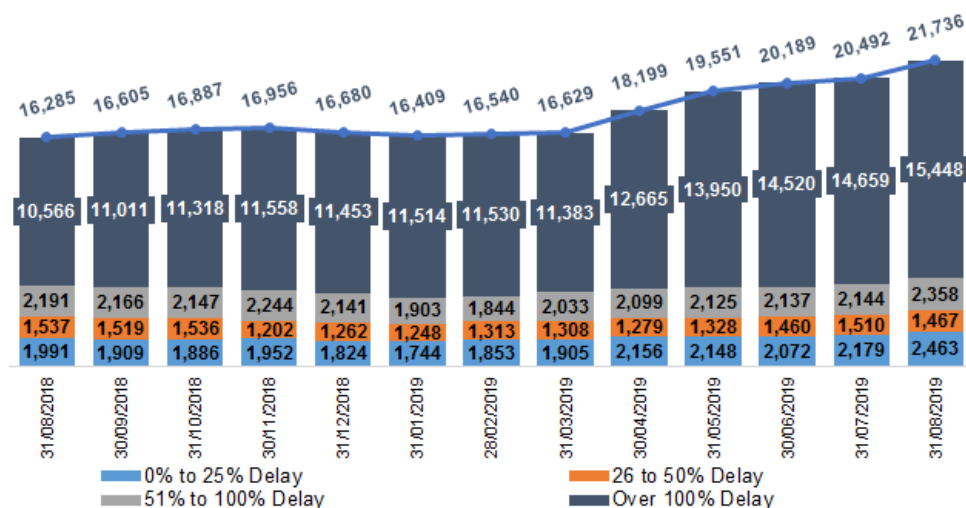
- Delayed follow-up appointments booked & not booked (12 month reduction target)

Status as at Aug 2019

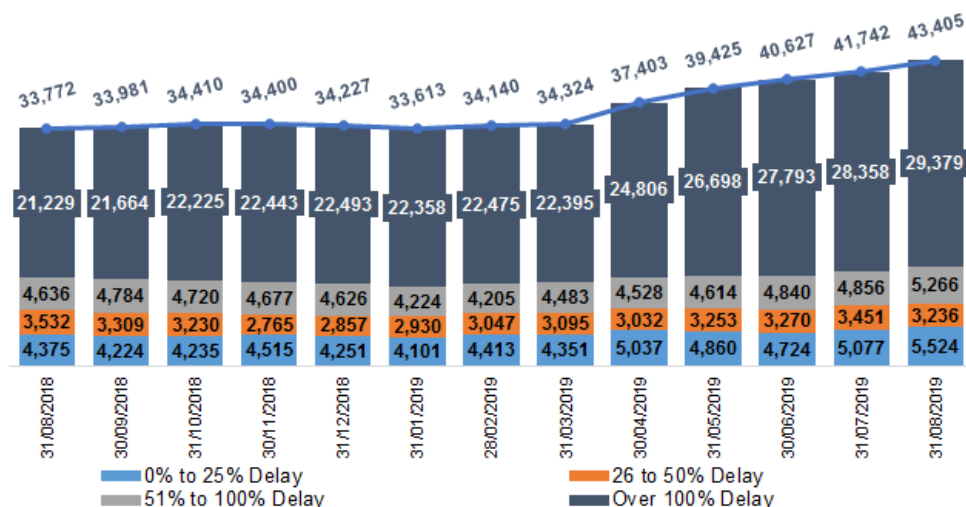
Performance the past 12 months

Declining

5 Planned Care Specialties



All Specialties



Where are we and are we on target?

The total number of delayed follow-ups (booked/unbooked) in August 2019 was 43,403 which represents a reported increase of 1,663 patients compared with the previous month. In the 5 planned care programme specialties (Trauma and Orthopaedics, Ear, Nose and Throat, Urology, Dermatology and Ophthalmology) there were 21,736 delayed follow ups, an increase of 1,244 compared to the previous month.

Why has this occurred?

Since April 2019, a sharp increase in the number of delayed follow-ups has been reported (for both the all specialty and 5 Planned Care Specialties metrics). This contrasts with reported performance through 2018/19. In respect of both metrics, the increase in reported numbers primarily related to the 100% delayed category. After detailed review and investigation undertaken by the Health Board's Informatics Service and Scheduled Care teams, the underlying cause for this unexpected increase in the reported number of delayed follow-ups has recently been attributed to an unintended consequence of the upgrade of the Welsh Patient Administration System (WPAS) version 18.2 implemented in early 2019/20.

What are the challenges?

WPAS Upgrade impact – historically, the former Myrddin/WPAS system enabled the recording of an outcome of 'follow-up' for some patients without the requirement for a target follow-up date to be entered. In parallel with the upgrade of the WPAS system earlier this year, the system was amended to mandate the entry of a target follow-up date or timescale. Subsequent analysis of recorded follow-up data has highlighted the alternative use by administrative staff of the new 'ASAP' function within WPAS, which automatically defaults to a target date the next calendar day. Those follow-up patients with a default target date of 1 day who are not seen within 24 hours of the default date are immediately categorised as 100% delayed on the WPAS system. This explains the sharp increase in patients reported as 100% delayed since April 2019.

Service / clinical transformation – it is acknowledged that historical clinical practice and supporting administrative systems promote the planning of outpatient department (OPD) based follow-up reviews without full consideration of alternatives and/or the clinical necessity of planned reviews.

What is being done?

WPAS Upgrade impact – the following corrective actions have been agreed and are in the process of being implemented:

- Administrative staff have been directed not to utilise the 'ASAP' function in WPAS unless explicitly requested by a clinician (and arrangements made for the patient in question to be given an appointment date within 24 hours);
- Clinical teams to be advised to minimise the use of the 'ASAP' function as a clinical outcome unless follow-up appointments are confirmed within 24 hours;
- A new suite of weekly follow-up data reports have been introduced for use by clinical teams (including reports identifying newly created follow-ups and their respective target dates / timescales);
- Priority retrospective validation of 100% delayed follow-ups created since April 2019 to correct the reported increase during this period;
- The appropriateness of the 'ASAP' function within WPAS will be further reviewed & considered via the Outpatient Transformation Group.

Delayed Follow-Ups Improvement Plan – the Health Board has recently received Welsh Government (WG) approval and a funding allocation of £500k to support implementation of its delayed Follow-Ups Improvement Plan. The plan, which has been highlighted as an exemplar by WG, includes the following elements:

- Expansion of the Health Board's validation capacity (including commissioning of external validation expertise in the short term);
- Appointment of dedicated service improvement and informatics leads to coordinate the clinical & service improvement and informatics priorities highlighted in the plan;
- Investment to support to wider roll-out of Patient Reported Outcome Measures (PROMS) questionnaires in April 2019 as an alternative to routine clinic based follow up review of major joint replacement patients;
- Support for an Audiology direct referral system to help minimise traditional follow-up appointments;
- Procurement of the Patient Knows Best (PKB) modules to support the introduction of self-care pathways in Urology & Dermatology;
- Scope to develop more sustainable models with local GPs / primary care teams to support the ongoing review and assessment of patients as alternatives to traditional follow-up models.

Pathway Management – targeted training and administrative / clinical validation activities to support improvement compliance with the Access

Policy and a reduction in the volume of follow-up pathways which remain open unnecessarily.

Clinical Transformation – work being progressed across several specialties to review and update clinical guidance regarding follow-ups and the promotion of alternatives to traditional clinic based reviews including adoption of self-management programmes for some patient groups, expansion of 'See on Symptom' review protocols and expanded use of virtual clinics.

Text validation - plans are also being expedited to extend the text validation service to delayed follow-up patients.

Community Based Glaucoma Reviews - commencement of the community based review of glaucoma patients via commissioned optometry practices from September 2019.

When can we expect improvement and by how much?

Following WG confirmation of support for the Health Board's Delayed Follow-Ups Improvement Plan, plans are now being progressed to implement the various elements referenced above. External validation capacity has been commissioned and will commence in September 2019. It is anticipated that performance will improve from October 2019:

Welsh Government has proposed the following improvement targets for NHS Wales to be shadow reported during 2019/20 with formal reporting from April 2020:

- All Health Boards to have allocated a clinical review date to all patients on a follow-up waiting list from September 2019;
- All Health Boards to have allocated a clinical risk factor to patients on the eye care measures from September 2019;
- All Health Boards to report accurately see on symptom patient pathways from September 2019;
- All Health Boards to reduce the overall size of the follow up waiting list by at least 15% by March 2020;
- Reduce the number of patients delayed by over 100% by at least 20% by March 2020.

How does this impact on both patients and finances?

This work is a priority in assessing those who have come to harm, improving patient experience, communication and expectation and providing a better service now and in the future. Financially, the impact is ensuring there are appropriate resources to complete this work, particularly regarding validation of the current waits.



Timely Care – Cancer

Lead committee: BPPAC

Executive Lead: Joe Teape

Senior Responsible Officer: Keith Jones

Metrics (targets):

- % of patients referred as urgent suspected cancer seen within 62 days – Target 95%
- % of patients referred as non-urgent suspected cancer seen within 31 days – Target 98%

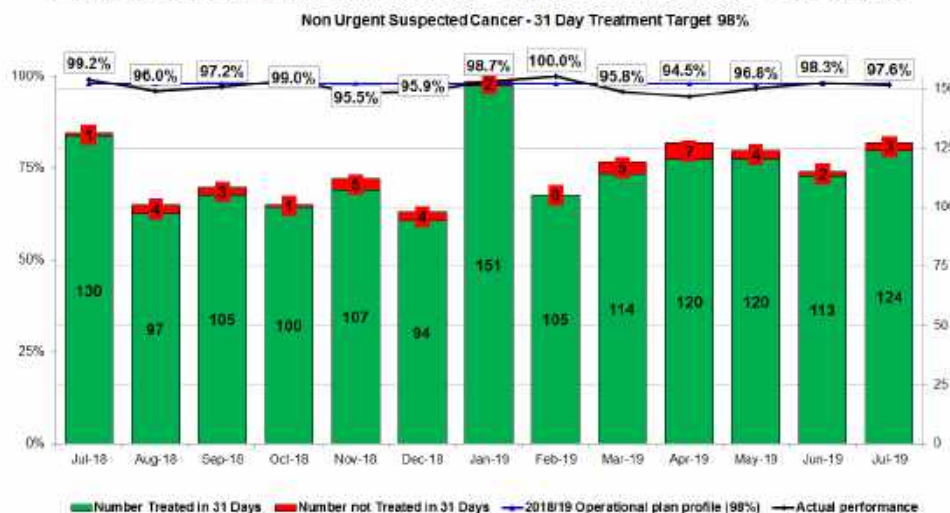
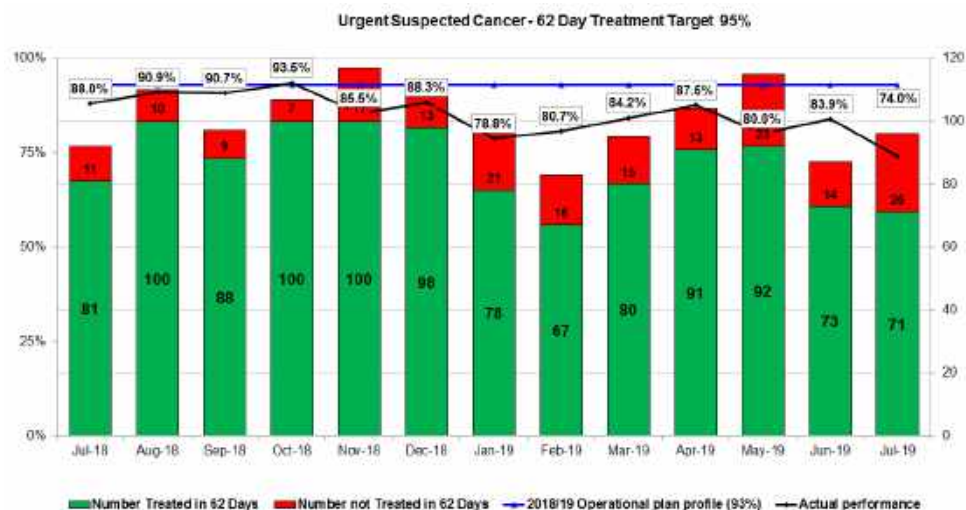
Status as at Jul 19



Performance the past 12 months

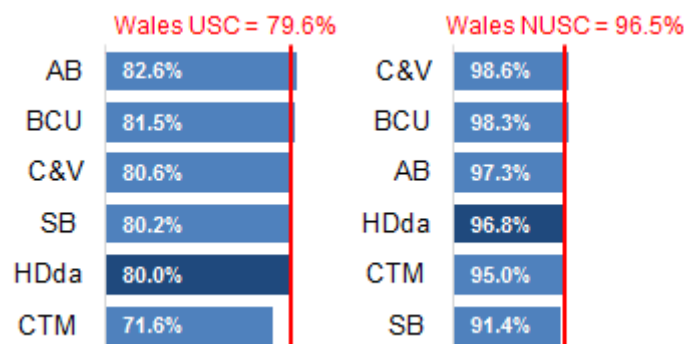
Declining
Declining

Latest data



Benchmarking (May 2019)

The latest all Wales benchmarking data puts Hywel Dda ranked 5th in Wales for Urgent Suspected Cancer (USC) and 4th for Non Urgent Suspected Cancer (USC).



Where are we and are we on target?

USC – confirmed July 2019 USC performance fell sharply to 74% based on 25 breaches.

NUSC – confirmed July 2019 NUSC performance was 97.6% based on 3 breaches.

Why has this occurred?

USC – performance in recent months has been variable and showed a significant increase in reported breaches during the month. These are summarised below:

- 10 x complex diagnostic pathway breaches with patients requiring multiple, consecutive diagnostic investigations and/or investigation via two or more tumour site Multi Disciplined Team (MDT). (see below);
- 7 x tertiary surgery delay breaches (see below);
- 4 x local diagnostic delay breaches (Urology pathway);
- 2 x tertiary oncology assessment delays (Lung & Lower GI pathways);
- 2 x multi-factorial delay breach (involving local diagnostic and tertiary centre treatment delays in the Urology pathway);

NUSC – performance in the month was based on 3 breaches for the following reasons:

- 2 x delay due to tertiary surgery (Gynaecology);
- 1 x delay due to local surgery (Urology).

What are the challenges?

- **Complex pathway delays** – the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment as these patients are often subject to multiple investigations and MDT reviews to determine the most appropriate clinical management plan. Whilst complexity of diagnostic pathways features regularly in reported breaches, the number (10) reported in July 2019 was significantly higher than normal levels. To illustrate the nature of the complexity of these pathways, the table at the end of this report summarises the 10 complex pathway delay breaches for information.
- **Tertiary centre capacity pressures** - continue to significantly compromise the Health Board's performance across a number of USC and NUSC pathways. Concerns regarding Tertiary Centre capacity and associated delays continue to be escalated at operational and executive levels. The 7 breaches due to tertiary surgery delays are summarised below:

Tertiary Surgery Delay Breaches July 2019	
Tumour Pathway	Wait (in days) between tertiary referral and treatment
Skin	67
Urology	55
Urology	62
Gynaecology	62
Gynaecology	55
Gynaecology	64
Upper GI (Pancreatic)	141

In addition to the above, pressures on tertiary centre and visiting oncology capacity continue to impact upon the timely provision of oncology assessments following diagnosis. 2 breaches in July 2109 were due to delayed oncology assessments.

- **Local diagnostic service capacity pressures** – capacity pressures within the Radiology service continue to present a risk to the timely assessment and treatment of patients on the Urology and Lower Gastrointestinal pathways in particular. In July 2019, the 4 breaches due to local diagnostic delays all impacted the Urology pathway, with 3 relating to delays for scans / reports and 1 due to the failure of specialist fusion biopsy equipment.

What is being done?

The table below highlights key actions designed to improve capacity and reduce current delays:

Radiology:
Funding successfully secured from the Welsh Government (WG) Single Cancer Pathway Fund to support 7-day working for CT scans (additional 100 scans per month), additional Nuclear Medicine Capacity (additional 40 scans per week) and the appointment of a dedicated Cancer referral tracker within the Radiology service.
Urology
Replacement equipment to support specialist fusion biopsies at Prince Philip Hospital has been procured; Detailed review of Urology pathway completed with new Wales Cancer Network approved optimal diagnostic pathway implemented designed to improve the timely diagnosis of patients on the prostate pathway. This is designed to reduce the total volume of Urology pathway delays during Autumn 2019.
Gynaecology
As reflected in previous IPAR reports, a 4 th Gynaecology Cancer Surgeon has been appointed and will join the Swansea Bay University Health Board (SBUHB) service in September 2019. This will remain a risk to sustained performance improvement during Autumn 2019 until the backlog of delayed procedures at SBUHB has been addressed; No available interim capacity at alternative units in Wales.
Oncology
Recent recruitment of oncologists at SBUHB to improve support for Lung & Breast & LGI pathways; 2 consultant oncologist appointments to commence at SBUHB in October & November 2019 to support Urology pathway; Tertiary centre risks re timely access to Radiotherapy remain due to pressure on physical capacity at the South West Wales Cancer Centre in Singleton Hospital.

When can we expect an improvement and by how much?

The actions outlined in the table above are expected to improve the timeliness of diagnostic and treatment pathways and support a reduction in reported breaches in the months ahead. However, due to the nature of the USC performance target (breaches are reported in the month patients receive their treatment) and current backlog of patients waiting greater than 62 days for treatment, recovery of monthly performance levels to those achieved during 2018/19 is not expected until Qtr 4 (19/20). The table below summarises the current backlog of patients with a confirmed diagnosis waiting greater than 62 days:

Profile of 62 Day Backlog with confirmed diagnosis			Comment:
Tumour Pathway	Current Pathway Location		
	HDUHB	Tertiary	
Breast	1	0	Complex diagnostic pathway
Gynaecology	0	13	Awaiting tertiary surgery
Haematology	3	0	Complex diagnostic pathways (treatment plans not yet confirmed)
Head & Neck	0	1	Awaiting tertiary surgery
Lower GI	2	3	Impact of local diagnostic capacity pressures / tertiary oncology delays
Lung	2	0	Complex diagnostic pathways
Other	0	1	Complex diagnostic pathway (unknown primary tumour site)
Skin	0	2	Awaiting tertiary surgery
Upper GI	3	0	Complex diagnostic pathways (treatment plans not yet confirmed)
Urology	8	2	Impact of local diagnostic capacity pressures / tertiary surgery delays
Total	19	22	

It should be noted that the above patients and their respective pathways will be subject to clinical validation in accordance with WG pathway rules and guidance re cancer pathways. The residual number of qualifying breaches in the months ahead is expected to be less than the total number shown above. NUSC performance is expected to be between 96-98%, dependent upon capacity pressures within tertiary / externally provided services.

How does this impact on both patients and finances?

Evidence suggests early diagnosis and treatment of cancer can significantly influence longer term clinical outcomes for patients. The impact of diagnostic and treatment pathways for individual patients will reflect a number of different factors including length of time between development of symptoms and initial presentation, the relative stage/progression of the tumour at the time of presentation, the nature of the tumour and treatment options available.



Timely Care – Diagnostic wait 8 weeks and over

Lead Committee: BPPAC

Executive Lead: Joe Teape

Senior Responsible Officer: Sarah Perry

Metrics (targets):

- Diagnostic wait 8 weeks and over (Target = 0)

Status as at Aug 2019



Performance the past 12 months

Declining

Latest data

Reported Diagnostic Tests	Waiting List > 8 Weeks
Cardiology (Total = 128)	
Echo Cardiogram	78
Myocardial Perfusion Scanning	31
Dobutamine Stress Echocardiogram (DSE)	16
Trans Oesophageal Echocardiogram (TOE)	2
Cardiac Computed Tomography (Cardiac CT)	1
Radiology (Total = 217)	
Non Cardiac Computed Tomography	121
Non Cardiac Magnetic Resonance Imaging (MRI)	83
Non-Obstetric Ultrasound	13
Total	345

Where are we and are we on target?

In August 2019, 128 Cardiology and 217 radiology breaches were reported.

Why has this occurred & what are the challenges?

Cardiology - Breaches occurred due to:

- Increasing Echocardiogram (ECHO) Sonographer capacity pressures at Glangwili General Hospital (GGH) set against a backdrop of increasing demand and an on-going capacity deficit due to vacancies and reduced levels of staff declaring their availability to undertake overtime work in recent months in favour of agency locum work with other Health Boards in off-duty time. A zero breach position in ECHO at Worthybush General Hospital (WGH) is only being managed through the use of a regular agency locum and at Prince Philip Hospital through 2-4 days per month of overtime work;
- Reduced Cardiologist capacity for Myocardial Perfusion Scanning at WGH in the month due to prioritisation of acute cross-cover for annual leave;
- Reduced Cardiologist capacity for Dobutamine Stress Echo and Trans Oesophageal Echo at GGH due to prioritisation of acute cross-cover for annual leave;

- Variable pressures on Cardiac CT capacity to meet local demand despite current in house list at BGH and outsourcing at (Swansea Bay University Health Board) SBUHB.

Radiology – The 217 radiology breaches occurred due to:

- Continued Backlog of MRI (Magnetic Resonance Imaging) scans from the failure of the scanner at Bronglais. Staff sickness across the MRI modality has limited additional sessions undertaken during the month;
- Increased demand in Worthybush for CTs which outweighed capacity despite movement of patients to alternative sites around the Health board;
- Current waiting times in all modalities remain very close to the 8 week targets;
- The recent integration of the different historical RADIS systems on the four sites has compromised the accuracy of waiting list monitoring and forecasting systems within the application;
- Shortages in consultant radiologists remain. The impact of reduced capacity in July has continued through August 2019;
- Ongoing issues with aging equipment lead to unpredicted downtime especially for CT and MRI.

What is being done?

Cardiology

In view of the deteriorating waiting times position, performance monitoring of Cardiology diagnostic waiting times will be escalated to an enhanced level with weekly planning and forecasting review meetings chaired by the Assistant Director (AD) of Acute Services, supported by the General Manager & Service Delivery Manager (SDM) for the service. To support this increased focus within the service:

- Cardiology SDM / Cardiology RTT Support Manager to undertake tri-weekly reviews of each site's Cardio-physiology diagnostic demand and prioritise cross-site capacity to support recovery towards a zero breach position;
- Cardiology SDM and Cardio-physiology Service Leads will meet weekly with AD Acute Services & GM from September for performance monitoring of diagnostic RTT and early identification of potential breaches and measures to manage these;

- Cardiology SDM undertaking Cardio-physiology demand/capacity review to evaluate current resource utilisation and identify scope for improvement/ efficiencies;
- Project Group will continue to support Health Board roll-out of WPAS/Myrddin booking of all activity and referrals in Cardio-physiology diagnostics as a means of improved demand/capacity management – anticipate full implementation by end of September 2019;
- Introduction of Cardiologist clinical validation of all GGH ECHO requests from September 2019;
- GGH Cardio-physiology Manager to undertake increased ECHO activity from September 2019;
- Ongoing sourcing of Locum support and offer of extra/overtime payment to in-house Cardio-physiology staff to target ECHO waiting times;
- Fast-tracking of Band 7 recruitment through TRAC process to support ECHO capacity at WGH, anticipating a start in post in November 2019;
- Review of Shortness of Breath / suspected Heart Failure pathway (in-hospital and Primary Care referral) underway with work continuing to identify improved use of NT-proBNP blood test in hospital and Primary Care as a means of reducing un-necessary ECHO requests/demand. Other Health Boards have observed up to 15% reduction in Primary Care ECHO requests with more rigorous use of this approach. Health Board-wide Cardiologist discussion scheduled in October 2019;
- Reintroduction of Cardiologist Imaging session at PPH from October 2019 will assist in reducing future Dobutamine Stress Echo and Trans Oesophageal Echo breaches;
- Urgent review of WGH Cardiologist capacity in September 2019 with support of Cardiology Clinical Lead to better understand local capacity pressures and needed support to achieve zero breaches in Myocardial Perfusion Scanning at WGH;
- SBAR outlining development of Cardiac CT at PPH due for completion in October 2019.

Radiology

In view of the deteriorating waiting times position, performance monitoring of Radiology diagnostic waiting times will be escalated to an enhanced level with weekly planning and forecasting review meetings chaired by the Assistant Director (AD) of Acute Services, supported by the General Manager & SDM for the service. To support this increased focus within the service:

- SDM / Site Leads to undertake weekly reviews of each site's Radiology diagnostic demand and prioritise cross-site capacity to support recovery towards a zero breach position;

- • SDM & GM to lead demand/capacity review to evaluate current resource utilisation and identify scope for improvement/efficiencies
- Review work is being undertaken with the Informatics Department and NWIS to ensure an accurate and robust mechanism for forecasting and monitoring of waiting list performance;
- Work to commence to review existing pathways to reduce the level of unnecessary imaging given the increasing pressure & demand for CT.

When can we expect improvement and by how much?

It is anticipated that waiting time pressures within both services will continue through the Autumn period and a return to a zero breach position will not be achieved until Quarter 4 2019/20.

How does this impact on both patients and finances?

Early diagnosis can positively influence longer term clinical outcomes for the patients. The financial impact relates to the additional cost of any agency, locum, overtime, or bank working required to avoid breaches. Delays in diagnostic also contribute to delays in the outpatient Referral to Treatment (RTT) position. Whilst utilising capacity across the Health Board, patients are being asked to travel further from home.



Physiotherapy - Therapy waits over 14 weeks

Lead committee: BPPAC

Executive Lead: Alison Shakeshaft

Senior Responsible Officer: Helen Annandale

Metrics (targets):

- Number of patients waiting 14 weeks plus for Physiotherapy (Target = 0)

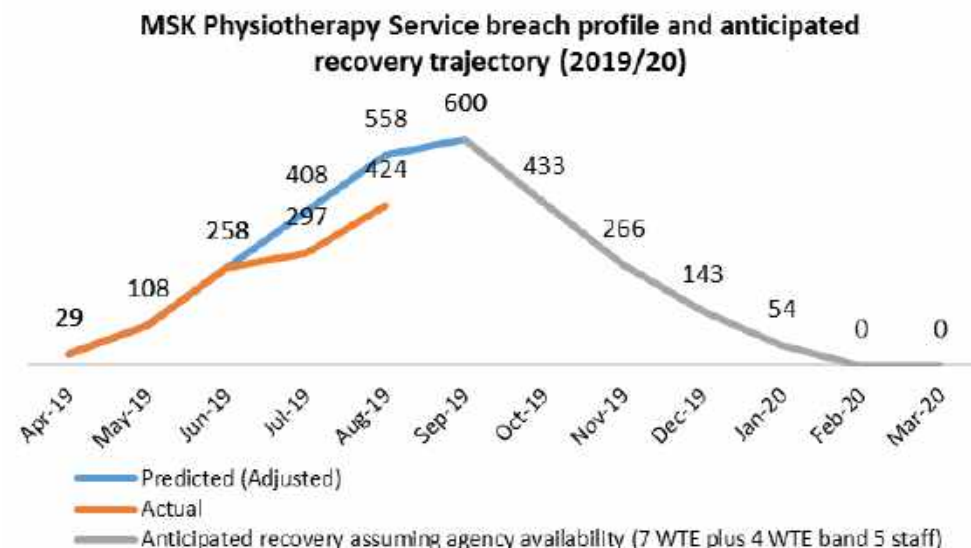
Status as at Aug 2019



Performance the past 12 months

declining

Where are we against target?



There were 424 breaches of the 14 week target in August 2019. These are within the Musculoskeletal Physiotherapy (MSK) specialty. In August 2018, 10 breaches were reported.

Why has this occurred?

[Please see M4 IPAR.](#)

What are the challenges?

[Please see M4 IPAR.](#)

What is being done?

In addition to the Service redesign items detailed in M4 IPAR, this also includes:

- Overtime available to all MSK staff to increase service capacity.
- Over-recruitment strategy for junior grades.
- The service is developing a paper proposing a strategy of over recruitment at a variety of grades to offset impact on service capacity caused by recruitment processes, turnover and maternity. This will reduce reliance on current levels of agency going forward improving stability in the system.

When can we expect improvement and by how much?

It is anticipated that the breach position will continue to increase into September. The extent is dependent on the availability of agency workforce to back fill for service vacancies. It is anticipated 4 WTE vacancies will be recruited with start dates in September. Agency availability is seasonal and should also improve at this time. A progressive improvement in waiting times will occur towards a zero breach position by the end of the 19/20 financial year. The graph above provides a waiting times prediction relating to these workforce changes.

How does this impact on both patients and finances?

Longer waiting times result in:

- Poorer patient experience;
- Poorer self-management of condition;
- Higher risk of developing chronic conditions;
- Increase referral behaviour e.g. utilisation of inappropriate imaging, repeat attendances to GPs, A&E or referral to secondary care;
- Increase in dependency can result in increased care package costs, loss of function and work;
- Utilisation of agency staffing does result in significant pressure on service budget and governance arrangements.



Timely Care – Referral to Treatment (RTT)

Lead Committee: BPPAC

Executive Lead: Joe Teape

Senior Responsible Officer: Keith Jones/Steph Hire

Metrics (targets):

- % patients waiting less than 26 weeks from referral to treatment (target = 95%)
- Number of patients waiting 36 weeks and over (target = 0)

Status as at Aug 2019

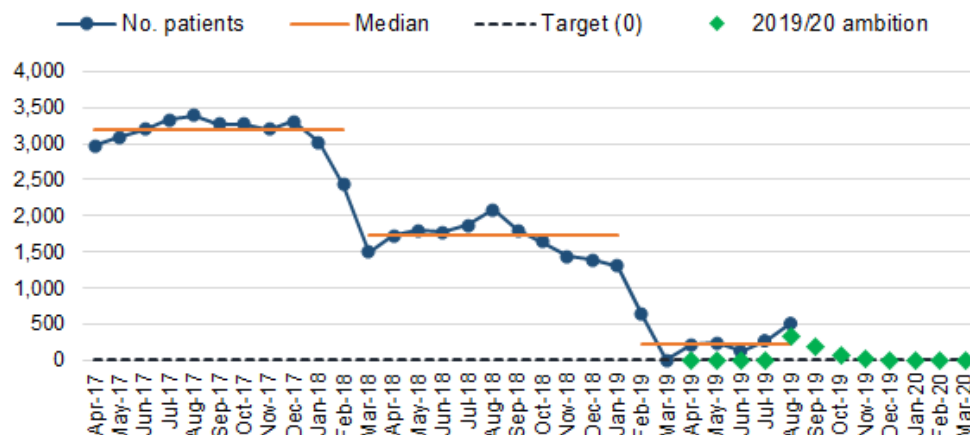


Performance the past 12 months

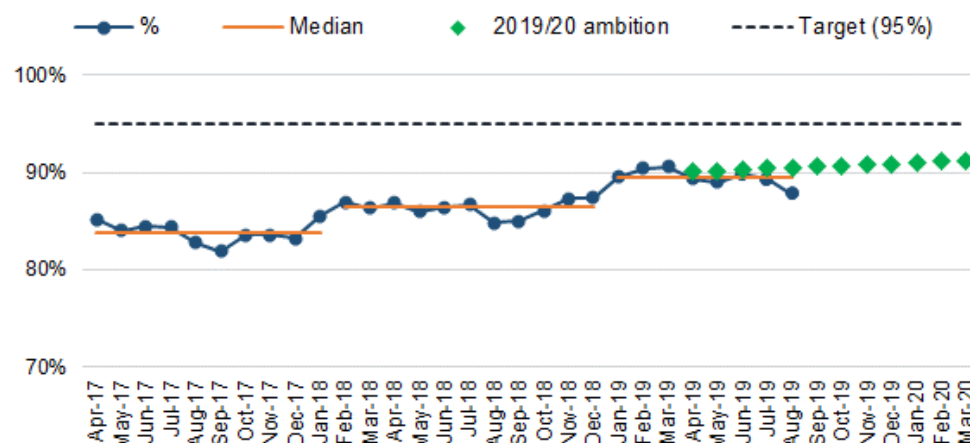
Improving
Improving

Latest data

Patients waiting 36 weeks+ from referral to treatment



Patients waiting less than 26 weeks from referral to treatment



Where are we and are we on target?

The number of 36 week+ breaches in August 2019 was 506. The percentage of patients waiting less than 26 weeks from Referral To Treatment (RTT) was 87.8% in August 2019 (50,746 patients). The table below highlights those specialties where the volume of 36 week + breaches was above profile for the month:

Specialty	Aug-18		
	Profile	Actual	Variance
General Surgery	8	26	18
Urology	20	64	44
Trauma & Orthopaedics	45	70	25
ENT	80	138	58
Ophthalmology	10	37	27
Pain Management	0	3	3
Cardiology	50	67	17
Neurology	0	6	6
Gynaecology	8	22	14

What are the challenges?

Reported breaches in August 2019 increased due several factors which could not be mitigated during the month:

General Surgery – restricted access to the Preseli operating theatre at GGH (due to new fire regulations) and lost theatre lists due to significant challenges with Anaesthetic staffing cover during the month.

Urology – reduced ability to backfill routine levels of annual leave due to increased vacancies at middle grade level resulting in the loss of 52 new outpatient slots and 20 operating slots during the month.

Orthopaedics – the combined impact of sickness absence of 2 consultants and a significant shortage of junior doctor cover for the wards at PPH & WGH following the August changeover resulting in the loss of 48 new outpatient slots and 34 operating slots during the month.

ENT – middle grade sickness absence during the month resulting in the loss of 64 new outpatient slots (the majority of reported breaches are at Stage 1) and lost theatre capacity due to water leakage in Theatre 2 at GGH.

Ophthalmology – reduced clinical availability below that previously anticipated to cover planned annual leave and vacancies as a result of clinician financial concerns regarding the impact of new pension arrangements.

Cardiology – inability to cover scheduled annual leave at WGH due to ongoing vacancies within the wider consultant team and failure of previously anticipated cover plans resulting in the loss of 80 new outpatient slots during the month.

Gynaecology – combined impact of short notice sickness / absence at middle grade and consultant level and the loss of 4 theatre lists during the month due to insufficient availability of supporting theatre staff.

More generally, the potential impact of the new pension arrangements on planned levels of additional internally delivered capacity has been noted as an increasing risk in several specialties, although the impact is difficult to quantify at present due to the variable impact on individual clinicians.

What is being done?

Delivery plans are in place across all specialties and recovery actions are being progressed for the specialties highlighted:

General Surgery – clinical sessions are being reprioritised to enhance theatre capacity during September.

Urology – improved clinician availability following summer leave to support outpatient & theatre capacity and reduced dependency on middle grade backfill.

Orthopaedics – improvements to junior doctor cover for wards will reduce volume of lost theatre capacity during September. 1 consultant expected to return from sickness / absence by end September 2019.

ENT – resolution of middle grade sickness / absence and provision of additional clinic capacity during September, pending the arrival of a replacement Consultant in October 2019.

Ophthalmology – improved clinical availability during September to enhance planned activity volumes plus continued utilisation of outsourced capacity at Werndale Hospital.

Cardiology – improved outpatient capacity at WGH to be supplemented by additional outpatient sessions provided by clinicians across the wider team (currently subject to confirmation of outpatient staffing support).

Gynaecology – partial improvement in sickness / absence within clinical team and provision of extra theatre capacity to support recovery of the August backlog.

Discussions to identify potential solutions / mitigations to the adverse impact of the new pension arrangements for clinical staff are continuing at a national level. Failure to resolve this issue may require recruitment of additional capacity within specialties and/or commissioning of additional externally provided activity.

When can we expect improvement and by how much?

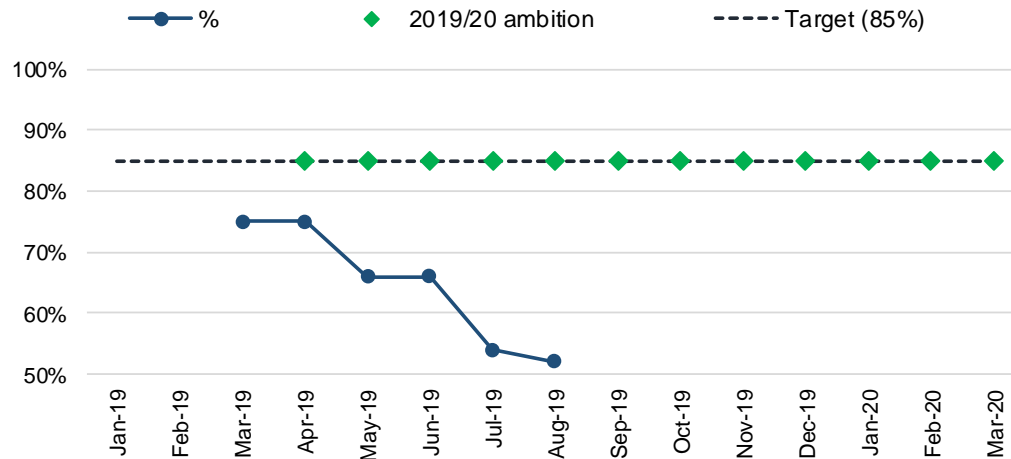
All specialties have been targeted to recover towards the August breach profile by the end of September 2019 with further recovery to zero 36 week breaches anticipated by the end of Quarter 3.

How does this impact on both patients and finances?

Achievement of zero 36-week breaches represents a significant improvement in service quality and experience for our patients. Specialty teams continue to work on efficiency and productivity plans to address capacity pressures and improve sustainability in the shorter term whilst working on regional collaboration with regard to some specialties in the mid and long term. The Health Board is working closely with Swansea Bay University Health Board and Welsh Government to address this.



Consultants/SAS doctors with a current job plan



In August 2019, the percentage of Consultants/SAS doctors with a current and up to date job plan did not meet the target (85%) with performance of 52%.

The Health Board does not currently have sufficient historic data to provide a median or identify if there is evidence of unusual variation. However, there has been a decline in performance over the last 4 months.

It is recognised that with the influx of new starters in August, the demand for generating new job plans increases at this time of year. Through the Executive Team Performance Reviews, service leads are being reminded of the importance of undertaking job planning activities and the need to schedule this in advance to avoid weeks when staff usually take annual leave and typically busy periods.

Performance run charts for our key deliverable indicators: data as at 31st August 2019

Click a link below to view the run chart and data for that indicator.

'6 in 1' vaccine
MMR vaccine
C.difficile
E.coli
S.aureus
Serious incidents
Hospital initiated cancellations
Concerns and complaints
Mental health delayed transfers of care (DTOC)
Non-mental health DTOC
Finance
Sickness absence
Performance appraisals (PADR)
Consultants/SAS doctors - current job plan

Ambulance red calls
Ambulance handovers over 1 hour
A&E/MIU 4 hour waits
A&E/MIU 12 hour waits
Admission to stroke unit <4 hours
Assessed by stroke consultant <24 hours
Stroke patients - speech and language therapy
Delayed follow-up appointments 5 specialties
Ophthalmology patients seen by target date
Urgent suspected cancer
Non-urgent suspected cancer
Diagnostic waiting times
Therapy waiting times
Referral to treatment (RTT) <=26 weeks
RTT patients waiting 36 weeks+
Children/young people neurodevelopment waits
Adult psychological therapy waits

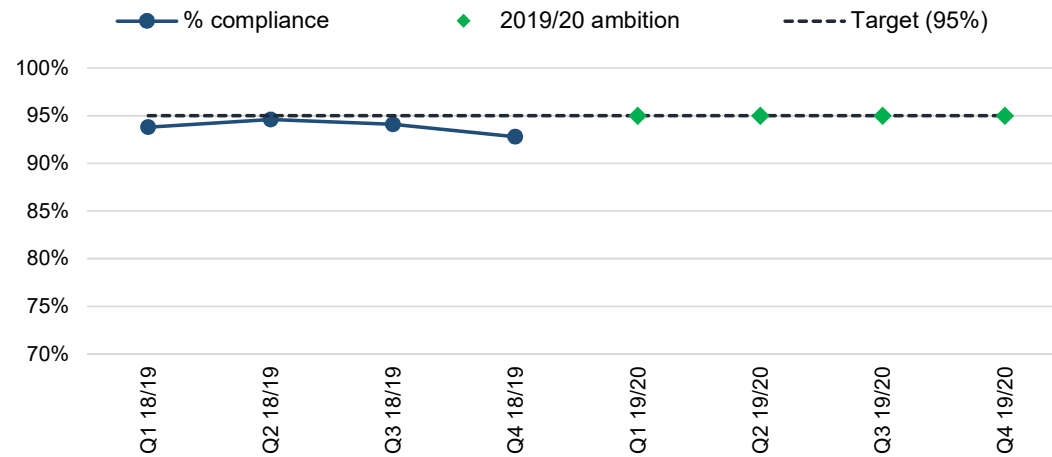


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



% children receiving 3 doses of '6 in 1' vaccine by age 1



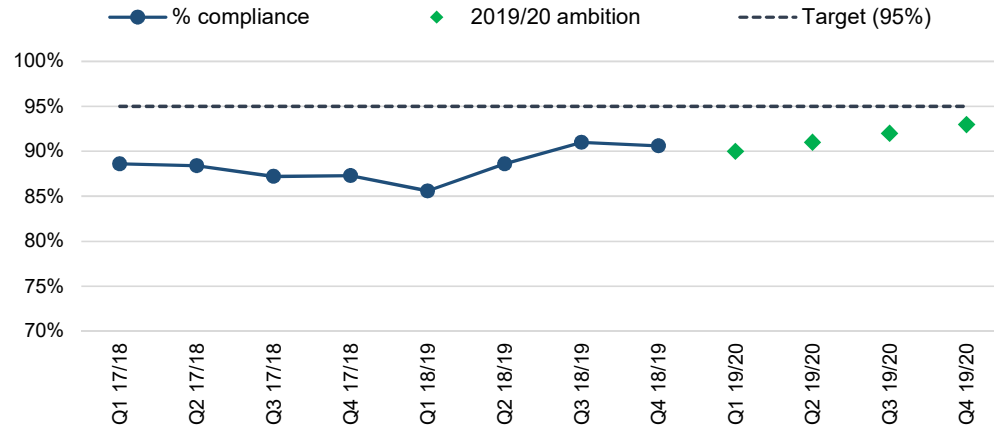
Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

% children receiving 3 doses of '6 in 1' vaccine by age 1	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
% compliance	93.8%	94.6%	94.1%	92.8%				
2019/20 ambition					95%	95%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%



% children receiving 2 doses of MMR vaccine by age 5



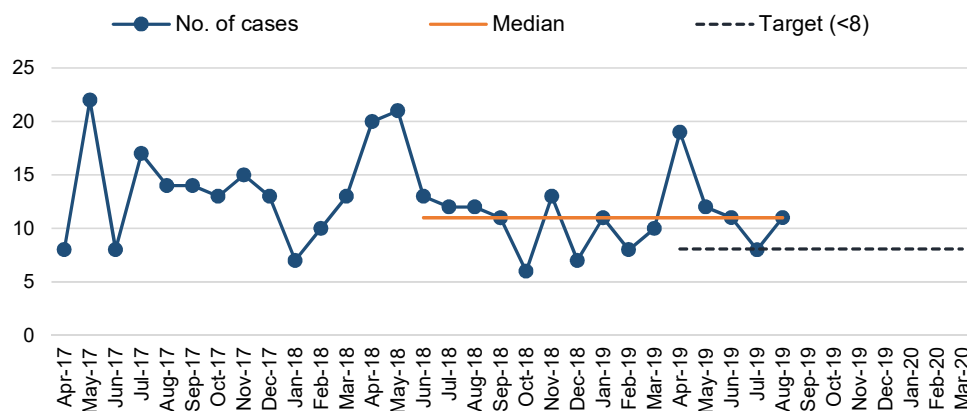
Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

[illegible]



Number of cases of C.diff



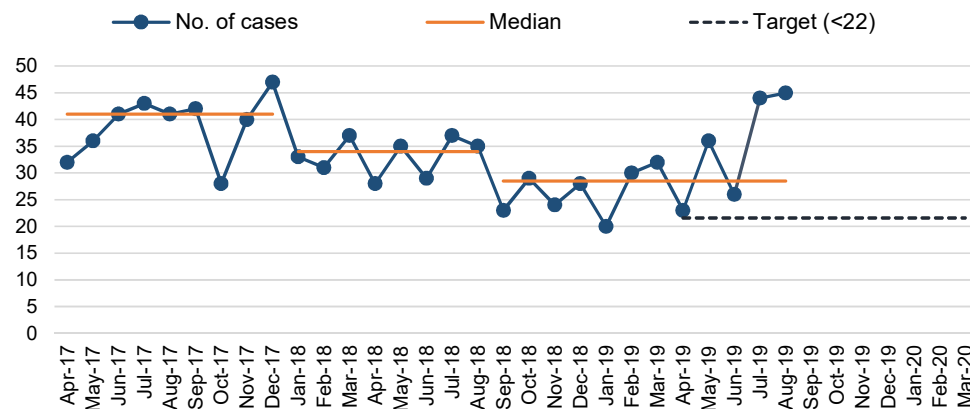
Evidence of non-random variation in recent months?

5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Number of cases of C.diff	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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
No. of cases	8	22	8	17	14	14	13	15	13	7	10	13	20	21	13	12	12	11	6	13	7	11	8	10	19	12	11	8	11
Median															11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Target (<8)																									8	8	8	8	8



Number of cases of E.coli



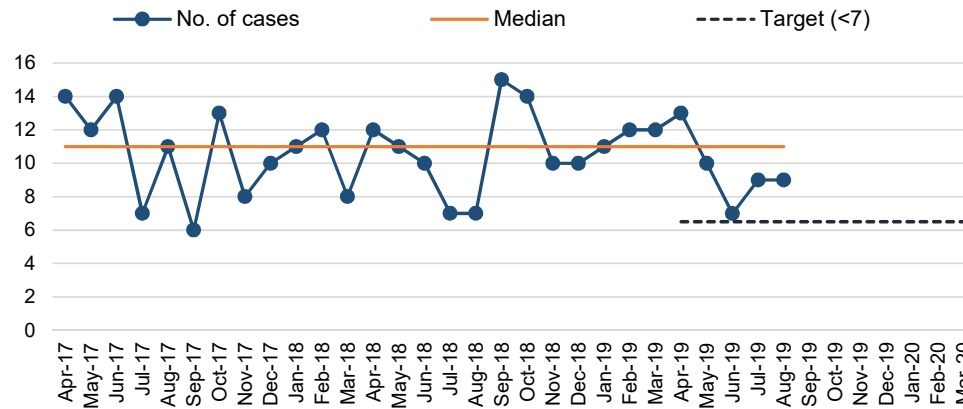
Evidence of non-random variation in recent months?

5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Number of cases of E.coli	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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
No. of cases	32	36	41	43	41	42	28	40	47	33	31	37	28	35	29	37	35	23	29	24	28	20	30	32	23	36	26	44	45
Median	41	41	41	41	41	41	41	41	41	34	34	34	34	34	34	34	34	29	29	29	29	29	29	29	29	29	29	29	29
Target (<22)																									22	22	22	22	22



Number of cases of S.aureus



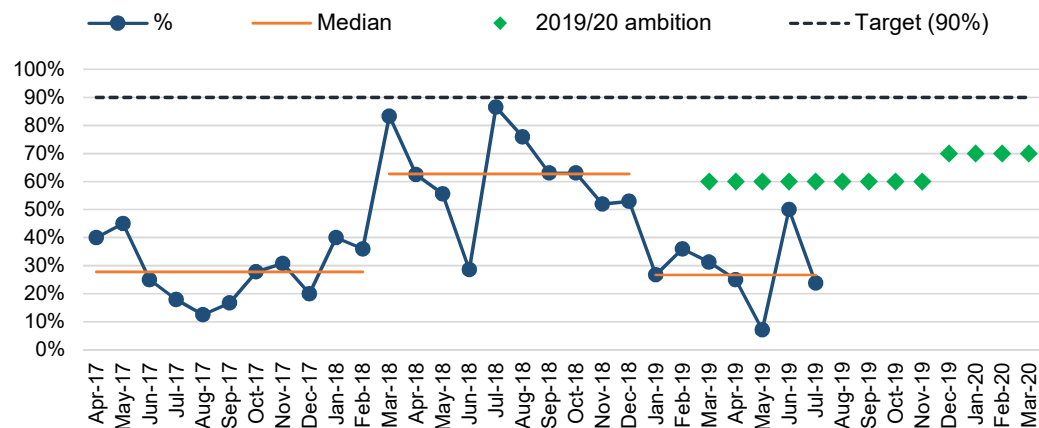
Evidence of non-random variation in recent months?

5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

Number of cases of S.aureus	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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
No. of cases	14	12	14	7	11	6	13	8	10	11	12	8	12	11	10	7	7	15	14	10	10	11	12	12	13	10	7	9	9
Median	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Target (<7)																									7	7	7	7	7



Serious incidents assured within timescale



Evidence of non-random variation in recent months?

New median identified, unable to apply run chart rules until there are at least 10 data points.

[illegible]



6+ points in a row above / below the median?	No
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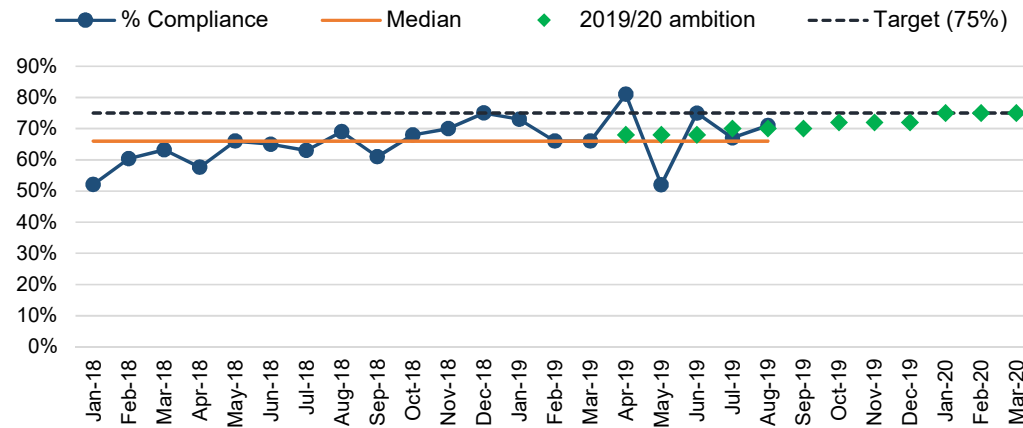
Astronomical data point (very different to the rest)? Yes

Trend crossing median in an unexpected pattern?	No
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[illegible]



% concerns with final or interim reply <= 30 working days



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median?	No
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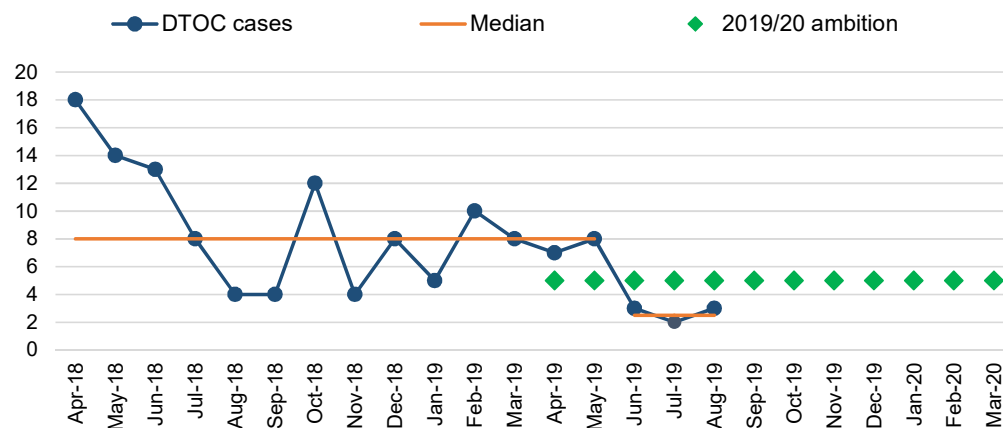
Astronomical data point (very different to the rest)?	No
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Trend crossing median in an unexpected pattern?	No
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[illegible]



Mental Health DTOC cases (12 mth reduction target)



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median?	No
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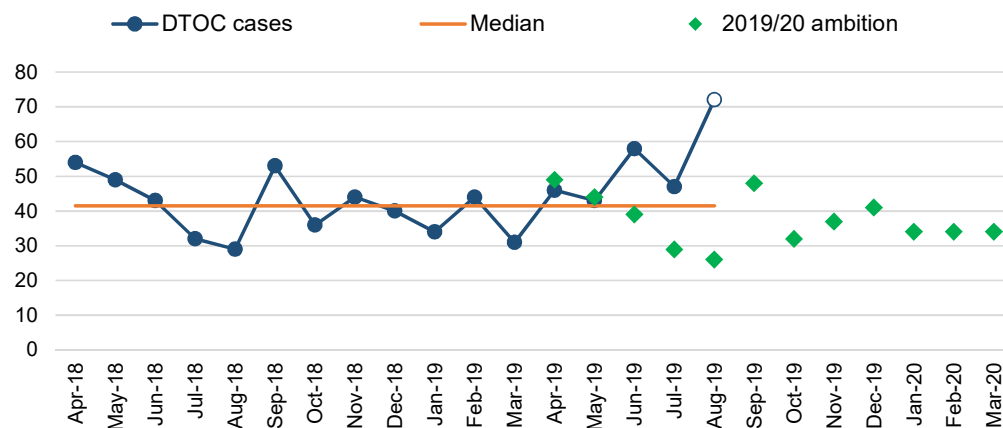
Astronomical data point (very different to the rest)?

Trend crossing median in an unexpected pattern?	No
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[illegible]



Non Mental Health DTOC cases (12 mth reduction target)



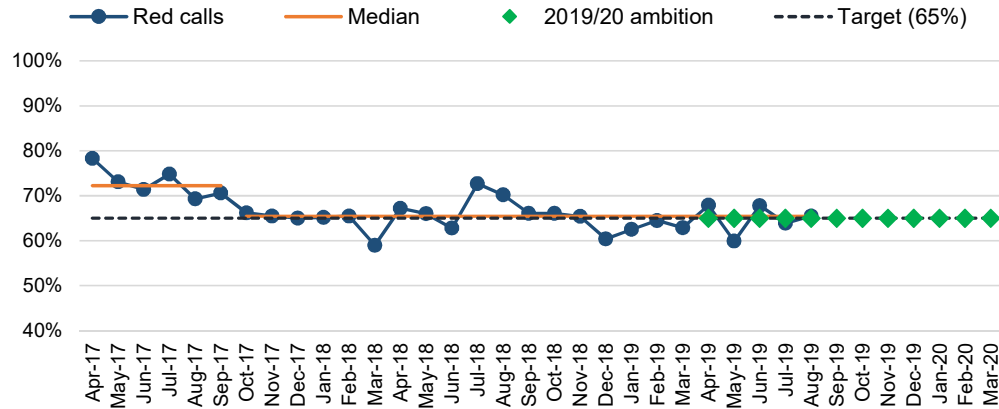
Evidence of non-random variation in recent months?

5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	Yes
Trend crossing median in an unexpected pattern?	No

Non Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DTOC cases	54	49	43	32	29	53	36	44	40	34	44	31	46	43	58	47	72							
Median	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42							
2019/20 ambition													49	44	39	29	26	48	32	37	41	34	34	34



% of responses to ambulance red calls within 8 mins



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

No

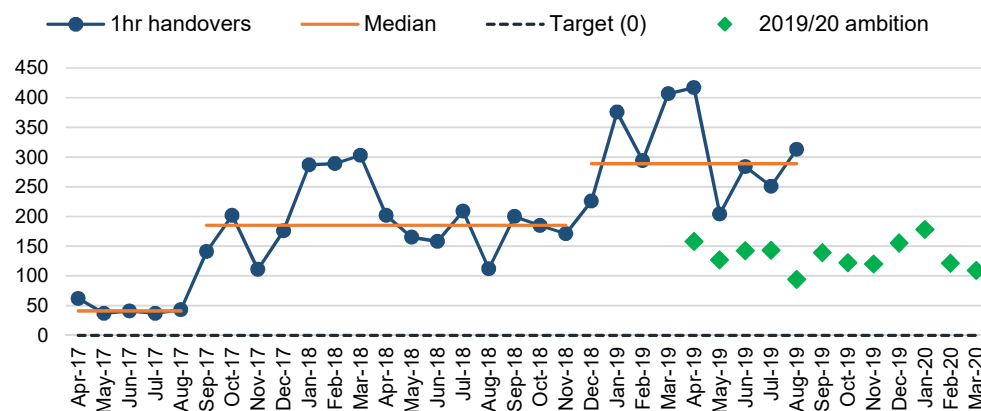
Trend crossing median in an unexpected pattern?

No

[illegible]



Ambulance handovers taking longer than 1 hour



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median?	No
--	----

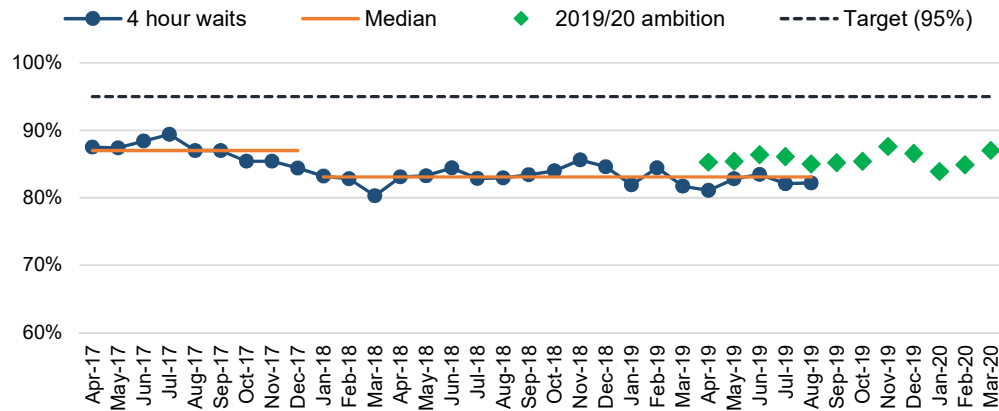
Astronomical data point (very different to the rest)?	No
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Trend crossing median in an unexpected pattern?	No
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[illegible]



% of patients seen within 4 hours in A&E / MIU



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

No

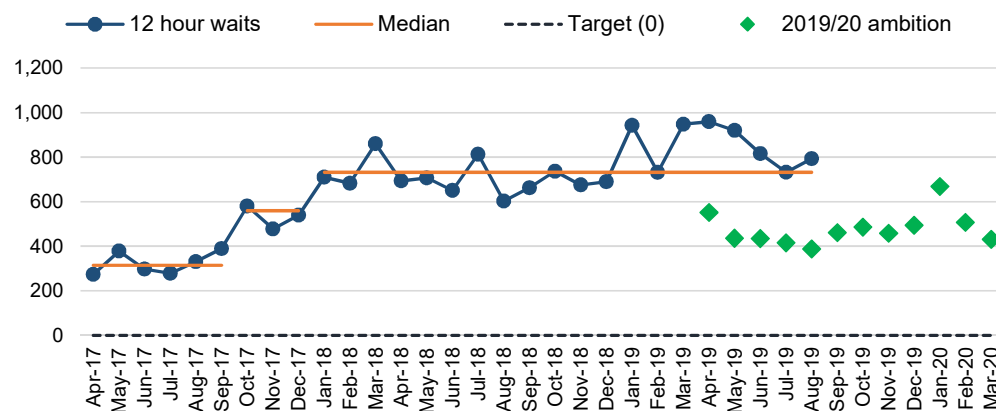
Trend crossing median in an unexpected pattern?

No

[illegible]



Patients waiting more than 12 hours in A&E / MIU



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median?	No
--	----

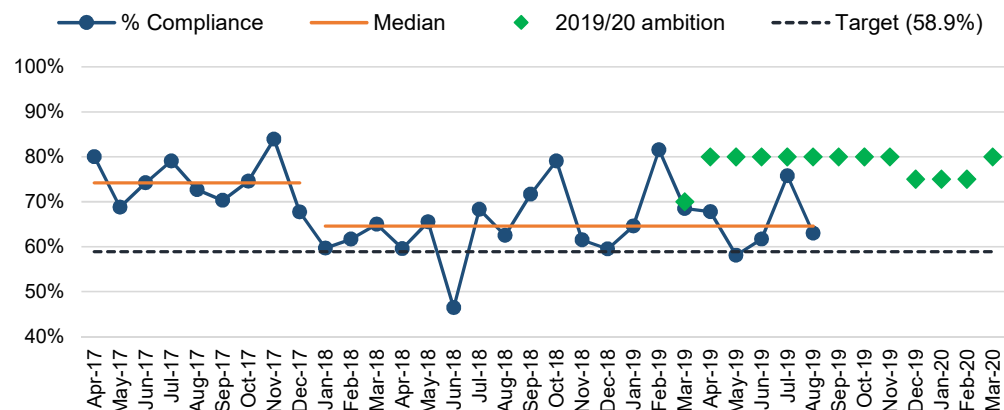
Astronomical data point (very different to the rest)?

Trend crossing median in an unexpected pattern?	No
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[illegible]



Admission to a stroke unit within 4 hours



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median?	No
--	----

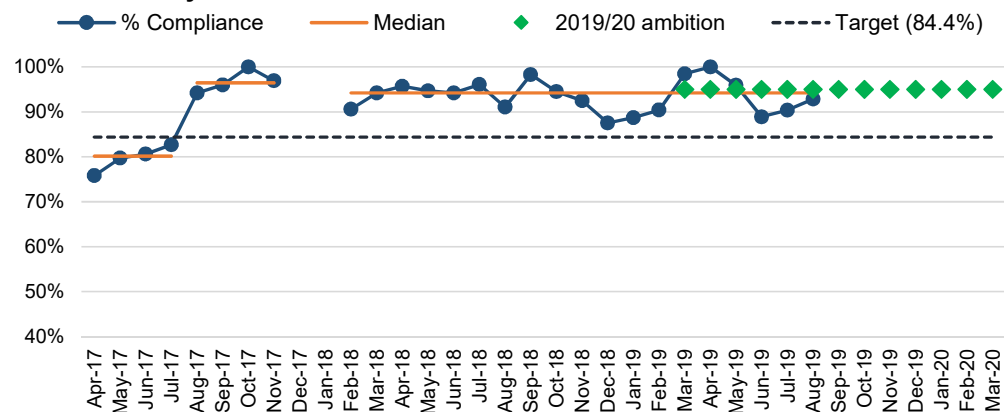
Astronomical data point (very different to the rest)?	No
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Trend crossing median in an unexpected pattern?	No
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[illegible]



Assessed by stroke consultant within 24hrs



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median?	No
--	----

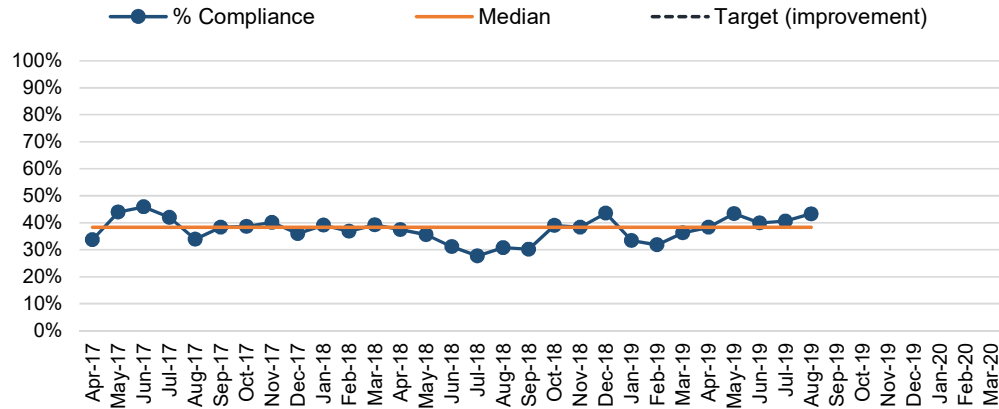
Astronomical data point (very different to the rest)?

Trend crossing median in an unexpected pattern?	No
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[illegible]



Stroke patients receiving required minutes for SALT



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

No

6+ points in a row above / below the median?

No

Astronomical data point (very different to the rest)?

No

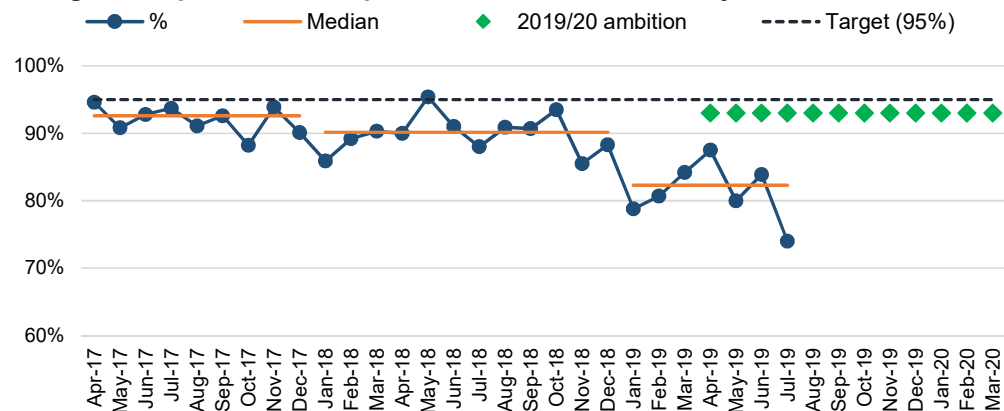
Trend crossing median in an unexpected pattern?

No

[illegible]



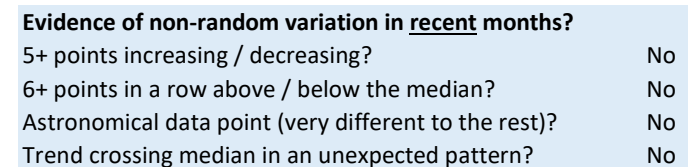
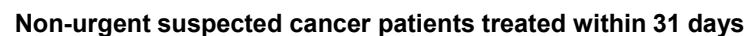
Urgent suspected cancer patients treated within 62 days



Evidence of non-random variation in recent months?

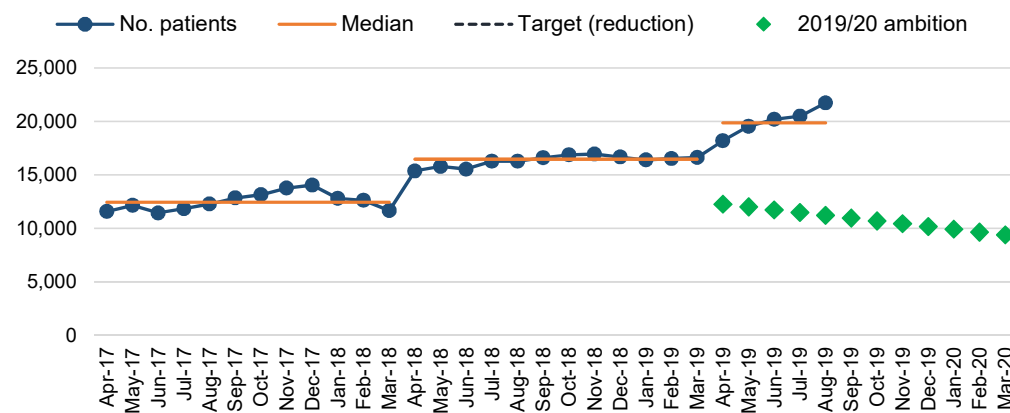
New median identified, unable to apply run chart rules until there are at least 10 data points.

[illegible]

[illegible]



Delayed follow up appointments (5 planned care specialties)



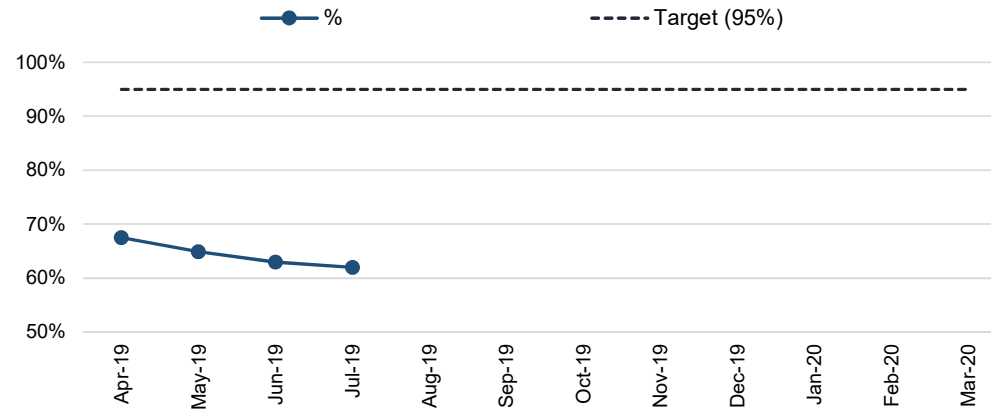
Evidence of non-random variation in recent months?

New median identified, unable to apply run chart rules until there are at least 10 data points.

Delayed follow up appointments (5 planned care specialties)	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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
No. patients	11579	12155	11449	11844	12281	12847	13148	13770	14046	12808	12624	11662	15376	15800	15550	16285	16285	16605	16887	16956	16680	16409	16540	16629	18199	19551	20189	20492	21736
Median	12453	12453	12453	12453	12453	12453	12453	12453	12453	12453	12453	12453	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	16475	19870	19870	19870	19870	19870
2019/20 ambition																									12249	11989	11728	11468	11207



Eye care patients seen by target date (or <25% excess)



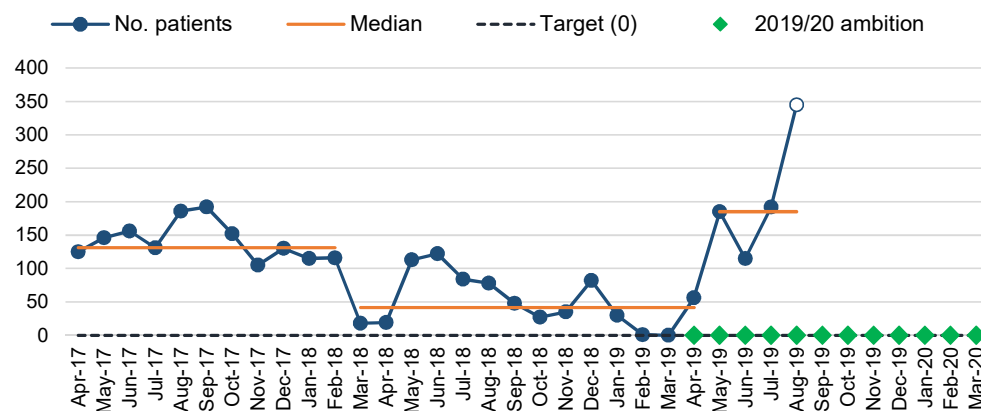
Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

[illegible]



Patients waiting 8 weeks+ for a specified diagnostic



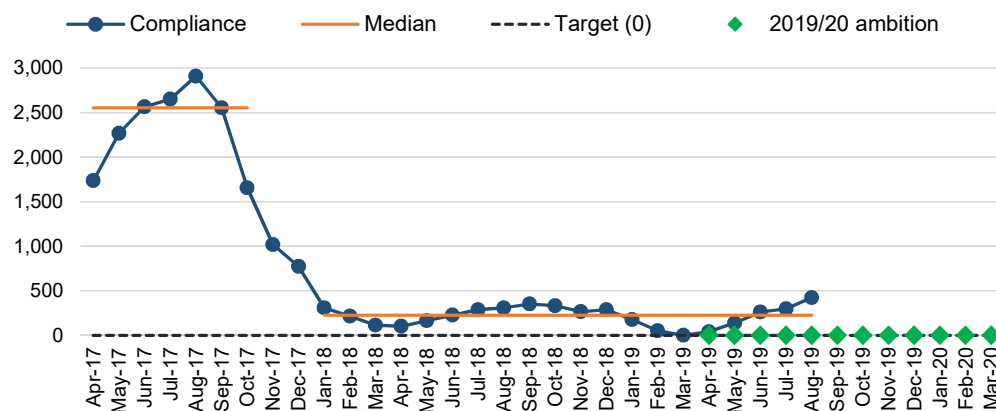
Evidence of non-random variation in recent months?

New median identified, unable to apply run chart rules until there are at least 10 data points.

[illegible]



Waiting more than 14 weeks for a specific therapy



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median?	No
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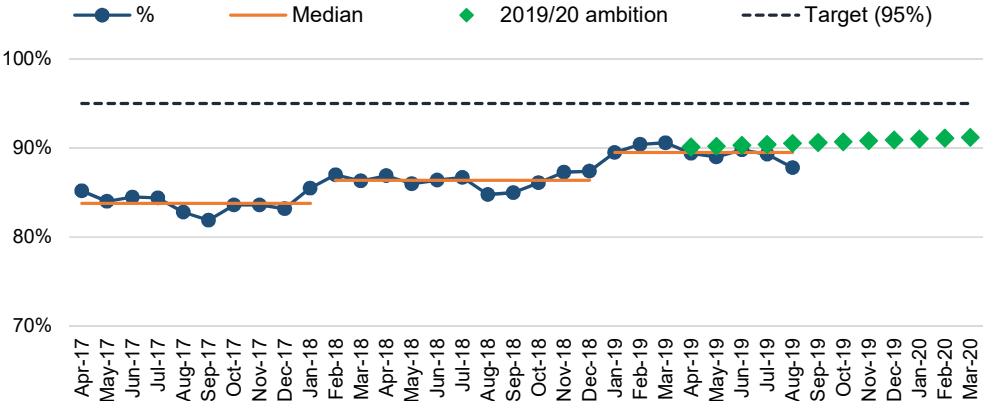
Astronomical data point (very different to the rest)?	No
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Trend crossing median in an unexpected pattern?	No
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[illegible]



Patients waiting less than 26 weeks from referral to treatment



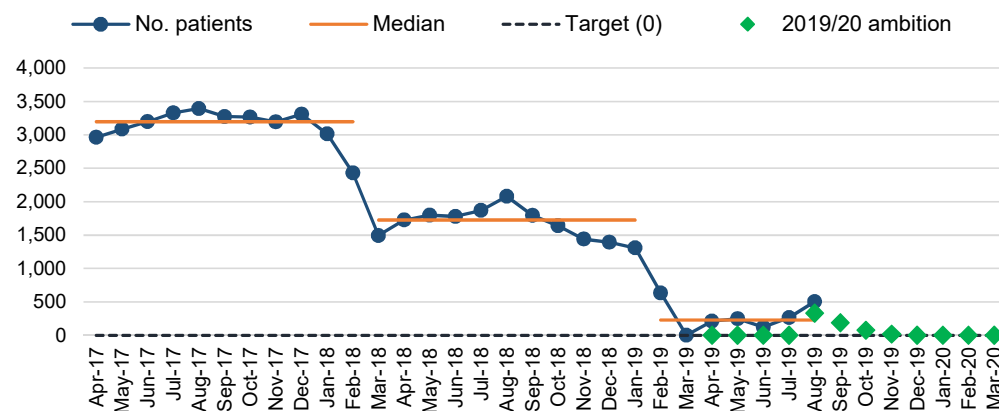
Evidence of non-random variation in recent months?

New median identified, unable to apply run chart rules until there are at least 10 data points.

[illegible]



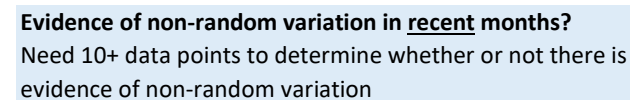
Patients waiting 36 weeks+ from referral to treatment



Evidence of non-random variation in recent months?

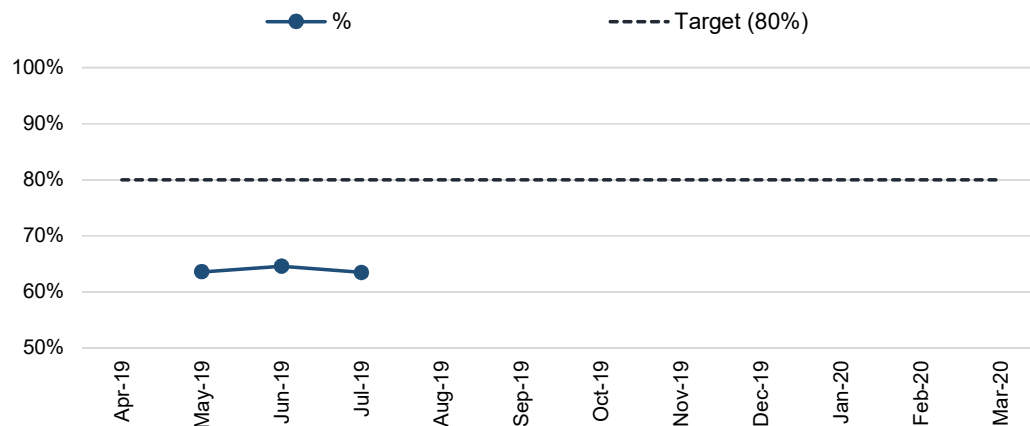
New median identified, unable to apply run chart rules until there are at least 10 data points.

[illegible]

[illegible]



Adults waiting <26 weeks to start a psychological therapy



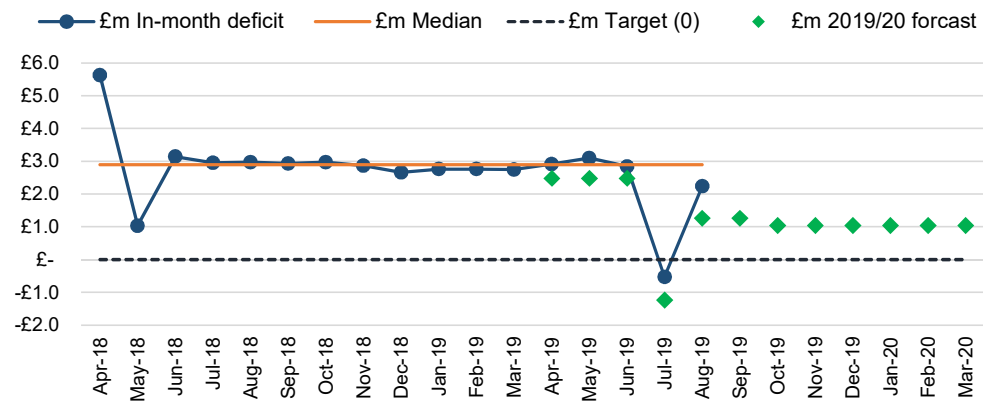
Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

[illegible]



Financial balance



Evidence of non-random variation in recent months?

5+ points increasing / decreasing?

6+ points in a row above / below the median?

Astronomical data point (very different to the rest)?

Trend crossing median in an unexpected pattern?

No

No

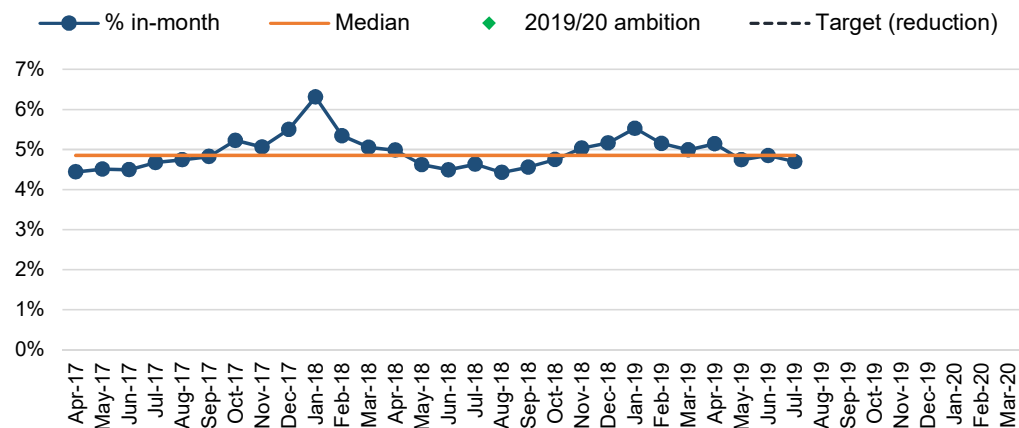
No

No

[illegible]



Sickness absence

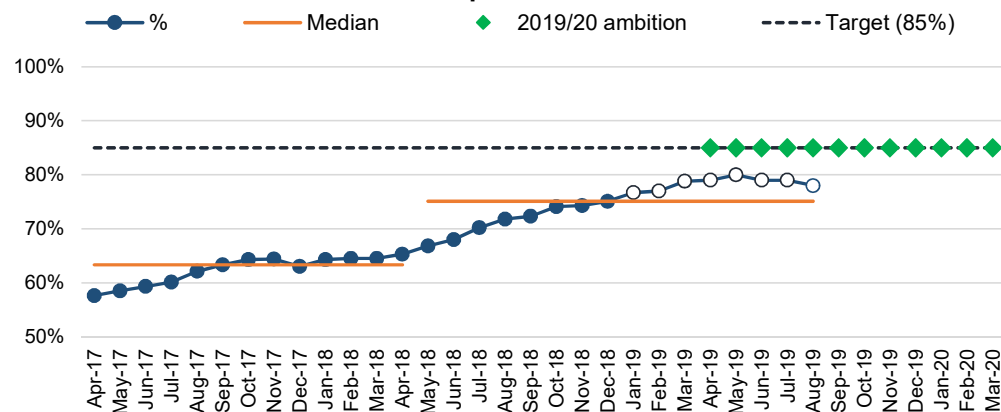


Evidence of non-random variation in <u>recent</u> months?	
5+ points increasing / decreasing?	No
6+ points in a row above / below the median?	No
Astronomical data point (very different to the rest)?	No
Trend crossing median in an unexpected pattern?	No

[illegible]



Staff who have had a PADR in the previous 12 months



Evidence of non-random variation in recent months?

5+ points increasing / decreasing? No

6+ points in a row above / below the median? Yes

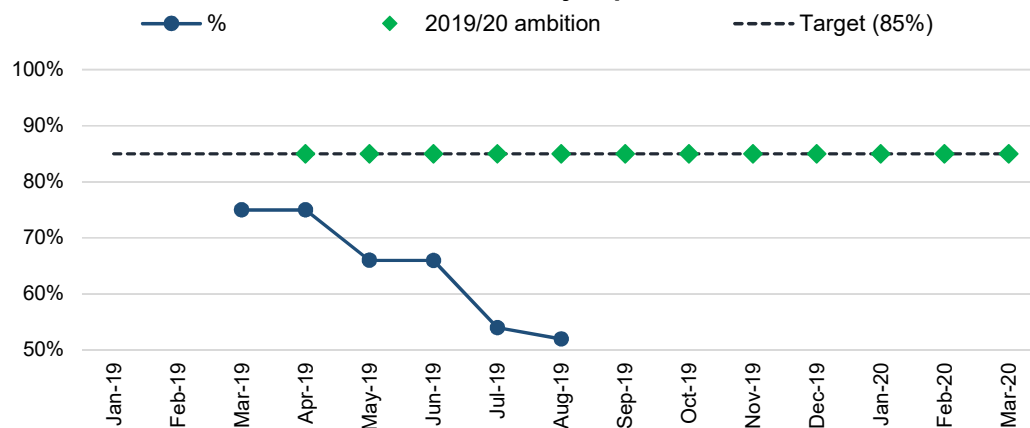
Astronomical data point (very different to the rest)?	No
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Trend crossing median in an unexpected pattern?	No
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[illegible]



Consultants/SAS doctors with a current job plan



Evidence of non-random variation in recent months?

Need 10+ data points to determine whether or not there is evidence of non-random variation

[illegible]

Latest Performance against Key Delivery Areas

Target not Delivered
Within 5% of target *
Target Delivered
NA = Not Available

* For measures where there is a reduction or improvement target, these will be scored red or green, except when Performance remains static. This also applies to measures with a small percentage target (10% and under), e.g. Sickness/absence, smoking cessation. For measures where the target is 0, these will only be scored red or green. Green for 0, red for anything above.

Latest all Wales comparison																						
INDICATOR	Target 2019/20	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend	Time period	All Wales	Hywel Dda	Rank in Wales		
The percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target (cumulative)	1.80%			2.50%			3.40%								↑	Q1-Q4 18/19	3.21%	3.44%	4th out of 7		
	The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks	40% annual target	53.30%			45.60%			49.70%								↑	Q1-Q4 18/19	43.30%	47.90%	3rd out of 7	
	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	94.6%			94.1%			92.8%								↓	Q4 18/19	95.3%	92.8%	7th out of 7	
	Percentage of children who received 2 doses of the MMR vaccine by age 4	95%	88.6%			91.0%			90.6%								↑	Q4 18/19	92.4%	90.6%	7th out of 7	
	Percentage of children who are 10 days old within the reporting period who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	4 quarter improvement trend	90.5%			91.1%			91.5%								↓	Q3 2018/19	93.4%	89.8%	6th out of 7	
	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter reduction trend	NA															NA	Not Available			
	% uptake of Influenza vaccination - 65 year olds and over	75% - Annual Improvement (as at 13/06/2019)	62.9%															↓	2018/19	68.3%	62.9%	7th out of 7
	% uptake of Influenza vaccination - Under 65's in risk groups	55% - Annual Improvement (as at 13/06/2019)	38.1%															↓	2018/19	44.1%	38.1%	7th out of 7
	% uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey)	75% - Annual Improvement (as at 13/06/2019)	49.0%															↓	2018/19	74.2%	49.0%	7th out of 7
	% uptake of Influenza vaccination in pregnant women (locally verified data source)	75% - Annual Improvement	NA															NA	Not Available			
	% uptake of Influenza vaccination - Healthcare workers with direct patient contact	60% - Annual Improvement (as at 13/06/2019)	47.9%															↑	2018/19	55.5%	47.8%	9th out of 10
	Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	Annual improvement	23.3%															↑	2017/18	27.1%	21.9%	4th out of 7
	The percentage of people with learning disabilities who have an annual health check	75% - Annual Improvement	NA															NA	NA	NA	NA	
	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month improvement trend	81.5%	90.3%	98.0%	100.0%	92.6%	84.6%	96.2%	93.1%	86.4%	92.3%	90.6%	94.1%	91.2%	88.6%	↓	Jun-19	85.3%	94.1%	3rd out of 6	
Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening		12 month improvement trend	92.7%	91.6%	94.5%	95.0%	90.6%	94.2%	93.5%	87.9%	88.2%	90.7%	82.0%	89.2%	87.5%	88.1%	↑	Jun-19	59.4%	89.2%	1st out of 5	
Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population		<= 67 cases / 100,000 pop.	100.58	101.34	96.68	95.57	93.17	92.57	89.41	90.44	91.09	72.77	91.8	88.66	100.36	107.84	↓	Apr 19 - Jul 19	83.44	100.36	6th out of 6	
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population		<= 25 cases / 100,000 pop.	51.46	48.49	46.26	42.23	42.10	39.72	39.11	38.11	37.48	60.11	48.23	43.81	38.90	37.84	↑	Apr 19 - Jul 19	25.90	38.90	6th out of 6	
Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population		<= 20 cases / 100,000 pop.	29.63	29.22	32.23	33.78	33.53	33.16	33.22	33.84	34.09	41.13	35.79	31.29	30.34	29.78	↑	Apr 19 - Jul 19	27.72	30.34	5th out of 6	
Cumulative number of cases of Pseudomonas aeruginosa bacteraemia		10% reduction on 2017/18 baseline	11.70	11.81	12.48	11.56	11.31	11.74	11.18	10.52	10.41	0	1	5	14	14	↓	Apr 19 - Jul 19	61.00	14	6th out of 6	
Cumulative number of cases of Klebsiella bacteraemia		10% reduction on 2017/18 baseline	12.48	15.54	20.79	21.78	22.22	22.45	21.11	20.19	19.78	3	10	15	24	32	↓	Apr 19 - Jul 19	202.00	24	1st out of 6	
Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales		90%	86.5%	75.9%	63.0%	63.0%	52.0%	52.9%	26.7%	36.0%	31.3%	25.0%	7.1%	50.0%	23.8%	NA	↓	Jul-19	28.8%	23.8%	6th out of 9	
Number of new never events		0	0	0	0	1	0	0	0	0	0	0	0	0	0	NA	↔	Jul-19	1	0	Joint 1st out of 10	
The number of healthcare acquired pressure sores in a hospital setting		Reduction	23	18	12	16	19	28	38	18	23	31	13	19	23	20	↓	Not Available				
The number of healthcare acquired pressure sores in a Community setting		Reduction	56	41	37	53	45	51	55	52	48	52	59	57	56	56	↓					
Number of reports made within the timeframe set by RIDDOR		60%	NA	NA	NA	NA	NA	NA	49.0%	55.6%	62.5%	68.4%	65.0%	63.0%	63.3%	62.5%	↓					
The number of potentially preventable hospital acquired thrombosis		4 quarter reduction trend	2			8			7								↓	Q3 18/19	17	8	8th out of 8	
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit)		A quarterly reduction of 5% against a baseline of April 2017 – March 2018	266.1			314.0			312.2								↓	Q4 18/19	305.6	312.2	5th out of 7	
Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community		Absolute measure < 7% or a proportional reduction of 10% against 16/17 baseline	10.55%			9.05%			8.47%								↑	Q3 18/19	7.96%	9.05%	6th out of 7	
Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients		A quarterly reduction of 10% against a baseline of April 2017 – March 2018	Data not available															NA	Not Available			
Opioid average daily quantities per 1,000 patients		4 quarter reduction trend																NA				
Number of patients aged 65 years or over prescribed an antipsychotic		4 quarter reduction trend																NA				
Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale		0	1			1			2								NA	Q4 2018/19	2	2	Joint 7th out of 10	
Percentage of compliance for staff appointed to new roles where a child barred list check is required		6 month improvement																NA	Not Available			
Percentage of compliance for staff appointed to new roles where an adult barred list check is required		6 month improvement																NA				
Number of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population		Annual reduction																↑	Not Available			
Rate of hospital admissions with any mention of intentional self harm for children and young people (aged 10-24 years) per 1,000 population		Annual reduction																NA				
Amenable mortality per 100,000 of the European standardised population		Annual reduction																NA	2017	131.40	124.10	3rd out of 7

																	Latest all Wales comparison				
INDICATOR		Target 2019/20	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend	Time period	All Wales	Hywel Dda	Rank in Wales
	Number of health board mental health delayed transfer of care	12 month reduction trend	8	4	4	12	4	8	5	10	8	7	8	3	2	3	↑	Jun-19	69	3	Joint 2nd out of 7
	Number of health board non mental health delayed transfer of care	12 month reduction trend	32	29	53	36	44	40	34	44	31	46	43	58	47	72	↓	Jun-19	364	58	5th out of 8
	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	95%	51.6%	48.5%	82.50%	84.1%	90.8%	84.7%	90.1%	86.4%	87.1%	82.7%	83.1%	85.1%	81.9%	NA	↑	Jun-19	72.7%	85.1%	3rd out of 7
	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	0.73%	0.74%	0.73%	0.72%	0.72%	0.72%	0.71%	0.70%	0.70%	0.70%	0.69%	0.69%	0.70%	NA	↑	Jun-19	0.69%	0.54%	1st out of 6
	Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	81.5%	88.1%	87.8%	84.9%	80.4%	84.1%	83.1%	85.6%	80.9%	65.7%	NA	NA	NA	NA	↓	Apr-19	79.8%	65.7%	7th out of 8
	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	85%	NA	NA	NA	NA	NA	NA	NA	NA	NA	79.0%	NA	NA	NA	NA	NA	Apr-19	74.8%	79.0%	6th out of 10
	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	99.3%			99.4%			100.0%								↑	Q4 18/19	97.9%	99.4%	Joint 1st out of 7
	Number of Health and Care Research Wales clinical research portfolio studies	10% annual improvement (Cumulative - as at 31/04/2019)	58														↓	2018/19	417	58	6th out of 10
	Number of Health and Care Research Wales commercially sponsored studies	5% annual improvement (Cumulative - as at 31/04/2019)	5														↓	2018/19	118	5	7th out of 10
	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual improvement (Cumulative - as at 31/04/2019)	1,085														↓	2018/19	19,918	1,085	7th out of 10
	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual improvement (Cumulative - as at 31/04/2019)	43														↑	2018/19	961	43	5th out of 10
	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	89.7%														↑	2018/19	92.3%	89.7%	7th out of 8
	The percentage of patients who had their procedures postponed on more than one occasion for non clinical reasons with less than 8 days notice and are subsequently carried out within 14 calendar days or at the patient's earliest convenience	12 month improvement trend	36.0%	56.0%	38.0%	75.0%	63.0%	25.0%	28.5%	55.0%	24.1%	13.0%	NA	NA	20.0%	NA	↑	Mar-18	25.9%	24.1%	4th out of 6
	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	A reduction of no less than 5% of the total number of the health board's postponements for the previous financial year	166	158	168	128	115	135	116	129	158	106	148	127	89	NA	NA	Apr-19	13,719	1,614	3rd out of 7
	% compliance with Hand hygiene (World Health Organisation (WHO) 5 moments)	95%	86.00%	89.0%	89.0%	90.0%	86.0%	85.0%	89.0%	87.0%	91.0%	90.0%	90.0%	90.0%	89.0%	NA	↑	Not Available			
	Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	85%	87.20%	88.7%	90.0%	90.4%	88.3%	88.7%	88.1%	84.8%	89.1%	88.4%	91.3%	92.1%	90%	NA	↑				
	The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation.	75%	63.0%	69.0%	61.0%	68.0%	70.0%	75.0%	73.0%	66.0%	66.0%	81.0%	52.0%	75.0%	67.0%	71.0%	↑	Q4 18/19	62.9%	66.5%	7th out of 10
	Percentage of employed NHS staff completing dementia training at an informed level	85% - Annual Improvement	82.4%														NA	Oct 18 - Mar 19	0.0%	82.4%	NA
	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual improvement	NA														↑	2017/18	53.1%	46.2%	6th out of 7
	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	Annual Improvement	90.4%														↓	2018/19	92.5%	90.4%	7th out of 7
	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	Annual Improvement	91.9%														↓	2018/19	93.3%	91.9%	6th out of 7
	Percentage of GP practice teams that have completed mental health training in dementia care or other training as outlined under the Directed Enhanced Services for mental illness	Annual improvement	NA														↑	2017/18	16.7%	20.8%	2nd out of 7
	Percentage of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	Annual improvement	95.3%														NA	2018/19	96.3%	95.3%	6th out of 7
	The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Annual Improvement	6.25														↑	2018/19	6.31	6.25	4th out of 7
	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	72.7%	70.2%	66.1%	66.1%	65.4%	60.4%	62.5%	64.5%	62.9%	67.9%	59.9%	67.8%	63.9%	65.5%	↑	Jul-19	69.3%	63.9%	7th out of 7
	% of Amber Calls responded to within 20 minutes	NA	46.8%	49.9%	51.3%	47.6%	51.2%	54.2%	53.5%	52.6%	52.6%	48.2%	54.7%	42.5%	54.7%	46.7%	NA	As Above			
	Number of ambulance handovers over one hour	0	209	112	200	185	171	226	376	294	407	417	204	284	251	313	↓	Jul-19	3087	251	2nd out of 6
	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	82.9%	82.9%	83.4%	84.0%	85.6%	84.6%	81.9%	84.4%	81.7%	81.1%	82.8%	83.5%	82.1%	82.2%	↓	Jun-19	77.9%	84.1%	1st out of 6
	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	813	603	663	737	675	690	943	732	948	959	920	816	732	793	↓	Jun-19	4,057	777	4th out of 6
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time - HDUHB	58.9% Oct 18-Dec 18 (SSNAP UK National quarterly average)	68.3%	62.5%	71.7%	79.1%	61.5%	59.5%	64.6%	81.6%	68.5%	67.8%	58.1%	61.7%	78.9%	63.0%	↓	Jun-19	53.9%	61.7%	2nd out of 6
	% assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB	84.4% Oct 18-Dec 18 (SSNAP UK National quarterly average)	96.1%	91.0%	98.3%	94.5%	92.5%	87.5%	88.7%	90.4%	98.5%	100.0%	95.9%	88.9%	90.4%	92.9%	↓	Jun-19	84.3%	88.9%	3rd out of 6
	% of stroke patients receiving the required minutes for speech and language therapy - HDUHB	12 month improvement trend	27.7%	30.8%	30.2%	39.0%	38.4%	43.5%	33.4%	31.8%	36.2%	38.3%	43.1%	40.0%	40.6%	43.3%	↑	Jun-19	48.8%	40.0%	5th out of 6
	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	95%	88.0%	90.9%	90.7%	93.5%	85.5%	88.3%	78.8%	80.7%	84.2%	87.5%	80.0%	83.9%	85.7%	NA	↓	May-19	79.6%	80.0%	5th out of 6
The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	98%	99.2%	96.0%	97.2%	99.1%	95.5%	95.9%	98.7%	100.0%	95.8%	94.5%	96.8%	98.3%	97.6%	NA	↑	May-19	96.5%	96.8%	4th out of 6	

																	Latest all Wales comparison				
INDICATOR	Target 2019/20	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend	Time period	All Wales	Hywel Dda	Rank in Wales	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	12 month improvement trend	Not available									79.4%	84.3%	79.5%	NA	NA	NA	NA	May-19	73.8%	79.5%	2nd out of 6
For health boards with 111 services, the percentage of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered (Carmarthen)	12 month improvement trend	NA	NA	NA	NA	71.8%	70.8%	73.8%	65.4%	62.6%	65.0%	74.4%	68.7%	NA	NA	NA	NA	Mar-19	NA	62.6%	1st out of 1
For health boards with 111 services, the percentage of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage (Carmarthen)	12 month improvement trend	Not available				40.0%	0.0%	100.0%	0.0%	50.0%	40.0%	33.0%	100.0%	NA	NA		NA	Mar-19	NA	50.0%	1st out of 1
The percentage of patients waiting less than 26 weeks for treatment	95%	86.7%	84.8%	85.0%	86.1%	87.3%	87.4%	89.5%	90.4%	90.6%	89.4%	89.0%	89.8%	89.3%	87.8%		↑	Jun-19	87.3%	89.8%	3rd out of 7
The number of patients waiting more than 36 weeks for treatment	0	1,669	2,080	1,794	1,638	1,439	1,394	1,308	633	0	213	246	122	264	506		↑	Jun-19	13,260	122	2nd out of 7
The number of patients waiting more than 8 weeks for a specified diagnostic	0	84	78	48	27	35	82	30	1	0	56	185	115	192	345		↓	Jun-19	3,337	115	4th out of 7
The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (2017/18)	12 month reduction trend	33,772	33,772	33,981	34,410	34,400	34,227	33,613	34,140	34,324	37,403	39,425	40,627	41,742	43,405		↓	Not Available			
The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialities	12 month reduction trend	16,285	16,285	16,605	16,887	16,956	16,680	16,409	16,540	16,629	18,199	19,551	20,189	20,492	21,736		↓	Apr-19	NA	18,199	3rd out of 5
The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	96.2%	93.4%	93.8%	96.6%	93.0%	93.5%	92.5%	96.5%	91.9%	93.4%	87.3%	94.3%	85.8%	NA		↓	Jun-19	73.4%	94.3%	1st out of 7
The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Services (LPMHSS)	80%	95.1%	90.7%	87.5%	92.5%	95.6%	93.8%	87.2%	85.5%	81.5%	89.9%	86.3%	88.0%	90.6%	NA		↓	Jun-19	73.1%	88.0%	3rd out of 7
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	63.6%	64.6%	64%	NA		NA	Not available			
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	NA	NA	NA	NA	NA	NA	NA	40.8%	35.83%	35.26%	43.20%	39.10%	35.90%	NA		NA				
Perinatal - Longest Waiting times for First Assessment Appointment	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	51	50	51	NA	NA		NA				
RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers	0	306	300	263	274	250	230	225	231	198	231	261	268	320	506		↓	Not available			
Number of patients waiting more than 14 weeks for specific therapy	0	288	307	352	332	265	287	177	51	0	41	138	262	297	424		↑	Jun-19	271	262	7th out of 7
Number of patients waiting 14 weeks plus for Art Therapy	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		↔	Not available			
Number of patients waiting 14 weeks plus for Audiology	0	24	22	33	91	109	107	58	10	0	0	0	0	0	0		↑				
Number of patients waiting 14 weeks plus for Dietetics	0	78	63	44	41	38	69	71	11	0	3	1	0	0	0		↑				
Number of patients waiting 14 weeks plus for Occupational Therapy (excludes MHLDD)	0	109	105	82	86	74	53	18	7	0	5	29	2	0	0		↑				
Number of patients waiting 14 weeks plus for Physiotherapy	0	6	10	20	1	0	3	1	4	0	29	108	258	297	424		↓				
Number of patients waiting 14 weeks plus for Podiatry	0	69	107	173	113	44	51	29	19	0	4	0	0	0	0		↑				
Number of patients waiting 14 weeks plus for Speech and Language Therapy	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0		↑				
Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment	0	54	15	2	1	1	0	0	0	0	0	0	0	0	0		↑				
Number of patients waiting 14 weeks plus for Lymphoedema	0	127	71	31	3	1	2	0	0	0	0	0	0	0	0		↔				
Number of patients waiting 14 weeks plus for Pulmonary Rehab	0	210	218	194	176	187	182	170	192	183	166	174	183	149	164		↑				
% of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments	95%	Not available									NA	67.5%	65%	63%	62.0%	NA	NA	Jun-19	64.9%	62.4%	Joint 5th out of 7
Individual Patient Funding Request (IPFR) - Total number received	N/A	8			10			13			8						NA	Not Available			
Individual Patient Funding Request (IPFR) - Total number approved	N/A	<5			7			<5			6						NA				
Individual Patient Funding Request (IPFR) - Total number declined	N/A	<5			<5			<5			<5						NA				
Number of CHC packages delivered	N/A	521			487			458			459						NA				
Total Health board CHC spend	N/A	£21.6m			£20.9m			£21.5m			£20.03m						NA				
Access Times for Re-Accessing Audiology Services - Total number of patients waiting 14 weeks and over	0	2,042			2,828			2,710			3,314						↓				
Access Times for Re-Accessing Audiology Services - Longest wait in weeks	14 weeks	85 weeks			98 weeks			98 weeks			98 weeks						↔				
Percentage of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA	100%	100.0%			99.3%			100.0%			NA			↓	Q4 18/19	99.1%	100.0%	Joint 1st out of 7			
Percentage of the health board population regularly accessing NHS primary dental care	4 quarter improvement trend	45.6%			45.5%			45.8%			45.8%			↑	Dec-18	55.1%	45.6%	7th out of 7			

																		Latest all Wales comparison				
INDICATOR		Target 2019/20	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend	Time period	All Wales	Hywel Dda	Rank in Wales	
	% of stroke patients who receive a 6 month follow up assessment	Quarterly improvement trend	Data not available until Q1 19/20														NA	Not Available				
	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Annual improvement	90.0%															↑	2018	86.2%	90.2%	4th out of 7
	% of practices with one half day closure per week	6% - Annual																↑	Not available			
	% of practices with extended opening hours and offering appointments after 18:30 at least one week day	7% - Annual																↑				
	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual reduction	36.1%															NA	2018/19	39.9%	36.1%	1st out of 7
	The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	90%	91.1%	93.3%	91.2%	91.1%	92.1%	92.5%	91.3%	91.6%	91.1%	90.9%	91.0%	91.6%	92.0%	NA	↓	Jun-19	87.7%	91.6%	2nd out of 7	
	All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place (Mental Health Wales Measures 2010 Data Collection - Part 3)	100%	62.5%	100.0%	100.0%	100.0%	100.0%	No Patients	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	NA	↑	Jun-19	95.4%	100.0%	Joint 1st out of 7	
	Percentage of qualifying compulsory/voluntary patients have been offered advocacy services in the Mental Health Services	100%	89.9%	97.5%	94.7%	97.6%	95.7%	94.4%	97.7%	98.5%	100.0%	97.2%	94.0%	100.0%	100.0%	NA	↑	Not Available				
	95% of service users admitted to a psychiatric hospital between 0900 and 2100 will have received a gate-keeping assessment by the Crisis Resolution Home Treatment (CRHT) service prior to admission	95%	98.3%	98.3%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%	98.0%	98.0%	97.6%	100.0%	100.0%	NA	↑					
	100% of service users admitted to a psychiatric hospital, who have not received a gate keeping assessment by the Crisis Resolution Home Treatment (CRHT), will receive a follow-up assessment by the CRHTS within 24 hours of admission	100%	100.0%	50.0%	50.0%	50.0%	No Patients	No Patients	No Patients	No Patients	100.0%	100.0%	0.0%	100.0%	100.0%	NA	↑					
	To maintain a maximum waiting time for first appointment with specified therapies of 14 weeks	0%	6	1	1	2	0	4	0	0	0	0	0	0	0	NA	↑					
	To maintain a maximum waiting time for first outpatient appointments of 10 weeks	0%	38	17	11	7	4	5	5	4	4	13	4	9	11	NA	↑					
	Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date - Carmarthenshire	Welsh Government Baseline 20% Decrease in DNAs [Rating: Red >=30%, Amber 20.1 - 29.9% and Green <=20%]	0.00%	4.17%	3.19%	5.66%	5.33%	3.51%	6.17%	3.80%	3.70%	4.26%	2.08%	1.9%	NA	NA	↓					
	Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date - Ceredigion	Welsh Government Baseline 20% Decrease in DNAs [Rating: Red >=30%, Amber 20.1 - 29.9% and Green <=20%]	6.50%	2.30%	10.00%	11.59%	13.33%	3.45%	6.67%	3.85%	3.85%	6.38%	3.28%	0.0%	NA	NA	↓					
	Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date - Pembrokeshire	Welsh Government Baseline 20% Decrease in DNAs [Rating: Red >=30%, Amber 20.1 - 29.9% and Green <=20%]	10.60%	6.00%	8.90%	10.61%	5.77%	2.27%	3.28%	5.56%	1.16%	6.56%	5.97%	4.6%	NA	NA	↑					
	Achieve a waiting time of less than 20 working days between referral and treatment - Carmarthenshire	Welsh Government baseline 80% [Rating: Red <=70%, Amber 70.1 - 79.9% and Green >=80%]	91.14%	95.00%	92.24%	94.74%	91.89%	96.61%	88.89%	92.31%	94.25%	88.30%	84.51%	85.4%	NA	NA	↑					
	Achieve a waiting time of less than 20 working days between referral and treatment - Pembrokeshire	Welsh Government baseline 80% [Rating: Red <=70%, Amber 70.1 - 79.9% and Green >=80%]	93.10%	87.30%	91.30%	96.72%	96.77%	97.14%	89.47%	90.32%	95.00%	92.06%	92.06%	94.0%	NA	NA	↓					
	Achieve a waiting time of less than 20 working days between referral and treatment - Ceredigion	Welsh Government baseline 80% [Rating: Red <=70%, Amber 70.1 - 79.9% and Green >=80%]	95.90%	100.00%	97.40%	94.44%	93.88%	100.00%	89.80%	92.68%	98.33%	96.23%	97.73%	93.5%	NA	NA	↓					
	Substance misuse is reduced for problematic substance between start and most recent review/exit - Carmarthenshire	Welsh Government Baseline 76.94% [Rating: Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	85.63%	85.50%	87.95%	88.60%	88.37%	83.17%	88.77%	89.50%	90.29%	83.26%	90.54%	89.0%	NA	NA	↓					
	Substance misuse is reduced for problematic substance between start and most recent review/exit - Ceredigion	Welsh Government Baseline 76.94% [Rating: Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	83.10%	81.50%	83.60%	84.68%	93.75%	89.74%	87.79%	90.12%	83.65%	82.28%	86.51%	89.6%	NA	NA	↑					
	Substance misuse is reduced for problematic substance between start and most recent review/exit - Pembrokeshire	Welsh Government Baseline 76.94% [Rating: Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	91.70%	91.80%	92.60%	88.42%	88.51%	87.82%	88.10%	87.67%	92.90%	91.92%	90.91%	88.2%	NA	NA	↓					
	Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Carmarthenshire	Welsh Government Baseline 63.74%, Increase [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	93.98%	75.86%	88.14%	82.80%	80.91%	88.68%	95.60%	82.19%	92.59%	82.86%	85.54%	87.6%	NA	NA	↑					
	Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Ceredigion	Welsh Government Baseline 63.74%, Increase [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	77.30%	75.00%	76.50%	74.51%	83.33%	100.00%	74.63%	84.09%	82.35%	88.37%	92.31%	75.9%	NA	NA	↑					
	Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Pembrokeshire	Welsh Government Baseline 63.74%, Increase [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	82.20%	74.70%	83.10%	80.23%	80.00%	72.86%	87.23%	89.55%	87.01%	85.39%	82.98%	94.4%	NA	NA	↓					
	Number/percentage of cases closed (with a treatment date) as treatment completed - Carmarthenshire	Welsh Government Baseline 75.09%, Increase, [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	98.31%	94.59%	95.95%	87.78%	93.75%	95.65%	94.03%	98.46%	94.29%	93.83%	96.34%	97.7%	NA	NA	↑					
	Number/percentage of cases closed (with a treatment date) as treatment completed - Ceredigion	Welsh Government Baseline 75.09%, Increase, [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	92.50%	97.40%	87.80%	87.50%	80.49%	95.45%	93.02%	97.83%	95.74%	87.50%	96.15%	95.5%	NA	NA	↓					
	Number/percentage of cases closed (with a treatment date) as treatment completed - Pembrokeshire	Welsh Government Baseline 75.09%, Increase, [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & adherence to the Welsh benchmark figure.	87.90%	91.30%	90.50%	86.89%	92.00%	97.56%	95.00%	90.63%	98.18%	87.72%	89.23%	92.5%	NA	NA	↑					
	Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population	4 quarter improvement trend	153.0			158.0			133.0			134.6				↓	Q1 19/20	183.5	134.6	5th out of 7		
	Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of the population (age 40+)	4 quarter improvement trend	6.4			10.1			13.7			3.6				↓	Q1 19/20	5.2	3.6	5th out of 7		
	Number of calls to the DAN 24/7 helpline (drugs and alcohol) by Welsh residents per 100,000 of the population	4 quarter improvement trend	29.7			20.6			25.8			34.0				↑	Q1 19/20	41.7	34.0	7th out of 7		

																	Latest all Wales comparison				
INDICATOR	Target 2019/20	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend	Time period	All Wales	Hywel Dda	Rank in Wales	
Financial balance: Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board; cumulative year to date)	Agreed balance	£12.755m deficit	£15.729m deficit	£18.660m deficit	£21.634m deficit	£24.499m deficit	£27.161m deficit	£29.925m deficit	£32.687m deficit	£35.438m deficit	£2.917m deficit	£6.018m deficit	£8.864m deficit	£8.338m deficit	£10.587m deficit	↑	Not Available				
Financial balance: Stay Within Capital Resource Limit (cumulative year to date position)	<=0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔					
Cash Expenditure is less than the Cash Limit	Year end forecast	£35.550m shortfall	£35.550m shortfall	£35.550m shortfall	£38.442m shortfall	£42.592m shortfall	£42.092m shortfall	£29.899m shortfall	£1.074m surplus	£1.460m surplus	Not reported in M1	£25.000m shortfall	£25.000m shortfall	£15.000m shortfall	£15.000m shortfall	↑					
The Savings Plan is on target (cumulative year to date position)	100%	98.20%	98.70%	91.10%	90.10%	85.70%	82.25%	81.64%	80.55%	80.95%	100.00%	96.20%	93.18%	84.98%	90.01%	↓					
Variable pay (Agency, Locum, Bank & Overtime; monthly position)	Reduction on 2016/17	£4.244m	£3.913m	£3.852m	£3.904m	£4.344m	£4.218m	£4.218m	£3.949m	£3.950m	£4.878m	£4.220m	£4.860m	£4.388m	£4.431m	↑					
Percentage of sickness absence rate of staff	12 month reduction trend	5.07%	5.04%	5.02%	4.98%	4.98%	4.94%	4.88%	4.87%	4.86%	4.87%	4.88%	4.9%	4.9%	NA	↓	Apr-19	5.32%	4.87%	4th out of 10	
Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	70.2%	71.6%	72.3%	74.1%	74.3%	75.1%	76.7%	77.0%	78.6%	79.0%	80.0%	79.0%	79.0%		↑	Apr-19	69.8%	79.6%	1st out of 10	
The percentage of completed Planned Preventative Maintenance (PPM) - high risk	95%	92.0%	86.0%	90.0%	90.0%	92.0%	88.0%	90.0%	82.0%	88.0%	88.0%	85.0%	88.0%	NA	NA	↓	Not Available				
The percentage of completed Planned Preventative Maintenance (PPM) - general	70%	71.0%	71.0%	73.0%	63.0%	66.0%	51.0%	56.0%	49.0%	59.0%	53.0%	59.0%	54.0%	NA	NA	↓					
Catering Patient Satisfaction - % of audits to achieve good/very good/excellent scores	95%	NA	97.2%	99.0%	100.0%	98.0%	90.0%	100.0%	97.0%	99.0%	99.0%	99.0%	96.0%	98.0%	NA	↓					
Number of overdue fire risk assessments by Hywel Dda University Health Board (HB)	0%	NA	NA	56	122	98	111	113	110	83	40	31	38	26	29	↑					
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Soft FM	98%	NA	95.40%	95.90%	95.60%	95.70%	95.30%	95.9%	96.0%	94.8%	94.9%	94.9%	94.9%	94.7%	95.1%	↑					
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Hard FM	98%	NA	73.80%	73.60%	71.37%	71.90%	72.80%	68.2%	68.8%	68.6%	64.9%	64.6%	64.9%	66.3%	65.4%	↑					
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Soft FM	95%	NA	94.40%	92.60%	93.67%	92.80%	92.40%	92.5%	92.5%	93.9%	92.7%	93.0%	93.1%	92.4%	91.6%	↓					
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Hard FM	95%	NA	62.60%	64.50%	61.57%	57.50%	59.20%	62.5%	62.5%	61.4%	62.3%	60.7%	59.2%	60.3%	60.9%	↓					
Clinical Engineering - Acute % completed HIGH Planned Preventative Maintenance (PPM)	100% [Rating: Red =<90%, Amber <100% & >90% and Green =100%]	NA	NA	NA	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	NA	100.0%	NA	100.0%	100.0%	NA					
Clinical Engineering - Acute % completed MEDIUM Planned Preventative Maintenance (PPM)	75% [Rating: Red =<50%, Amber <75% & >50% and Green >=75%]	NA	NA	NA	83.1%	76.9%	55.0%	69.4%	62.6%	62.0%	62.0%	56.0%	53.0%	44.0%	42.0%	↓					
Clinical Engineering - Acute % completed LOW Planned Preventative Maintenance (PPM)	40% [Rating: Red =<20%, Amber <40% & >20% and Green >=40%]	NA	NA	NA	94.1%	79.1%	63.0%	66.0%	37.5%	74.0%	65.0%	43.0%	51.0%	47.0%	45.0%	↓					
Clinical Engineering - Community % completed HIGH Planned Preventative Maintenance (PPM)	100% [Rating: Red =<90%, Amber <100% & >90% and Green =100%]	NA	NA	NA	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	NA	NA	NA	100.0%	0.0%	NA					
Clinical Engineering - Community % completed MEDIUM Planned Preventative Maintenance (PPM)	75% [Rating: Red =<50%, Amber <75% & >50% and Green >=75%]	NA	NA	NA	75.0%	81.7%	67.0%	89.0%	56.0%	86.0%	65.0%	42.0%	38.0%	51.0%	34.0%	↓					
Clinical Engineering - Community % completed LOW Planned Preventative Maintenance (PPM)	40% [Rating: Red =<20%, Amber <40% & >20% and Green >=40%]	NA	NA	NA	78.8%	88.4%	92.0%	75.1%	75.0%	26.0%	47.0%	34.0%	27.0%	79.0%	77.0%	↑					
Consultants/SAS Doctors with a job plan	85%	71.8%	76.0%	76.0%	76.0%	77.0%	69.0%	70.0%	79.0%	92.0%	92.0%	94.0%	94.0%	90.0%	86.0%	↓	Not Available				
Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)	85%	NA	NA	NA	NA	NA	NA	NA	NA	75.0%	75.0%	66.0%	66.0%	54.0%	52.0%	NA					
Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Own Record	8	8	13	12	14	11	12	7	11	12	9	14	11	6	NA	↑					
Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Family Record	13	19	18	13	22	17	15	15	13	11	12	10	9	22	NA	↑	Not Available				
% of Server infrastructure patched with the latest updates	90%	4%	9%	20%	17%	18%	18%	19%	24%	43%	52%	78%	68%	79%	NA	↑					
% of Desktop infrastructure patch with the latest updates	90%	28%	19%	23%	26%	90%	91%	75%	81%	35%	73%	98%	85%	89%	NA	↑					
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	96.9%			97.0%			96.1%			95.4%						↓	Not Available			
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarter on quarter improvement target	66.5%			73.5%			70.0%									↓	Q4 2018/19	63.1%	68.7%	2nd out of 6
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Quarter on quarter improvement towards the target of no more than 5%	Not Available						8.0%									NA	Q4 18/19	12.1%	8.0%	5th out of 6
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 quarter reduction trend	Not Available									35.3%						NA	Q1 2019/20	33.2%	35.3%	4th out of 7
Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	72.3%	74.5%	74.6%	75.2%	77.6%	78.6%	79.2%	79.1%	80.2%	80.1%	81.0%	81.6%	82.4%	82.6%	↑	Apr-19	78.8%	80.7%	5th out of 10	
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	53.0%														↑	2018	54%	53%	Joint 5th out of 10	
Overall staff engagement score – scale score method	Annual Improvement	3.85														NA	2018	3.82	3.85	5th out of 10	
Percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	71.0%														NA	2018	73%	71%	Joint 8th out of 10	

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Equality Plan and Objectives Annual Report 2018/19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Jackie Hooper, Senior Diversity and Inclusion Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

<p><u>Sefyllfa / Situation</u></p> <p>The Public Sector Equality Duty (PSED) requires that all public authorities covered under the specific duties in Wales produce an annual equality report by 31st March each year. The Strategic Equality Plan (SEP) Annual Report appended covers the period April 2018–March 2019 and reports progress on the third year of the four year life span of Hywel Dda University Health Board's (HDdUHB) current Strategic Equality Plan and Objectives 2016-2020.</p> <p>The draft report was first presented to the Improving Experience Sub-Committee on 17th April 2019 and to Staff Partnership Forum on 10th June 2019. The current report has been updated to include information on pay disaggregated by protected characteristics and a summary section of key points from the Annual Workforce Equality Report in the main SEP Annual Report and was presented to Staff Partnership Forum on 5 August 2019 and Workforce and Organisational Development Sub-Committee on 6 September 2019. The Annual Workforce Equality Report (attached at Annexe A) forms part of the statutory reporting duties and is presented and published alongside the SEP Annual Report. Statistical information on staff is presented as at 31st March 2019, in line with the PSED requirements.</p> <p>The University Health Board is requested to receive the SEP Annual Report 2018/19 for assurance on the work undertaken to meet the PSED Duties and HDdUHB's equality objectives. This report should also be considered alongside the Gender Pay Gap March 2019 report (attached at Annexe B).</p>
<p><u>Cefndir / Background</u></p> <p>The Equality Act 2010 covers discrimination relating to the following nine protected characteristic groups: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation. Public bodies are required to consider needs, by reference to these characteristics, when designing and delivering public services.</p> <p>As a public sector body, HDdUHB must, in its policies and practices, have due regard to the need to:</p>

- Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not;
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

The public sector in Wales has an obligation to fulfil Public Sector Equality Duties as prescribed in law. The specific duties in Wales cover:

- Objectives
- Strategic Equality Plans
- Engagement
- Assessing for Impact
- Equality Information
- Employment Information
- Pay differences
- Staff Training
- Procurement
- Annual Reporting
- Publishing
- Welsh Ministers Reporting
- Review
- Accessibility

The SEP Annual Report 2018/19 highlights areas of relevance to HDdUHB's duties under the Equality Act where processes, developments and initiatives have contributed to meeting its duties. It is not an exhaustive account and links are provided to relevant examples of the HDdUHB's work which are contained in other reports.

Asesiad / Assessment

HDdUHB's SEP Annual Report follows the prescribed reporting template and includes information illustrating service improvements that benefited people with protected characteristics or which removed barriers. The report highlights the embedding of continuous engagement, particularly with protected groups, as an effective way of assisting HDdUHB to develop and deliver accessible and equitable services.

HDdUHB is continuing to develop links with the community at locality and neighbourhood level to ensure public awareness of services, and to enable and encourage public engagement from our diverse populations, communities and protected characteristic groups. Engagement with staff at all levels, and throughout all stages from strategy development to service review, delivery and development, is contributing to evidencing HDdUHB as a fair and equitable employer; protecting the wellbeing of staff with protected characteristics and the workforce as a whole.

Initiatives undertaken by the Workforce and OD Directorate illustrate the way in which HDdUHB is working towards creating, supporting and sustaining a diverse workforce, offering opportunities to all and reflecting our populations across the three counties.

The report highlights that HDdUHB is able to demonstrate some progress towards meeting the objectives set out in the SEP 2016-2020. However, barriers remain in relation to further progress and innovative practice around equality and diversity. In particular:

- Ensuring appropriate and sufficient investment in equality and diversity initiatives is a challenge to the organisation in order to ensure that HDdUHB continues to be seen to be pro-actively meeting its equality duties. “Lack of resources” is not accepted as an adequate reason for services and information not being equally accessible to all service users, particularly in relation to those who traditionally experience exclusion. It is therefore important to ensure that departments and teams are supported and facilitated to build mechanisms and introduce positive initiatives to ensure that equality considerations are fundamental to everything that they do.
- Some groups with protected characteristics may consider that there has been insufficient progress in terms of ensuring equality for certain protected characteristics. However the Annual Report will help to inform the priorities for progressing existing equality objectives and developing new ones, and work is being undertaken collaboratively with other public service partners to engage with protected groups in the refreshing of strategic equality objectives for 2020-2024.
- Whilst there has been some progress towards aligning mechanisms to support reporting on workforce equality data, National Data collection systems continue to be problematic. There is a need for greater alignment between equality data fields available in the Electronic Staff Record (ESR) and NHS Jobs to facilitate statistical reporting in line with information required by the PSED. Discussions are ongoing on a national basis.

HDdUHB has embedded equality considerations into its decision making processes to ensure that, in addition to improving current service provision, as transformation programmes develop (or plans for savings or service change are proposed), consideration is given to how resources can be most effectively utilised to maintain compliance with equality duties and to progress the equality agenda.

In March 2019, the Board considered plans for delivering the Health and Care Strategy. The inclusion of engagement, diversity and inclusion within the “Check and Challenge” process, will ensure that service leads take due responsibility for equality considerations.

HDdUHB has recognised that financial decisions must be made alongside due regard to how a reduction in resources, or changes to how services are provided, may impact adversely on protected groups which will result in information and services becoming inaccessible to some groups. The organisation has also recognised that in order to provide safe, accessible and kind services for all, the needs of protected groups need to be at the forefront of the decision making process.

Introducing mechanisms to break down barriers traditionally faced by protected groups creates a safer, more accessible and inclusive environment for all, reflective of HDdUHB’s values. This is reflected in the recently approved Framework for Continuous Engagement.

There is increasing expectation from the Equality and Human Rights Commission (EHRC) that over time, public sector bodies will be able to demonstrate incremental and increasing progress towards meeting the equality duties, backed up by robust evidence.

In summary, the next steps for HDdUHB are to:

- Continue to integrate equality, diversity and human rights into core health board systems and processes for turnaround, quality improvement and transformation programmes;
- Promote, encourage and adopt a pro-active approach across all sites, wards and departments towards developing initiatives to meet our equality duties and stated equality

objectives;

- Provide accessible information and fair and equitable services for protected groups, delivered with dignity and respect;
- Continue to align our equality objectives work with our actions to meet the requirements of the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015;
- Review the current Strategic Equality Objectives with a view to publication of an updated Strategic Equality Plan for 2020–2024. A joint multi-agency public sector engagement exercise was undertaken during April–June 2019 to facilitate this and a workshop is planned to take place on 11th October 2019 and the involvement of Board members would be welcomed. The outcome of the Gender Pay Gap March 2019 report will also feed into the revision of the objectives.

Argymhelliad / Recommendation

The Board is requested to:

- Receive the Strategic Equality Plan Annual Report 2018/19 for assurance on the work which has been undertaken to meet the PSED and HDdUHB equality objectives.
- Note that it will receive an updated Strategic Equality Plan and Objectives 2020-2024 for approval in March 2020.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Governance, Communication and Engagement E&Div 01(currently under discussion)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none">• Equality Act 2010• Public Sector Equality Duties (Wales) 2011 http://www.wales.nhs.uk/sitesplus/862/page/61509

	<ul style="list-style-type: none"> Health Board's Strategic Equality Plan and Objectives http://www.wales.nhs.uk/sitesplus/documents/862/FinalHDdUHBSEPObjectives2016-2020.pdf
Rhestr Termau: Glossary of Terms:	Included within body of report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Improving Experience Committee Staff Partnership Forum Workforce and Organisational Development Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial resources to facilitate progress against set equality objectives will need to be an ongoing consideration. There will be costs associated with providing specialist training to staff in relation to meeting identified training needs on equality issues where external expertise and/or lived experience is required/ recommended. These will need to be met from existing departmental and corporate budgets.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is evidence to show that generally, protected groups are disadvantaged at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups but for the population as a whole.
Gweithlu: Workforce:	There is evidence to show that generally, protected groups are disadvantaged when seeking employment and during their careers, facing prejudice and discrimination within exclusive working environments. Also, it is known that staff perform better when they can be themselves in the workplace. Embedding equality into core functions and HDdUHB's value base, setting objectives which engender the recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups will lead to increased wellbeing amongst staff and can result in lower sickness absence levels, conserving valuable staff and financial resources.
Risg: Risk:	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to HDdUHB.

Cyfreithiol: Legal:	Non-compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance by the Equality and Human Rights Commission and legal challenges through judicial review and employment tribunals.
Enw Da: Reputational:	The SEP Objectives are designed to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of staff and service users and taking action to meet the objectives. Producing an Annual Report on equality objectives is a requirement of the PSED. Non-compliance with the PSED would result in legal challenges and consequent financial and reputational damage to the organisation
Gyfrinachedd: Privacy:	Information gathered for equality data monitoring purposes can include details on sensitive personal information, but this data is anonymised in reports and cannot be traced back to the individuals concerned. Information will already be held on Electronic Staff Records and Health Records if individuals have agreed to supply the information on a voluntary basis. An explanation of why the information is being collected and what it will be used for is included on the relevant data collection forms
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No <p>The report describes progress towards meeting the Public Sector Equality Duties and meeting HDdUHB's stated equality objectives. Publishing the report within the prescribed timescale is one of the specific Public Sector Equality Duties.</p>

Hywel Dda University Health Board

Strategic Equality Plan Annual Report

April 2018 – March 2019



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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Introduction

Hywel Dda University Health Board (the Health Board) is committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes our staff, those who receive care including their families and carers, as well as partners who work with us whether this is statutory organisations, third sector partners or our communities. This means thinking about people as individuals and taking a person centred approach, so that we treat everyone fairly, with integrity, dignity and respect, whatever their background and beliefs.

In November 2018 the Health Board published a vision for change and a 20 year strategy for health and care. At its heart is a commitment to the continuous involvement of people in our communities, our staff and our partners to create a wellness system, which involves every part of life that affects our health and well-being.

This Annual Report is an overview of some of the Health Boards key work to promote diversity and inclusion, and should be read alongside our:

- Hywel Dda University Health Board Annual Report
- Annual Quality Statement
- Annual Governance Statement
- Director of Public Health Annual Report
- Our 20-year strategy - A Healthier Mid and West Wales: Our Future Generations Living Well
- Our Well-being of Future Generations Annual Report

The Equality Act 2010 is about treating everyone in a fair way. This law protects people from being treated worse than other people because they are:

- men and women
- disabled people
- young people and older people
- people who come from racial backgrounds – who may speak another
- language and have different cultures
- people who follow a religion or who have no religious beliefs

Strategic Equality Plan Annual Report April 2018 – March 2019

- people who are gay, lesbian or bisexual
- people who are considering, undergoing or have undergone gender
- reassignment
- people who are in a civil partnership or married
- Women who are pregnant or have recently had a baby.

We need to collect and use information about our staff and service users, and their experiences, to help us work in ways that ensure that we are treating people fairly. It is also important that our services are meeting the needs of all groups of people who we serve and that we treat people fairly at work.

We use a range of methods to gather and collate information about our communities and our staff. These include:

- Siarad Iechyd/Talking Health, our public engagement scheme and regular locality based public meetings and a process of continuous engagement;;
- Engaging and consulting with staff and our communities through joint public sector events and surveys;
- Data gathered on our Patient Administration Systems;
- Feedback from patients about their experiences of using our services including compliments and complaints;
- Data gathered from staff surveys, as well as our Electronic Staff Record and grievance reports;
- Welsh Government initiatives and national reports for example those published by the Equality and Human Rights Commission, Older People's Commissioner, Stonewall and others.

We are continuously working to improve the collection and reporting of equality data about people who use our services. This includes adapting our existing systems to collect the data as well as raising awareness of why the information should be collected and used to improve services and outcomes for patients. The same challenges apply to the collection of equality data for staff, although we acknowledge that some discussions need to take place on a national basis in order to change all-Wales information systems.

About Hywel Dda University Health Board

Strategic Equality Plan Annual Report April 2018 – March 2019

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties. Here are a few facts (as at 31st March 2018):

	Our Health Board covers a quarter of the landmass of Wales.
	We provide health care services for around 384,000 people.
	We work in partnership with our three local authorities – Carmarthenshire, Ceredigion and Pembrokeshire County Councils – as well as with colleagues from the public, private and third sectors.
	We employ approximately 12,000 staff and have a growing group of nearly 400 volunteers.
	We have four main hospitals: Bronglais in Aberystwyth, Glangwili in Carmarthen, Prince Philip in Llanelli and Withybush in Haverfordwest.
	We have seven community hospitals: Amman Valley and Llandovery in Carmarthenshire; Tregaron, Aberaeron and Cardigan in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire.
	There are 53 general practices, 46 dental practices (including 1 orthodontic), 99 community pharmacies, 51 general ophthalmic practices (43 providing Eye Health Examination Wales and 34 low vision services) and 11 health centres.
	We provide mental health, learning disabilities and related services from numerous other locations across our communities.
	Highly specialised and tertiary services are commissioned for us by the Welsh Health Specialised Services Committee. This is a joint committee with representation from all seven health boards across Wales.

We recognise that there are many people within our populations (including many from protected groups) who experience socio-economic deprivation, which is a key factor in poorer health and lack of opportunity to access education and employment, thereby perpetuating the cycle of deprivation.

Strategic Equality Plan Annual Report April 2018 – March 2019

We aim to break this cycle and in line with the aspirations of the Well-being of Future Generations (Wales) Act 2015 to create healthier, more resilient communities, working together towards a better future for all. Information on health and socio-economic factors across the three counties is available [here](#) and [here](#).

Demographics for the Hywel Dda region are available on the ONS [website](#). Our population is also subject to temporary changes, with substantial increases in the summer months boosted by the tourism industry and by transient student populations. Whilst we have been actively involved in national refugee resettlement programmes, numbers for ethnic minorities, transgender, gay and bisexual people and Gypsy, Roma & Travellers continue to appear to be comparatively small when viewed across the three counties as a whole. We recognise that this means we must continue striving towards ensuring that they have opportunities to communicate their needs, to have services provided appropriately and to have equal opportunities for employment and career progression.

There are high concentrations of Welsh speakers in some areas across the three counties, though the 2011 Census showed a drop in the numbers of Welsh speakers. We collect information on Welsh Speakers in a number of ways; we ask our staff to register their Welsh language skills and also provide an active offer to patients who may wish to receive their services in Welsh. We have an action plan in place to fulfil the requirements of the Welsh Language Standards through our Bilingual Skills Strategy. Our Welsh Language Annual Monitoring Reports may be found [here](#).

The Workforce and Organisational Development Team continue to deliver the All Wales Workforce Information System strategy which includes compliance with minimum data set requirements. We maintain a high standard of data quality via Electronic Staff Records (ESR) which facilitates staff who have access to IT systems to own and manage their data, thus improving workforce management. ESR provides reporting for transparent and evidence based workforce planning.

There are ongoing in-house discussions on improving the collection of equality monitoring data around grievance and disciplinary, training and other required employment information. We use this data to facilitate inclusion in Workforce and Organisational Development reports, and to identify trends so that appropriate action may be taken to address equality issues where they may be identified.

Reports consistently show that our workforce is predominantly female and the majority of our staff work full time. The age profile of our workforce generally

Strategic Equality Plan Annual Report April 2018 – March 2019

indicates an ageing workforce with very few employees below the age of 20. However different staff groups show a variety of ages.

Regular update reports on Workforce and Organisational Development activity and workforce trends are presented to the Workforce and Organisational Development Sub-Committee. For details of Workforce and Organisational Development Reports to Board please link [here](#).

The Health Board undertakes regular analysis of grievance and disciplinary procedures during each year against employees involved both as a complainant and as a person against whom a complaint was made. The NHS ESR system does not require this data to be collected currently, but local records are available and were analysed for the purposes of this report. Reports to Board on grievance and disciplinary issues may be found [here](#).

Population Equality Information - Appendix 1 provides a broad overview of the protected characteristics of our populations across our three counties, as evidenced in the 2011 Census.

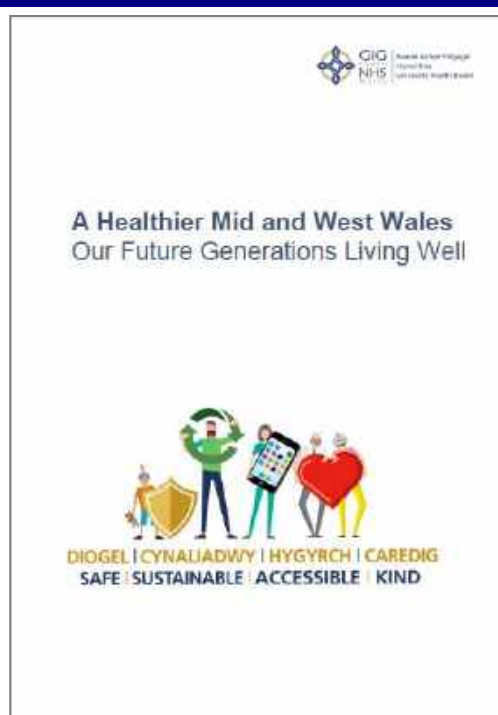
Our Strategic Equality Plan Objectives

Our Strategic Equality Objectives have been in place since they were first set in 2012. Engagement with our key stakeholders in 2016 indicated that they were still fit for purpose and we have continued to work towards the objectives we originally established. The following section of our SEP Annual Report summarises some of the work which was undertaken during 2018/19 towards meeting these objectives.

Leadership and Corporate Commitment

During 2018/19 the Health Board developed its long term strategy *A Healthier Mid and West Wales: Our Future Generations Living Well*. This is the first time we have set out a vision for health and care services for current and future generations. The strategy seeks to empower communities to work together in areas they care about and feel enabled to contribute to.

We fully acknowledge that our duty extends beyond that of an NHS provider, and that we are an integral part of a wider public service system, and that through effective collaboration we can achieve improvements in the wider determinants of health and well-being.



The strategy directly responds to what we heard from our public, staff and stakeholders during listening and engagement ('The Big Conversation') and public consultation ('Our Big NHS Change' and 'Transforming Mental Health'). We have stated our commitment to design services that are safe, sustainable, accessible and kind for today and future generations. Time and again we heard these themes echoed by patients and members of the public during consultation and engagement activities. These four words continue to be our guiding principles. Read our strategy by clicking this link [xx](#).

Strategy and Services

Our objective is to help ensure equitable access to services and information for all groups.

As outlined previously, we undertook a significant public consultation and engagement exercise during the year and we are using this information to inform both our wider strategic service changes as well as local departmental changes to the ways in which services are delivered to be more accessible and inclusive.

Some illustrative examples are outlined below:-

Puffin Garden - an accessible environment for children, young people and families.

Following a successful fundraising campaign Puffin Garden was officially opened in July and provides a new accessible outdoor space for children, young people and families receiving care at the Puffin PACU (Paediatric Ambulatory Care Unit) at Withybush Hospital.

“

Sandra Jones, Play Services Manager said: “The outdoor space at the Puffin Unit in Withybush Hospital provides a less stressful environment for children, young people and their families visiting or admitted for treatment. We will use the outdoor area as an extension of the playroom which includes a playhouse, play panels and seating incorporating a space for wheelchair users.”

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Improving communication

In accordance with the Deprivation of Liberties Safeguards, the Health Board has a team of Best Interest Assessors (BIAs). Their role is to undertake assessments of patients who lack capacity to consent to elements of their care and treatment in hospital.

The Health Board is committed to providing an active offer to patients who wish to receive services through Welsh. In acknowledgement of this three members of the team have completed Welsh language courses, funded by the Health Board through its Welsh language scheme but undertaken in their own time. One of the team has also completed a British Sign language course, entirely self-funded and in their own time.

This small team is committed to promoting diversity and inclusion and are now working on a communication tool kit to further support people to be able to express themselves, a key requirement of the Mental Capacity Act 2005.

During 2018/19 we continued to work towards improving communication and access to information to enable patients to access a wide range of services across the health board through our contract with Wales Interpretation and Translation Services, Language Line and Wales Council for Deaf People (for BSL). Our top 2 language requests were for Arabic and Polish and we have facilitated in excess of 700 requests across the spectrum of languages other than English.

Further examples of where we have provided equitable services are available in our annual report- [add link](#)

Public and Patient Involvement

The Health Board has a vision for change that would drive culture through continuous involvement of people in our communities, our staff and our partners to create a wellness system, which involves every part of life that affects our health and well-being.

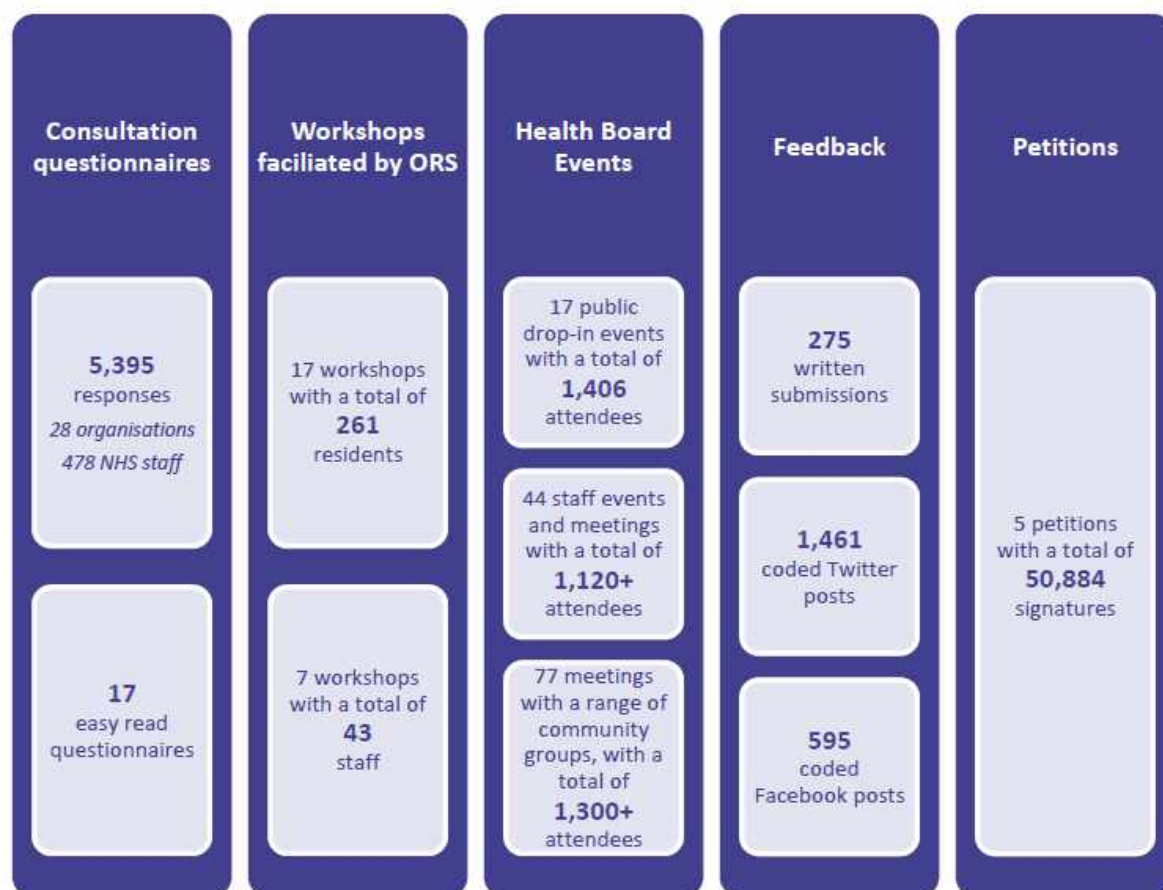
During "Our Big NHS Change" public consultation and engagement programme launched in April 2018 we examined the way in which health and social care provision can be improved across our area, specifically considering changes to how community services and acute hospitals are organised.

The Health Board convened a number of focused meetings with a range of community groups to consider their particular perspectives on the proposals. These included 46 meetings with a diverse range of groups such as third sector organisations, carers' groups, educational establishments and Hywel Dda residents from protected characteristics group. It is difficult to quantify exactly how many people attended these meetings, as attendee numbers were not recorded at every meeting; however, where information is available it was recorded that over 1,300 people were engaged in conversation and had the opportunity to express their views.

In addition to engagement events, a consultation survey was developed and members of the public, as well as staff and stakeholders, were able to express and record their views which were then independently analysed by the ORS (Opinion Research Services). The survey was available bilingually both in paper copy and as an on-line survey. We also provided an easy read, audio and braille version and also provided on request some of our documents and video-clips in British Sign Language, Polish and Arabic. There was a high response to the consultation: 5,395 consultation questionnaires were completed together with 275 written submissions.

Residents, stakeholders and organisations were also able to provide their views by writing to the Health Board or ORS. Feedback received via social media (Twitter, Facebook and YouTube) was also considered; together with a number of petitions.

Strategic Equality Plan Annual Report April 2018 – March 2019



The results of the consultation and engagement activities with Hywel Dda residents from protected groups yielded a range of specific suggestions including ensuring future healthcare facilities and services are fully inclusive and designed to cater for the needs of all protected characteristics. These included: deaf awareness training for staff; the provision of hearing loops; consideration for blind and partially sighted patients who cannot, for example, read appointment reminder letters or visual displays; translation services for those whose first language is not English or Welsh; and learning disability/autism friendly facilities such as a 'calming room'. With respect to the latter, it was also said that the importance of familiarity for people with autism and learning disabilities must be given consideration if they are required to be treated 'somewhere different'.

The feedback we received will be taken into consideration when developing and delivering future services.

The full report is available [here](#).

More information around public and patient engagement is available in our Annual Report:- [add link](#)

Health

The Health Board is committed to increasing knowledge in relation to the health needs of groups within our communities and working towards reducing inequalities in health.

Clinical Innovation

Surgical Speciality Doctor, Sujatha Udayasankar, has been honoured by the Wales Deanery with the prestigious Wales Deanery's 'Staff and Associate Specialist Award for Clinical Service Innovation' in recognition of a range of clinical and academic activities, notably, the string of quality improvement activities she initiated at the Breast Care Unit at Prince Philip Hospital, Llanelli. Congratulating Dr Udayasankar on her award



“

Phil Kloer, Medical Director & Director of Clinical Strategy said “We are all extremely proud here at Hywel Dda of the achievements of Dr Udayasankar.

This award is testimony to all the hard work, dedication and commitment she has shown not only to her team but also in implementing new processes and procedures which have improved the patient experience in her department here at Hywel Dda.”

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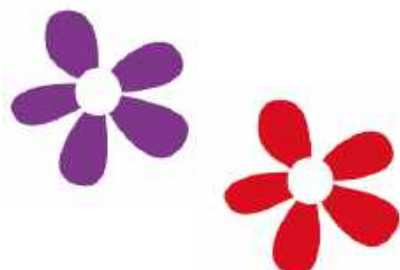


Hywel Dda launches Home Test and Post (TAP) Pilot for Chlamydia and Gonorrhoea

Strategic Equality Plan Annual Report April 2018 – March 2019

In November 2018, the Health Board launched a pilot service test kit for Chlamydia and Gonorrhoea that can be used at home will be available via the 'Frisky Wales' [website](#).

The pilot was developed following Public Health Wales' Sexual Health Review, and is supported through the Bevan Commission Exemplars programme.



“

Lisa Humphrey, HDUHB Sexual Health Service Delivery Manager, says: “All you have to do is go to the website, click on the Test and Post banner, answer some questions to make sure that this service is right for you and you will receive your kit in the post.”

”



Currently, in Wales, there is no self-testing for sexually transmitted infections (STIs) which is centrally available and free of charge. This pilot scheme increases accessibility and ensures a link with specialist services.



Additional examples of where we have worked to reduce health inequalities are available in our Annual Report and Public Health Annual Report. - add link

Workforce and Employment

The Health Board supports staff to ensure that in carrying out their duties they promote equality and good relations, dignity and respect and eliminate discrimination.

In doing so we work closely with, and respond to feedback from the Equality and Human Rights Commission on initiatives we can adopt, to create, support and maintain a more diverse and inclusive working environment.

During the year we have re-launched ENFYS our LGBTQ+ staff network which supports Lesbian, Gay, Bisexual and Transgender staff. The network aims to create a culture of understanding and collaboration to support both the wellbeing of our LGBTQ+ staff and drive forward the Health Board's equality and diversity objectives through work streams that will enhance the lives of both LGBTQ+ staff and patients. The network are actively seeking new members and meetings have been made more accessible across health board sites by offering video conferencing facilities to reduce the need to travel.



We have continued to refresh the equality and diversity training that we provide to staff to ensure that it is up to date and relevant and reinforces the Values of the Health Board. Every new staff member attends a Person Centred Approach session during their corporate induction programme and this provides an opportunity to reinforce the Health Board's values as well as introduce parallel legislation such as the Well-being of Future Generations (Wales) Act 2015, and highlight the needs of unpaid carers.

Strategic Equality Plan Annual Report April 2018 – March 2019

In addition, we have provided diversity and inclusion training on the Destination NHS programme – an exciting programme that we have developed in partnership with Pembrokeshire College which enables students studying a health related qualification to gain experience of working within a health care setting, in addition to academic study.

The Equality and Diversity Team also deliver and commission a range of bespoke training to address needs identified within individual teams or services; a particular focus this year has been on trans awareness training, unconscious bias and sensory loss.

Additional examples of how we support staff in their roles are available in our Annual Report - [add link](#)

Partnerships

The Health Board continues to work with stakeholders and partners to promote equality and good relations and eliminate discrimination.

NHS at 70: thanksgiving celebrations

The 70th anniversary of the founding of the NHS offered the opportunity for the Health Board to celebrate everything that has been achieved over the years, and to look to the future. The Health Board held a **Thanksgiving Celebration** at Newcastle Emlyn Leisure Centre in October 2018 with invitations extended to patients, relatives, friends, carers and staff across the three counties. The event brought together a wide number of partner agencies to celebrate our diversity and incorporated our community, mental health and acute services. The event was designed for people of all faiths and none, and included time dedicated for reflection with a short multi-faith, non-faith period of thanksgiving. It incorporated music (both vocal and instrumental), dance and narrative with a selection of past and present NHS staff and patients sharing their experiences and reflections.



Mental health team win prestigious psychiatry prize

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The Health Board won a Royal College of Psychiatry (RCPsych) award for its dedication to improve adult mental health services in mid and west Wales. The RCPsych Awards mark the highest level of achievement in psychiatry and recognises the work being carried out by teams working in mental health care.

The project was submitted for the 'Team of the Year:

Outstanding Commitment to Sustainable Service Development' category, for the Transforming Mental Health Services 'Journey to Recovery' project.



Over one thousand people engaged in a public consultation which asked people for their opinions on proposals to change how mental health care and treatment is provided to meet the needs of people now as well as for future generations. Having worked together with service users, staff and partners, including West Wales Action for Mental Health and the Community Health Council, a new model of care was co-designed for mental health services, built from learning from engagement, co-design, international collaboration and public consultation. The new service will provide:

- 24 hour services – ensuring anyone who needs help can access a mental health centre for support at any time of the day or night.
- No waiting lists – so that people receive first contact with mental health services within 24 hours and for their subsequent care to be planned for in a consistent and supportive way.
- Community focus – to stop admitting people to hospital when it isn't the best option and provide support in the community when people need time away from home, extra support or protection.
- Recovery and resilience – services that don't purely focus on treating or managing symptoms, but instead help people to live independent, fulfilling lives with the help and support they need.



“

Joe Teape, Deputy Chief Executive for Hywel Dda University Health Board and Chair of the Mental Health Implementation Programme Group said: *“We began this journey three years ago by being clear about the need to move away from a traditional service model to redesigning services for the benefit of local people.”*

“

The Transforming Mental Health Services programme has helped us to think differently about how we approach designing, planning and delivering services locally. With our co-developed model approved for implementation we will work continue to work in a co-produced way to ensure that we deliver flexible, responsive, and accessible mental health

”



Syrian Vulnerable Persons Resettlement Project

Over the last 3 years, approximately 150 people have been resettled within the Hywel Dda area in partnership with Local Authorities and third sector groups. Over the last 12 months, we have convened two regional meetings to explore the consistency of the programme and to identify priorities for collaborative working. A key priority is to ensure there is equitable access to mental health services across our footprint in acknowledgement of the challenging life experiences of those who have been resettled.

Work Experience Programme

In addition to our school's work-experience programmes, we continue to offer work experience and back to work experience programmes for adults working in partnership with the Department of Work and Pensions (DWP).

The Health Board offers work experience in a variety of areas including various Administration and Clerical posts, Hotel Services, Estates, Ward Clerks, Health Care Support Workers, Therapies, and most recently, Mental

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Health and Learning Disabilities. In addition to offering opportunities to members of our local communities, such placements help to promote a greater understanding of diverse groups to whom we provide our services. Participants can learn from existing employees, each other and the patients and service users they come into contact with.

The programmes are further enhanced with additional training on employability skills, writing applications, interview techniques and mandatory training for the benefit of participants on the work-experience scheme. Following the programme, practice interviews are offered to attendees, to support them in gaining future employment. To date we have had 193 applications and made 54 placements.

The inclusion of placements in wards and with clinical teams e.g. therapies, continues to be very popular and over the year, we have been able to recruit a number of work experience participants to posts within the Health Board. These include, among others, 9 Health Care Support Workers, 1 Occupational Therapy Support Worker, 1 appointment to Hospital Sterilisation and Decontamination Unit (HSDU) and 1 appointment to our Patient Advice and Liaison Service. Over the last 2-3 years we have employed in the region of 45 people who participated in our work experience programmes.

Work with disadvantaged groups

The work undertaken with various DWP programmes enables applicants, claiming Job Seekers Allowance to access all our work experience information and opportunities. The Health Board continues to work with the 'Engage to Change' programmes in North Ceredigion and Carmarthenshire to offer opportunities for 6 month paid placements. The focus of the programme is to offer young people aged 16-25 years who have a learning disability or Autistic Spectrum Disorder (ASD) a paid placement. During the past year, we have had 4 placements and based on the experiences to date, we aim to develop this work further in 2019/20.

The Talent Pool

The Health Board introduced "The Talent Pool" in January 2017. This is open to individuals who are claiming Job Seekers allowance and who come onto the Health Board DWP programme. Individuals who have proved their ability, aptitude and attitude, are invited to join the Talent Pool. This membership allows access to 'Internal Only' positions for a period of 6 months following the Work Experience placement. They are also guaranteed an interview as long as they fit the essential criteria of any position applied for. During the past year, 41 individuals have been recruited via this initiative.

Links with Schools and Colleges

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The Health Board has established strong links with local schools and colleges. We are committed to working with them to provide students and any individual interested in working within the NHS, not only with work placement but also with an understanding of the wide range of professions required to support the NHS. We run an annual 'careers day' and participate in a range of locally organised careers events including in partnership with Careers Wales. 2018 saw the Health Board introduce specific Year 9 and Year 10 information events with the aim of increasing knowledge of careers in the NHS. By targeting younger students, the aim is to 'sow the seed' before students need to choose their higher level study subjects.

The Health Board continues to work with Aberystwyth University organising short term internships (1 day a week for 10 weeks), for students studying Law, Criminology, Accounting, Finance, Economics and Business Management. Students will be in year 3 of their degree studies and the internships are offered on an unpaid basis. We anticipate that this scheme will encourage participants to consider a career in the NHS (and particularly the Health Board), thereby helping to increase the diversity of and bring fresh perspectives to our future workforce.

Anyone interested in participating in any of the above schemes or finding out more about working in Hywel Dda University Health Board can find further information [here](#)

Cross-cutting protected and vulnerable groups

We know that many protected groups are disproportionately represented among people who experience socio-economic disadvantage. During 2018/19 we have worked collaboratively with partner organisations to positively impact disadvantaged groups.

Examples of work we have undertaken with Veterans, homelessness collaborations and work with other vulnerable and disadvantaged groups are available in our Annual Report and Well-being of Future Generations Annual Report.- add link

Workforce Information

Workforce information produced for our 2018/19 Strategic Equality Plan Annual Report reflects the anticipated trend towards an ageing workforce, with numbers below the age of 54 having decreased since last year and above 54

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showing an increase. Although the balance of male to female staff remains predominantly female, there was a small increase in the percentage of staff identifying as male this year, which equated to the decrease in the percentage of staff who identified as female. The workforce continues to reflect the predominantly white profile of our populations across our three counties, with small percentage increases across a small number of BAME groups.

There were small percentage increases in staff actively choosing not to disclose sensitive personal information across a number of protected characteristics, including disability, sexual orientation and religion and belief, although of those who chose to disclose information, there were small percentage increases for staff identifying as disabled, lesbian, gay or having a religion.

Our pay band statistics broadly shows a gender pay gap in favour of men.

Analysis of applications in the past year reflects that a smaller percentage of men who apply for posts reached the shortlisting stage or were appointed than women. The percentages of disabled people shortlisted was 0.4 less than the percentages who applied for posts, and the percentage appointed was 1.5% less than the percentage who applied. Percentages across age bands from application, shortlisting and being offered a post showed slightly in favour of older age groups being offered posts, although there was not a substantial variance across the younger age bands between application, shortlisting and being offered a post. In some cases, the percentages offered were greater than the percentages shortlisted.

In comparison with last year, the number of employees who submitted grievances has more than doubled from 32 to 69. However it should be noted that 54 staff members were part of two collective grievances, leaving 15 individual grievances. This figure is similar to that of 2016/17 (64) and significantly lower than 2015/16 (133). The majority of grievances were submitted by female staff. The number of males involved in grievances has decreased by 10% to represent 30.43% of all cases. This continues to be disproportionate in relation to the Health Board profile as males make up only 22.11% of the workforce. The majority of disciplinary cases also involved women. Figures are broadly in line with the Health Board profile where 77.89% identify as female and 22.11% identify as male.

Most people involved in the disciplinary and grievance process did not want to disclose their sexual orientation.

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Christians remain by far the largest group of those with an identified religion who are subject to disciplinary proceedings at 46.51%. This is higher than the Health Board profile of 38.28%. The percentages of staff identifying as Christian involved in grievance procedures increased, but remains lower than the health board profile. No grievance or disciplinary cases were seen from staff stating Buddhism, Hinduism, Islam, Judaism and Sikhism as their religion.

White Ethnicity makes up 91.30% of all grievance submissions and 82.6% of disciplinary cases. This is above the Health Board profile of 84.24%. There were no staff members of Black, Asian or Mixed Ethnicity involved in disciplinary proceedings.

The majority of all grievances (21) were submitted by those aged under 35 (30.43%). Last year, the majority of grievances were submitted by those aged 50-54 and 55-59; totalling 47% of all cases. The number of staff aged 60+ reporting grievances has decreased to 8.70% from 12.50% the previous year. Those employees aged under 25 account for 10.47% of all disciplinary cases which is higher than the previous year (2.40%).

When compared to the number of staff employed by the Health Board, overall the number of grievance cases only equates to 0.63% of all staff.

When compared to the number of staff employed by the Health Board, overall the number of disciplinary cases only equates to 0.78% of all staff.

The number of this year's disciplinary cases (86) remains similar to the previous two years (83 and 93 respectively) following a significant decrease from the 2015/16 figure of 163 cases.

Equality Impact Assessment

During 2018/19, the health board have undertaken 114 Equality Impact Assessments, including 13 covering major service change such as the Transforming Mental Health Services and Transforming Clinical Services Programmes. The remaining Equality Impact Assessments were undertaken

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in relation to development and review of Written Control Documents (policies, procedures and guidelines) across areas including Employment, Clinical, Health and Safety and Infection Control and others. The Health Board is committed to conducting appropriate equality impact assessments, closely linked with our commitment towards continuous engagement.

Looking Forward to 2020-2024

Our Strategic Equality Plan and Objectives is available on our website:

[Add link](#)

These objectives help us to make equality, diversity and inclusion integral to everything we do and help to us identify areas of inequality. We are currently undertaking a joint multi-agency public engagement exercise to review these objectives. Partner organisations include the three local authorities in Carmarthenshire, Ceredigion and Pembrokeshire, Dyfed Powys Police, Welsh Ambulance Service Trust, Mid and West Wales Fire and Rescue Service and National Resources Wales. With the help of a variety of third sector and voluntary sector organisations, we are working together to gain the views of our populations to inform our way forward. We are aiming to ensure that our future strategic equality objectives reflect what our communities have told us about how we can best provide equitable services for individuals across all protected groups.



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APPENDIX 1

EQUALITY INFORMATION

As both a service provider and an employer, the Health Board needs to collect and keep up to date:

- Information relating to service users and the general population
- Information relating to our staff.

We have mainly relied on Census 2011 information for the demographic profile of our communities and updates from the Office for National Statistics (Wales) available [here](#). Demographic data on the broad profile of the Hywel Dda community is available in previous Equality Reports [here](#).








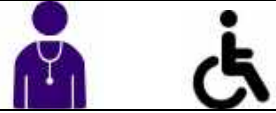





It is acknowledged that “sensitive” equality monitoring information around sexual orientation, religion and belief may not be reliable and may therefore not give a complete and true picture of the county demographics.

The following info-graphic provides a broad over-view of protected characteristics across our three counties.














Further population demographics are available in each of the Public Services Board Well-being Plans within Carmarthenshire, Ceredigion and Pembrokeshire [here](#)

The Workforce Equality Report is published separately alongside this report














If we could shrink **Carmarthenshire's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

	49 Males and 51 females (2011 census)
	18 children aged under 16 (2011 census)
	61 people of working age (2011 census)
	21 people of pensionable age (2011 census)
	44 people able to speak welsh (2011 census)
	98 people from a white background and 2 from a non white background (2011 census)
	6-9 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	38 with a limiting long term illness or disability (2011 census)
	13 people would be providing unpaid care (2011 census)
	62 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	17 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	31 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	18 lone parents

If we could shrink **Ceredigion's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

	50 Males and 50 females (2011 census)
	15 children aged under 16 (2011 census)
	63 people of working age (2011 census)
	23 people of pensionable age (2011 census)
	47 people able to speak welsh (2011 census)
	97 people from a white background and 2 from a non white background (2011 census)
	5-7 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	21 people with a limiting long term illness or disability (2011 census)
	11 people would be providing unpaid care (2011 census)
	58 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	16 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	14 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	5 lone parents

If we could shrink **Pembrokeshire's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be

	49 Males and 51 females (2011 census)
	18 children aged under 16 (2011 census)
	60 people of working age (2011 census)
	22 people of pensionable age (2011 census)
	19 people able to speak welsh (2011 census)
	98 people from a white background and 2 from a non white background (2011 census)
	6-9 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	11 with a limiting long term illness or disability (2011 census)
	12 people would be providing unpaid care (2011 census)
	63 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	16 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	14 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	12 lone parents



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Workforce Equality Annual Report

Reporting Period 1st April 2018 – 31st March 2019

Executive Summary

The following information tables were extracted from data held on the Electronic Staffing Records ((ESR B.I. Reporting Database) and i-View (reporting tool) for the period of 31st March 2019. In order to assess the percentages reported during this period the HDUHB comparator percentages for the period of 31st March 2018 were also used.

When undertaking the comparisons it should also be noted that due to the change in Headcount between both periods will show an impact on the statistics of the protected characteristics. This resulted in the Headcount as at the 31st March 2019 as being 11,006 and as at the 31st March 2018 as being 10,844 and thus an increase in the Headcount of 162.

It should be noted that the advocacy and use of ESR Self Service by Employees for those that have access to it, who have not already completed these areas, have the opportunity to do so using the Self Service function, which would aid in the collection of more accurate information.

Disability

Analysis Narrative

- Compared to 31st March 2018 the percentage of staff identifying as Not Disabled has increased by 4.53% by 31st March 2019.
- The percentage of staff identifying as having a Disability has increased in the reporting period by 0.24%.
- The percentage of staff choosing not to disclose this information (Not Disclosed) has risen by 0.02%.
- Unknown has fallen by 4.80%.

Sexual Orientation

Analysis Narrative

- Compared to the 31st March 2018, the percentage of staff identifying as Bisexual has decreased by 0.05%. The percentage of staff identifying as Gay or Lesbian has increased by 0.11% as at 31st March 2019.
- The percentage of staff identifying as Heterosexual or Straight has increased by 2.97% for the reporting period.

- The percentage of staff choosing not to disclose this information has increased by 0.90%.
- Unknown has fallen by 3.95%.

Gender

Analysis Narrative

- Compared to the 31st March 2018 the percentage of employees identifying as Male has risen by 0.32% by 31st March 2019.
- The percentage of staff identifying as Female has decreased by 0.32% for the reporting period.

Religious Beliefs

Analysis Narrative

- Compared to 31st March 2018 the percentage of staff identifying as having a religion or belief has risen by 2.07% as at 31st March 2019.
- The percentage of staff identifying as having Other Religious Belief also risen by 0.40% for the reporting period.
- The percentage of staff choosing not to disclose this information has risen by 1.51%.
- Unknown has fallen by 3.98%.

Marital Status

Analysis Narrative

- Compared to 31st March 2018 the percentage of staff detailing marital status information has increased by 0.32% by 31st March 2019.
- Unspecified has decreased by 0.32% for the period.

Age Profile

Analysis Narrative

- Compared to 31st March 2018 the percentage of staff identifying within the Age Profile for the ages of 54 and below has decreased by 0.78% at 31st March 2019.
- Age Profiles for the ages of 55 and above have shown a percentage increase of 0.78% for the period.

Maternity & Adoption

Analysis Narrative

- Compared to 31st March 2018 the percentage of employees on leave due to Maternity and Adoption remained the same as that percentage reported at 31st March 2019 being 3.95%.

Ethnicity

Analysis Narrative

- Compared to 31st March 2018 the percentage of staff identifying as White has risen by 1.29% by 31st March 2019.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.05%.
- The percentage of staff identifying as Asian or Asian British rates decreased by 0.17%.
- The percentage of staff identifying as having Mixed ethnicity has increased by 0.11% for the same period.
- The percentage of staff identifying as from Any Other Ethnic Group has risen by 0.07%.
- Unknown has fallen by 1.36%.

Information cited is appended.

HDUHB EQUALITIES DUTIES REPORTING - Staff In Post

All Data taken from ESR as at 31st March 2019

HDUHB Headcount by Disability		
	Headcount	%
Disabled	184	1.67%
Not Disabled	7,038	63.95%
Not Disclosed	491	4.46%
Unknown	3,292	29.92%
Prefer Not To Answer	1	0.01%
Grand Total	11,006	100%

HDUHB Headcount by Ethnicity		
	Headcount	%
White	9,272	84.24%
Black or Black British	75	0.68%
Asian or Asian British	457	4.15%
Mixed	54	0.49%
Any Other Ethnic Group	158	1.44%
Unknown	990	9.00%
Grand Total	11,006	100%

HDUHB Headcount by Sexual Orientation		
	Headcount	%
Heterosexual or Straight	6,636	60.29%
Gay or Lesbian	90	0.82%
Undecided	2	0.02%
Bisexual	38	0.35%
Not Disclosed	1,540	13.99%
Unknown	2,700	24.53%
Grand Total	11,006	100%

HDUHB Headcount by Age		
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	Headcount	%
16 to 24	817	7.42%
25 to 29	1,164	10.58%
30 to 34	1,192	10.83%
35 to 39	1,225	11.13%
40 to 44	1,244	11.30%
45 to 49	1,537	13.97%
50 to 54	1,585	14.40%
55 to 59	1,335	12.13%
60 to 64	685	6.22%
65 to 69	161	1.46%
70 and over	61	0.55%
Grand Total	11,006	100%

H DUHB Headcount by Sex		
	Headcount	%
Female	8,573	77.89%
Male	2,433	22.11%
Grand Total	11,006	100%

H DUHB Headcount by Pregnancy & Maternity/Adoption Leave		
	Headcount	%
Maternity & Adoption*	435	3.95%

H DUHB Headcount by Marital Status		
	Headcount	%
Married	5,885	53.47%
Civil Partnership	124	1.13%
Divorced	809	7.35%
Legally Separated	96	0.87%
Single	3,358	30.51%
Widowed	119	1.08%
Unknown	615	5.59%
Grand Total	11,006	100%

H DUHB Headcount by Religion or Belief		
	Headcount	%

Atheism	992	9.01%
Buddhism	39	0.35%
Christianity	4,213	38.28%
Hinduism	54	0.49%
Islam	64	0.58%
Judaism	8	0.07%
Sikhism	1	0.01%
Other	833	7.57%
Not Disclosed	2,115	19.22%
Unknown	2,687	24.41%
Grand Total	11,006	100%

Notes to this report:

1. Headcount is a count of Primary Assignment and is therefore adjusted for people who have more than one post with HDUHB.
2. This Information does not include Bank Staff.

ESR Data reported is as at 31st March 2019. Headcount is a count of Primary Assignment and is therefore adjusted for people who have more than one post with HDUHB.

Staff Group			
	Female	Male	Total
	Headcount	Headcount	Headcount
Professional Scientific and Technical	239	125	364
Additional Clinical Services	2,164	386	2,550
Administrative and Clerical	1,543	290	1,833
Allied Health Professionals	520	107	627
Estates and Ancillary	596	533	1,129
Healthcare Scientists	105	80	185
Medical and Dental	383	656	1,039
Nursing and Midwifery Registered	3,017	256	3,273
Students	6	-	6
Grand Total	8,573	2,433	11,006

Contract Type			
	Female	Male	Total
Assignment category	Headcount	Headcount	Headcount
Permanent	7,267	1,821	9,088
Fixed Term Temp	401	243	644
Locum	111	171	282
Non-Exec Director/ Chair	3	6	9
Other	791	192	983
Grand Total	8,573	2,433	11,006

Working Pattern			
	Female	Male	Total
Employee Category	Headcount	Headcount	Headcount
Full Time	3,941	1,712	5,653
Part Time	4,632	721	6,353
Grand Total	8,573	2,433	11,006

Grade/Pay band			
	Female	Male	Total
	Headcount	Headcount	Headcount

Band 1	147	105	252
Band 2	2,098	519	2,617
Band 3	962	246	1,208
Band 4	655	99	754
Band 5	1,783	232	2,015
Band 6	1,418	273	1,691
Band 7	719	155	874
Band 8a	201	69	270
Band 8b	68	35	103
Band 8c	49	13	62
Band 8d	16	6	22
Band 9	5	6	11
Consultants	84	208	292
Specialty Doctors	56	113	169
Other Doctors in Training	180	220	400
Hospital Practitioners & Clinical Assistants	6	7	13
Other Medical and Dental Staff	52	100	152
Other	74	27	101
Grand Total	8,573	2,433	11,006

Notes to this report:

1. Numbers for working pattern analysis show only those who are working Full Time or Part Time. Measures are being put in place to gather further information on Flexible Working Patterns e.g. term time.
2. For further information on posts contained within staff groups, see our separate table "Staff Group Composition".

Analysis of pay by staff group and gender

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	£38,110.49	£37,578.33	£37,929.37
Additional Clinical Services	£19,326.39	£20,140.54	£19,474.18
Administrative and Clerical	£25,172.54	£34,656.46	£26,835.69
Allied Health Professionals	£36,337.91	£36,877.41	£36,436.50
Estates and Ancillary	£18,273.16	£20,121.37	£19,233.02
Healthcare Scientists	£37,764.63	£36,675.65	£37,267.43
Medical and Dental	£60,409.22	£69,944.16	£66,575.61
Nursing and Midwifery Registered	£32,629.13	£33,200.53	£32,678.59
Students	£17,198.60		£17,198.60
Grand Total	£28,990.16	£37,574.58	£30,970.10

The table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2019.

Analysis of pay by staff group and disability

Staff Group	No	Not Declared	Prefer Not To Answer	Unspecified	Yes	Grand Total
Add Prof Scientific and Technic	£36,500.99	£39,985.58		£40,673.07	£42,906.50	£37,929.37
Additional Clinical Services	£18,878.15	£19,759.00		£20,633.46	£19,755.58	£19,474.18
Administrative and Clerical	£25,534.23	£28,959.02	£18,429.00	£29,315.99	£24,083.39	£26,835.69
Allied Health Professionals	£34,307.51	£30,111.39		£40,728.85	£39,224.26	£36,436.50
Estates and Ancillary	£18,495.27	£18,020.77		£19,973.54	£19,318.74	£19,233.02
Healthcare Scientists	£34,389.62	£33,603.22		£40,007.29	£28,122.50	£37,267.43
Medical and Dental	£57,644.55	£67,783.22		£89,968.75	£52,892.95	£66,575.61
Nursing and Midwifery Registered	£31,455.30	£33,470.09		£35,999.10	£28,816.98	£32,678.59
Students	£17,198.60					£17,198.60
Grand Total	£29,484.33	£40,123.12	£18,429.00	£33,268.16	£26,965.68	£30,970.10

The table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2019.

Analysis of pay by staff group and ethnicity

Staff Group	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	Unspecified / Not Stated	White	Grand Total
Add Prof Scientific and Technic	£34,964.55		£47,439.39	£26,521.50	£37,351.36	£38,159.83	£37,929.37
Additional Clinical Services	£19,445.29	£18,268.86	£19,357.24	£18,770.35	£19,445.73	£19,492.82	£19,474.18
Administrative and Clerical	£25,865.19	£25,501.99	£28,018.81	£20,551.12	£26,756.00	£26,944.30	£26,835.69
Allied Health Professionals	£37,500.16	£36,644.00	£37,161.00	£32,520.45	£37,489.11	£36,335.21	£36,436.50
Estates and Ancillary	£19,459.62	£17,460.00	£17,460.00	£18,114.58	£19,383.17	£19,224.14	£19,233.02
Healthcare Scientists	£29,833.50	£29,239.00	£36,838.50	£39,009.50	£36,835.66	£37,556.18	£37,267.43
Medical and Dental	£65,188.77	£65,685.91	£53,532.63	£62,297.41	£64,470.85	£67,891.35	£66,575.61
Nursing and Midwifery Registered	£30,820.88	£30,064.09	£36,595.38	£31,442.75	£32,691.21	£32,773.38	£32,678.59
Students				£28,050.00		£15,718.86	£17,198.60
Grand Total	£39,569.65	£42,436.51	£36,214.83	£33,938.37	£31,860.96	£30,274.56	£30,970.10

The table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2019.

Analysis of pay by staff group and age band

Staff Group	<=20 Years	21-25	26-30	31-35	36-40	41-45
Add Prof Scientific and Technic		£27,123.48	£30,836.19	£35,842.26	£39,629.11	£39,205.87
Additional Clinical Services	£17,545.75	£18,072.00	£18,408.95	£19,004.43	£19,281.45	£20,059.82
Administrative and Clerical	£17,618.23	£18,779.86	£20,327.97	£23,846.43	£27,652.09	£28,499.41
Allied Health Professionals		£25,730.12	£29,197.34	£33,807.26	£37,795.63	£37,230.02
Estates and Ancillary	£17,460.00	£17,496.58	£18,528.52	£19,066.48	£19,990.49	£19,241.76
Healthcare Scientists		£26,039.20	£28,051.60	£31,407.56	£36,748.39	£39,284.02
Medical and Dental		£26,225.40	£30,396.76	£46,174.09	£63,746.83	£79,624.66
Nursing and Midwifery Registered		£23,929.37	£26,516.23	£28,705.59	£31,482.53	£32,852.58
Students		£23,023.00		£20,485.71	£28,050.00	
Grand Total	£17,533.73	£21,684.06	£24,364.81	£27,534.62	£31,355.92	£34,390.45

Staff Group	46-50	51-55	56-60	61-65	66-70	>=71 Years	Grand Total
Add Prof Scientific and Technic	£43,533.95	£40,662.22	£44,012.00	£37,665.38	£44,639.62	£36,644.00	£37,929.37
Additional Clinical Services	£20,244.17	£19,735.70	£20,076.22	£20,189.81	£19,613.22	£20,605.90	£19,474.18
Administrative and Clerical	£30,247.72	£28,005.10	£28,012.36	£24,210.88	£26,000.81	£24,254.44	£26,835.69
Allied Health Professionals	£41,303.45	£43,258.78	£42,062.90	£41,867.72	£43,041.00	£36,644.00	£36,436.50
Estates and Ancillary	£19,209.64	£19,131.72	£19,764.67	£19,614.03	£19,110.54	£18,540.97	£19,233.02
Healthcare Scientists	£37,955.92	£41,413.30	£43,404.89	£41,195.23			£37,267.43
Medical and Dental	£84,908.04	£89,635.00	£88,786.75	£91,038.51	£93,163.47	£97,108.10	£66,575.61
Nursing and Midwifery Registered	£34,270.73	£37,159.49	£36,697.54	£34,432.42	£33,985.58	£58,303.78	£32,678.59
Students		£17,460.00					£17,198.60
Grand Total	£33,158.32	£34,367.91	£32,917.98	£31,149.43	£34,712.56	£38,311.10	£30,970.10

The table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2019.

Analysis of pay by staff group and religion or belief

Staff Group	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam
Add Prof Scientific and Technic	£35,773.92	£28,050.00	£39,009.05		£35,325.72	£30,636.00
Additional Clinical Services	£18,944.62	£18,565.50	£19,105.69		£19,176.81	£23,023.00
Administrative and Clerical	£25,927.19	£22,264.19	£26,001.08	£21,126.76	£25,969.94	£19,007.00
Allied Health Professionals	£31,487.88		£35,608.98	£28,050.00	£36,046.74	£33,032.00
Estates and Ancillary	£18,993.71	£17,855.18	£19,029.48	£17,460.00	£18,640.99	£17,965.46
Healthcare Scientists	£33,262.17	£23,023.00	£37,550.25	£33,032.00	£34,164.93	£23,023.00
Medical and Dental	£55,929.11	£70,580.00	£70,461.89	£76,791.94	£55,672.38	£56,723.85
Nursing and Midwifery Registered	£29,928.83	£30,467.35	£32,439.24	£27,696.36	£32,522.20	£36,644.00
Students			£11,511.50		£22,755.00	
Grand Total	£27,154.97	£40,065.71	£28,668.53	£63,609.51	£34,717.66	£50,198.19

Staff Group	Jainism	Judaism	Other	Sikhism	Unspecified	Grand Total
Add Prof Scientific and Technic		£36,644.00	£35,969.24		£39,317.33	£37,929.37
Additional Clinical Services	£17,787.00		£18,902.76		£20,659.94	£19,474.18
Administrative and Clerical		£54,625.00	£23,482.73		£29,782.67	£26,835.69
Allied Health Professionals		£44,121.00	£33,139.01		£41,039.38	£36,436.50
Estates and Ancillary			£18,419.53		£19,685.76	£19,233.02
Healthcare Scientists			£33,468.59		£39,915.15	£37,267.43
Medical and Dental	£56,034.00	£87,198.00	£69,530.11	£41,301.00	£90,793.90	£66,575.61
Nursing and Midwifery Registered	£29,608.00	£23,949.70	£30,794.38		£35,738.77	£32,678.59
Students			£17,460.00			£17,198.60
Grand Total	£34,476.33	£41,877.37	£26,229.80	£41,301.00	£33,504.07	£30,970.10

The table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2019.

Analysis of pay by staff group and sexual orientation

Staff Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)
Add Prof Scientific and Technic	£43,267.50	£36,644.00	£37,564.39	£36,811.09
Additional Clinical Services	£18,283.44	£18,258.20	£19,041.80	£19,459.02
Administrative and Clerical	£22,976.50	£35,971.81	£25,275.54	£27,395.39
Allied Health Professionals		£36,566.35	£34,794.43	£34,074.68
Estates and Ancillary	£17,914.87	£18,122.16	£18,913.27	£18,702.87
Healthcare Scientists	£29,060.00	£45,436.01	£34,697.20	£35,332.31
Medical and Dental	£73,195.00		£67,529.47	£54,608.75
Nursing and Midwifery Registered	£27,675.26	£27,865.94	£31,824.83	£33,670.36
Students			£16,255.00	£28,050.00
Grand Total	£26,574.29	£28,695.81	£28,736.99	£37,864.44

Staff Group	Other sexual orientation not listed	Undecided	Unspecified	Grand Total
Add Prof Scientific and Technic			£39,235.08	£37,929.37
Additional Clinical Services			£20,652.90	£19,474.18
Administrative and Clerical		£23,363.00	£29,783.33	£26,835.69
Allied Health Professionals			£41,167.62	£36,436.50
Estates and Ancillary			£19,685.76	£19,233.02
Healthcare Scientists			£40,097.75	£37,267.43
Medical and Dental			£90,720.02	£66,575.61
Nursing and Midwifery Registered	£29,608.00	£34,403.00	£35,701.66	£32,678.59
Students				£17,198.60
Grand Total	£29,608.00	£31,101.30	£33,548.44	£30,970.10

The table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2019.

Analysis by applications

		Applications		Shortlisted		Offered	
	Report Category	HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %
	Total applications reported on	22060	100.0%	7583	100.0%	2384	100.0%
Gender	Male	6186	28.0%	1905	25.1%	533	22.4%
	Female	15842	71.8%	5671	74.8%	1847	77.5%
	Undisclosed	32	0.1%	7	0.1%	4	0.2%
Disability	Yes	989	4.5%	314	4.1%	71	3.0%
	No	20658	93.6%	7096	93.6%	2229	93.5%
	Undisclosed	433	2.0%	173	2.3%	84	3.5%
Ethnicity	WHITE - British	16862	76.4%	6091	80.3%	1981	83.1%
	WHITE – Irish	76	0.3%	31	0.4%	11	0.5%
	WHITE – Any other white background	874	4.0%	287	3.8%	87	3.6%
	ASIAN or ASIAN BRITISH – Indian	713	3.2%	217	2.9%	48	2.0%
	ASIAN or ASIAN BRITISH - Pakistani	804	3.6%	187	2.5%	35	1.5%
	ASIAN or ASIAN BRITISH – Bangladeshi	169	0.8%	44	0.6%	5	0.2%
	ASIAN or ASIAN BRITISH – Any other Asian background	350	1.6%	108	1.4%	23	1.0%
	MIXED – White & Black Caribbean	34	0.2%	15	0.2%	4	0.2%
	MIXED – White & Black African	177	0.8%	41	0.5%	8	0.3%
	MIXED – White & Asian	55	0.2%	24	0.3%	7	0.3%
	MIXED – Any other mixed background	137	0.6%	35	0.5%	15	0.6%
	BLACK or BLACK BRITISH – Caribbean	29	0.1%	13	0.2%	6	0.3%
	BLACK or BLACK BRITISH – African	707	3.2%	120	1.6%	30	1.3%
	BLACK or BLACK BRITISH – Any other black background	103	0.5%	25	0.3%	7	0.3%
	OTHER ETHNIC GROUP – Chinese	48	0.2%	18	0.2%	5	0.2%
	OTHER ETHNIC GROUP – Any other ethnic group	636	2.9%	203	2.7%	44	1.8%
	Undisclosed	286	1.3%	124	1.6%	68	2.9%

		Applications		Shortlisted		Offered	
	Report Category	HUHB Totals	HUHB %	HUHB Totals	HUHB %	HUHB Totals	HUHB %
Age Band	Age Under 20	935	4.2%	249	3.3%	102	4.3%
	Age 20-24	3501	15.9%	850	11.2%	313	13.1%
	Age 25-29	4681	21.2%	1336	17.6%	428	18.0%
	Age 30-34	3543	16.1%	1195	15.8%	372	15.6%
	Age 35-39	2278	10.3%	908	12.0%	279	11.7%
	Age 40-44	2071	9.4%	906	11.9%	269	11.3%
	Age 45-49	1973	8.9%	783	10.3%	223	9.4%
	Age 50-54	1546	7.0%	694	9.2%	193	8.1%
	Age 55-59	1101	5.0%	479	6.3%	142	6.0%
	Age 60-64	351	1.6%	150	2.0%	52	2.2%
	Age 65-69	76	0.3%	31	0.4%	10	0.4%
	Age 70+	0	0.0%	0	0.0%	0	0.0%
	Undisclosed	0	0.0%	0	0.0%	0	0.0%
Religion or Belief	Atheism	3898	17.7%	1267	16.7%	431	18.1%
	Buddhism	210	1.0%	73	1.0%	22	0.9%
	Christianity	9916	45.0%	3634	47.9%	1140	47.8%
	Hinduism	416	1.9%	113	1.5%	27	1.1%
	Islam	1932	8.8%	529	7.0%	101	4.2%
	Jainism	9	0.0%	5	0.1%	0	0.0%
	Judaism	35	0.2%	12	0.2%	0	0.0%
	Sikhism	11	0.0%	5	0.1%	0	0.0%
	Other	2809	12.3%	933	12.3%	285	12.0%
	Undisclosed	2824	13.3%	1012	13.3%	375	15.7%
Sexual Orientation	Lesbian	172	0.8%	68	0.9%	20	0.8%
	Gay	240	1.1%	81	1.1%	27	1.1%
	Bisexual	205	0.9%	57	0.8%	12	0.5%
	Heterosexual	20236	91.7%	6880	90.7%	2142	89.8%
	Undisclosed	1207	5.5%	497	6.6%	183	7.7%

Notes to this report: This report shows the numbers of people, by different protected characteristics, who have applied for jobs, been shortlisted for interview, and offered posts during the 12 months from 1st April 2018 to 31st March 2019.

Analysis by Leavers

All Data taken from ESR as at 31/3/19

Notes to this report:

1. Headcount is a count of primary assignment and is therefore adjusted for people who have more than one post with HDUHB.

HDUHB Leavers by Disability		
	Headcount	%
Disabled	8	1.03%
Not Disabled	430	55.48%
Not Disclosed	52	6.71%
Unknown	285	36.78%
Grand Total	775	100%

HDUHB Leavers by Ethnicity		
	Headcount	%
White	618	79.74%
Black or Black British	7	0.90%
Asian or Asian British	34	4.39%
Mixed	4	0.52%
Chinese	1	0.13%
Any Other Ethnic Group	9	1.16%
Unknown	102	13.16%
Grand Total	775	100%

HDUHB Leavers by Sex		
	Headcount	%
Female	629	81.16%
Male	146	18.84%
Grand Total	775	100%

HDUHB Leavers by Age

	Headcount	%
Under 25	48	6.19%
25 to 29	64	8.26%
30 to 34	58	7.48%
35 to 39	52	6.71%
40 to 44	52	6.71%
45 to 49	53	6.84%
50 to 54	125	16.13%
55 to 59	154	19.87%
60 to 64	121	15.61%
65 to 69	30	3.87%
70 and over	18	2.32%
Grand Total	775	100%

HDUHB Leavers by Religion or Belief		
	Headcount	%
Atheism	60	7.74%
Buddhism	4	0.52%
Christianity	262	33.81%
Hinduism	5	0.65%
Islam	7	0.90%
Other	46	5.94%
Not Disclosed	147	18.97%
Unknown	244	31.48%
Grand Total	775	100%

HDUHB Leavers by Sexual Orientation		
	Headcount	%
Heterosexual or Straight	394	50.84%
Gay or Lesbian	4	0.52%
Bisexual	7	0.90%
Not Disclosed	126	16.26%
Unknown	244	31.48%
Grand Total	775	100%

HDUHB Leavers by Pregnancy & Maternity/Adoption Leave

	Headcount	%
Staff on Maternity & Adoption Leave	-	0.00%

HDUHB Leavers by Marital Status		
	Headcount	%
Married / Civil Partnership	424	54.71%
Single	225	29.03%
Divorced	52	6.71%
Legally Separated	10	1.29%
Widowed	10	1.29%
Unknown	54	6.97%
Grand Total	775	100%

The following information was taken from the ESR B.I. reporting function using the Learning Administration Dashboard and the Learning Monitoring element of this report for ALL training activity from 1st April 2018 to 31st March 2019.

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance by Age Band during the period 1st April 2018 to 31st March 2019

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance By Age Band during the period 1 st April 2018 to 31 st March 2019	Data as at 31st March 2019.											
	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	Over 65	Total
Attendance/Courses Completed	1,317	7,046	9,041	8,008	8,660	9,872	11,169	11,822	8,971	3,939	1,009	80,854

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance by Disability during the period 1st April 2018 to 31st March 2019

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance By Disability during the period 1 st April 2018 to 31 st March 2019	Data as at 31st March 2019.					
	Disabled	Not Disabled	Not Declared	Undefined	Prefer Not To Answer	Total
Attendance/Courses Completed	993	39,141	1,630	39,080	10	80,854

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance by Ethnicity during the period 1st April 2018 to 31st March 2019

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance By Ethnicity during the period 1 st April 2018 to 31 st March 2019	Data as at 31st March 2019.																
	White	Mixed White & Black Caribbean	Mixed White & Black African	Mixed White & Asian	Mixed - any other mixed background	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British - Bangladeshi	Asian or Asian British - Any Other Asian Background	Black or Black British - Caribbean	Black or Black British - African	Black or Black British - Any Other Black Background	Chinese	Any Other Ethnic Group	Undefined	Not Stated	Total
Attendance/Courses Completed	68,202	36	123	201	203	1,462	375	27	1,079	123	538	262	89	1,240	179	6,715	80,854

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance by Gender during the period 1st April 2018 to 31st March 2019

HDUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance By Gender during the period 1 st April 2018 to 31 st March 2019	Data as at 31st March 2019.		
	Female	Male	Total
Attendance/Courses Completed	64,937	15,917	80,854

H DUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance by Religion or Belief during the period 1st April 2018 to 31st March 2019

H DUHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance By Religion or Belief during the period 1 st April 2018 to 31 st March 2019	Data as at 31st March 2019.									
	Atheism	Buddhism	Christianity	Hinduism	Islam	Judaism	Other	Staff who did not wish to disclose	Undefined	Total
Attendance/Courses Completed	8,467	347	32,575	397	625	66	6,643	14,034	17,677	80,854

HDHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance by Sexual Orientation during the period 1st April 2018 to 31st March 2019

HDHB EQUALITIES DUTIES REPORTING – Analysis of Training Attendance By Sexual Orientation during the period 1 st April 2018 to 31 st March 2019	Data as at 31st March 2019.						
	Bisexual	Gay or Lesbian	Heterosexual or Straight	Undecided	Staff who did not wish to disclose	Undefined	Total
Attendance/Courses Completed	329	738	52,491	24	9,497	17,775	80,854

EQUALITIES DUTIES REPORTING - Employment Relations Cases

EXECUTIVE SUMMARY

The following information was extracted from data held on ESR for the period 1 April 2018 to 31 March 2019. Some additional information was retrieved from local workforce case records, as not all the necessary information is available on ESR. The data for the period 1 April 2017 to 31 March 2018 has been used as a comparator as has the data on staff in post within the Health Board at 31 March 2019.

It should be noted that overall, numbers of cases of disciplinary and staff involved in grievances remain very small and the overall percentages reflect very small numbers.

In comparison with the previous year, the number of employees who submitted grievances has more than doubled from 32 to 69. However it should be noted that 54 staff members were part of two collective grievances, leaving 15 individual grievances. This figure is similar to that of 2016/17 (64) and significantly lower than 2015/16 (133).

The number of this year's disciplinary cases (86) remains similar to the previous two years following a significant decrease from the 2015/16 figure of 163 cases.

DISABILITY

GRIEVANCES

- Staff with disabilities make up 1.45% of all cases (1 grievance).
- Figures of those with a disability submitting grievances are in line with the Health Board profile.
- The number of staff who have chosen not to declare this information has increased to 4 people compared to 2 people the year before.

DISCIPLINARY

- The numbers of those with a disability who are subject to disciplinary proceedings remains at 1 case.
- This equates to 1.16% of all disciplinary proceedings and is in line with the Health Board profile.

GENDER

GRIEVANCES

- The number of females involved in grievances has increased by 10% to 69.57%.

- The number of males involved in grievances has decreased by 10% to represent 30.43% of all cases. This continues to be disproportionate in relation to the Health Board profile as males make up only 22.11% of the workforce.

DISCIPLINARY

- The number of females involved in the disciplinary process has increased by 7% to 79.07% when compared to the previous year.
- Male involvement makes up 20.93% of all disciplinary cases.
- Figures are broadly in line with the Health Board profile where 77.89% identify as female and 22.11% identify as male.

SEXUAL ORIENTATION

GRIEVANCES

- Heterosexuals make up 59.42% of all cases. This has increased when compared to the previous two years.
- The number of employees not wishing to disclose their sexual orientation has continued to increase from 9% to 10.14% (7 people).

DISCIPLINARY

- Heterosexuals make up 70.93% of all cases. This has increased by 8% when compared to the previous year.
- The number of gay people that go through disciplinary proceedings has increased by 150% (3 cases) compared to the previous year (1 case).
- The number of people who do not wish to disclose their sexual orientation has increased to 6.98% (6 cases) from 2.40% last year (2 cases).

RELIGIOUS BELIEFS

GRIEVANCES

- The numbers of those identifying as Christian has increased from 28.13% last year to 33.33% this year. This is lower than Health Board profile of 38.28%.
- There were no grievances submitted by those stating Buddhism, Hinduism, Islam, Judaism and Sikhism as their religion.
- Atheists make up 15.94% of all staff submitting grievances. This is higher than the Health Board profile of 9.01%.
- Those under the category of 'other' have decreased from 15.63% to 8.70%. However in terms of headcount this has increased from 5 cases to 6 cases.

DISCIPLINARY

- Christians remain by far the largest group of those with an identified religion who are subject to disciplinary proceedings at 46.51%. This is higher than the Health Board profile of 38.28%.
- There were no disciplinary cases involving those stating Buddhism, Hinduism, Islam, Judaism and Sikhism as their religion.
- The number of atheists make up 12.79% of all disciplinary cases which is marginally higher than the Health Board profile of 9.01%.

MARITAL STATUS

GRIEVANCES

- The number of single staff involved in grievances has reduced from 28.13% last year to 20.29% which is significantly lower than the Health Board profile of 30.51%.
- The number of staff who are married or in a civil partnership who submitted grievances has increased to 60.87% of all cases from 41% last year. This is higher than the combined Health Board profiles of 54.60%.
- The number of divorced staff involved in grievances is 10.14% which is higher than the Health Board profile of 7.35%.

DISCIPLINARY

- The number of staff who are married or in a civil partnership involved in disciplinary proceedings has increased slightly to 41.86% from 36.14%. This is lower than the combined Health Board profiles of 54.60%.

MATERNITY & ADOPTION

GRIEVANCES & DISCIPLINARY

- There were no employees on maternity and adoption leave involved in the grievance or disciplinary procedures.

ETHNICITY

GRIEVANCES

- White Ethnicity makes up 91.30% of all grievance submissions. This is above the Health Board profile of 84.24%.

DISCIPLINARY

- White Ethnicity makes up 82.56% of those subject to disciplinary proceedings. This is broadly similar to the previous year's figure of 79.52%.
- There were no staff members of Black, Asian or Mixed Ethnicity involved in disciplinary proceedings.

AGE

GRIEVANCE

- The majority of all grievances (21) were submitted by those aged under 35 (30.43%).
- Last year the majority of grievances were submitted by those aged 50-54 and 55-59; totalling 47% of all cases.
- The number of staff aged 60+ reporting grievances has decreased to 8.70% from 12.50% the previous year.

DISCIPLINARY

- Those employees aged under 25 account for 10.47% of all disciplinary cases which is higher than the previous year (2.40%). This equates to an increase of 7 cases.

SUMMARY OF KEY POINTS

GRIEVANCES

- When compared to the number of staff employed by the Health Board, overall the number of grievance cases only equates to 0.63% of all staff.
- In comparison with the previous year, the number of employees who submitted grievances has more than doubled from 32 to 69. However it should be noted that 54 staff members were part of two collective grievances, leaving 15 individual grievances. This figure is similar to that of 2016/17 (64) and significantly lower than 2015/16 (133).

DISCIPLINARY

- When compared to the number of staff employed by the Health Board, overall the number of disciplinary cases only equates to 0.78% of all staff.

The number of this year's disciplinary cases (86) remains similar to the previous two years (83 and 93 respectively) following a significant decrease from the 2015/16 figure of 163 cases.

H DUHB EQUALITIES DUTIES REPORTING – Staff involved in Grievance

Report for the period 1st April 2018 to 31st March 2019

H DUHB Headcount by Religion		
	Headcount	%
Atheism	11	15.94%
Christianity	23	33.33%
Other	6	8.70%
Undefined	9	13.04%
Not Disclosed	20	28.99%
Grand Total	69	100%

H DUHB Headcount by Sexual Orientation		
	Headcount	%
Heterosexual or Straight	41	59.42%
Gay or Lesbian	1	1.45%
Not Disclosed	7	10.14%
Unknown	20	28.99%
Grand Total	69	100%

H DUHB Headcount by Ethnicity		
	Headcount	%
White	63	91.30%
Any Other Ethnic Group	3	4.35%
Unknown	3	4.35%
Grand Total	69	100%

H DUHB Headcount by Disability		
	Headcount	%
Not Disabled	38	55.07%
Disabled	1	1.45%
Not Disclosed	4	5.80%
Unknown	26	37.68%
Grand Total	69	100%

H DUHB Headcount by Age		
	Headcount	%
Under 35	21	30.43%
35 to 39	8	11.59%
40 to 44	13	18.84%
45 to 49	7	10.14%
50 to 54	7	10.14%
55 to 59	7	10.14%
60 and over	6	8.70%
Grand Total	69	100%

H DUHB Headcount by Marital Status		
	Headcount	%
Married / Civil Partnership	42	60.87%
Divorced	7	10.14%
Single	14	20.29%
Widowed	1	7.25%
Unknown	5	1.45%
Grand Total	69	100%

H DUHB Headcount by Sex		
	Headcount	%
Female	48	69.57%
Male	21	30.43%
Grand Total	69	100%

Notes to this report

1. This report shows the numbers of staff, by protected characteristic, where possible who were involved in H DUHB grievance procedures during the period 1st April 2018 to 31st March 2019.
2. Total number of staff includes those staff raising grievances although this is not available through ESR and must be recorded manually. Total number of staff both those raising and subject of complaints includes dignity at work complaints as these are technically grievances. This information is not available on ESR.

H DUHB EQUALITIES DUTIES REPORTING – Staff involved in Disciplinary Procedures

Report for the period 1st April 2018 to 31st March 2019

H DUHB Headcount by Marital Status		
	Headcount	%
Married or Civil Partnership	36	41.86%
Divorced	10	11.63%
Single	35	40.69%
Unknown	2	2.33%
Legally Separated	3	3.49%
Grand Total	86	100%

H DUHB Headcount by Religion		
	Headcount	%
Atheism	11	12.79%
Christianity	40	46.51%
Other	7	8.14%
No Disclosed	11	12.79%
Unknown	17	19.77%
Grand Total	86	100%

H DUHB Headcount by Sex		
	Headcount	%
Female	68	79.07%
Male	18	20.93%
Grand Total	86	100%

H DUHB Headcount by Sexual Orientation		
	Headcount	%
Heterosexual or Straight	61	70.93%
Gay or Lesbian	3	3.49%
Not Disclosed	6	6.98%
Unknown	16	18.60%
Grand Total	86	100%

H DUHB Headcount by Ethnicity		
	Headcount	%
White	71	82.56%
Any Other Ethnic Group	10	11.63%
Unknown	5	5.81%
Grand Total	86	100%

H DUHB Headcount by Age		
	Headcount	%
Under 25	9	10.47%
25 to 29	6	6.98%
30 to 34	12	13.95%
35 to 39	8	9.30%
40 to 44	14	16.28%
45 to 49	12	13.95%
50 to 54	17	19.77%
55 to 59	5	5.81%
60 and over	3	3.49%
Grand Total	86	100%

H DUHB Headcount by Disability		
	Headcount	%
Disabled	1	1.16%
Not Disabled	66	76.74%
Unknown	19	22.09%
Grand Total	86	100%

Notes to this report

1. This report shows the numbers of staff, by protected characteristic, who were involved in H DUHB disciplinary processes during the period 1st April 2018 to 31st March 2019.

**IS-BWYLLGOR Y GWEITHLU A DATBLYGU SEFYDLIADOL
WORKFORCE & ORGANISATIONAL DEVELOPMENT SUB-COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gender Pay Gap
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & OD
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle James, Head of Workforce Intelligence

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

<p><u>Sefyllfa / Situation</u></p> <p>This paper presents the Gender Pay Gap information for Hywel Dda University Health Board (HDdUHB) as at March 2019.</p> <p>The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force 6th April 2017, which requires employers with more than 250 employees to publish annual data on their gender pay gaps. Although public sector organisations in Wales are exempt from these regulations, NHS Wales has agreed to work to publish its own gender pay data in line with the regulations using reports designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI).</p> <p>This information is presented to the Sub-Committee for information purposes.</p> <p>This report is to be considered alongside the paper on the Strategic Equality Plan Annual Report April 2018 – March 2019.</p>
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<p><u>Cefndir / Background</u></p> <p>Gender Pay Gap reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees. NHS Wales is exempt from the regulations as the gender pay provisions contained in the Specific Equality Duties for devolved public sector organisations in Wales require that we:</p> <ul style="list-style-type: none"> • publish an equality objective in relation to addressing any gender pay difference identified or publish reasons why it has not done so; and • publish an action plan in respect of gender pay setting out: <ul style="list-style-type: none"> - any policy it has that relates to the need to address the causes of any gender pay difference. - any gender pay equality objective it has published (including any revisions). Where it has identified a gender pay difference amongst its staff, but has not published an equality objective to address the causes of that pay difference, the action plan must
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set out the reasons for not doing so.

- a statement about the steps it has taken, or intends to take, to fulfil its gender pay objective and how long it expects to take.

Asesiad / Assessment

What is Gender Pay Gap Reporting?

The gender pay gap is an equality measure that shows the difference in average earnings between women and men. The pay gap is useful in measuring pay equality due to its simple calculation, however, it does not measure the pay difference between men and women at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age.

This report presents six calculations:

1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Proportion of males and females when divided into four groups, ordered from lowest to highest pay
4. Average bonus gender pay gap as a mean average
5. Average bonus gender pay gap as a median average
6. Proportion (ratio) of males receiving a bonus payment and proportion of females receiving a bonus payment

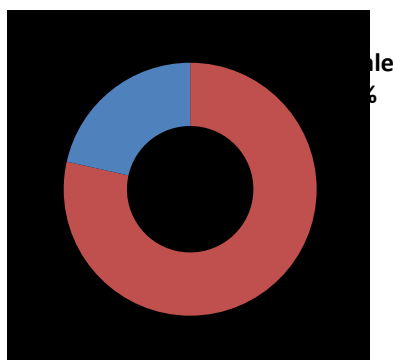
The HDdUHB Gender Pay Gap

This report was produced using the ESRBI report. The report included all employees (those with a contract of employment). Agency workers and contracted staff are excluded from the report on the basis that they will form part of the headcount of the agency/company that provides them, and not the employer to which they are on assignment.

All pay gap data provided in this report was obtained through the national Gender Pay Gap dashboards via the ESR Business Intelligence report. Default filters were used. The data includes

- Staff on Agenda for Change and
- Staff on non-Agenda for Change terms and conditions
- Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

1. Health Board Profile (based on headcount)

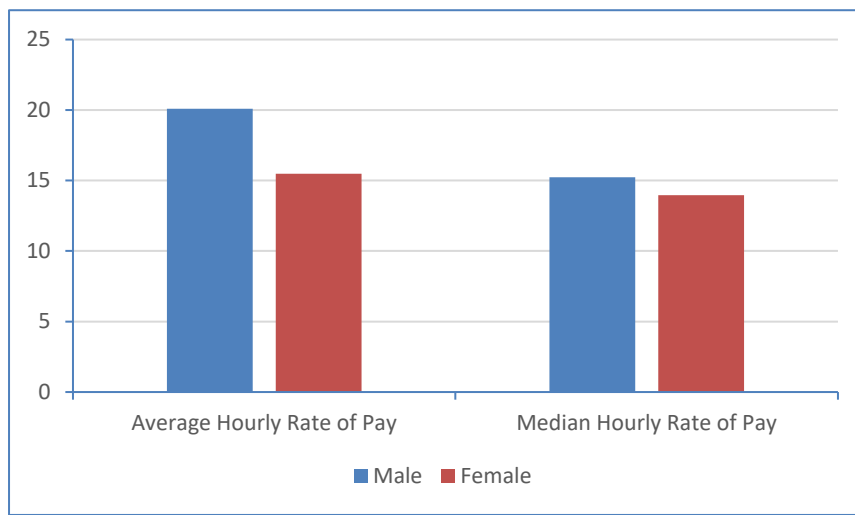


The data was collected at 31st March 2019 when the workforce consisted of 10,112 staff, of which 78% were female and

22% male.

2. Average Rates of Pay – Ordinary Pay

Gender	Average Hourly Rate of Pay	Median Hourly Rate of Pay
Male	20.09	15.24
Female	15.48	13.96
Difference	4.61	1.27
Pay Gap %	22.95	8.37



Key Points:

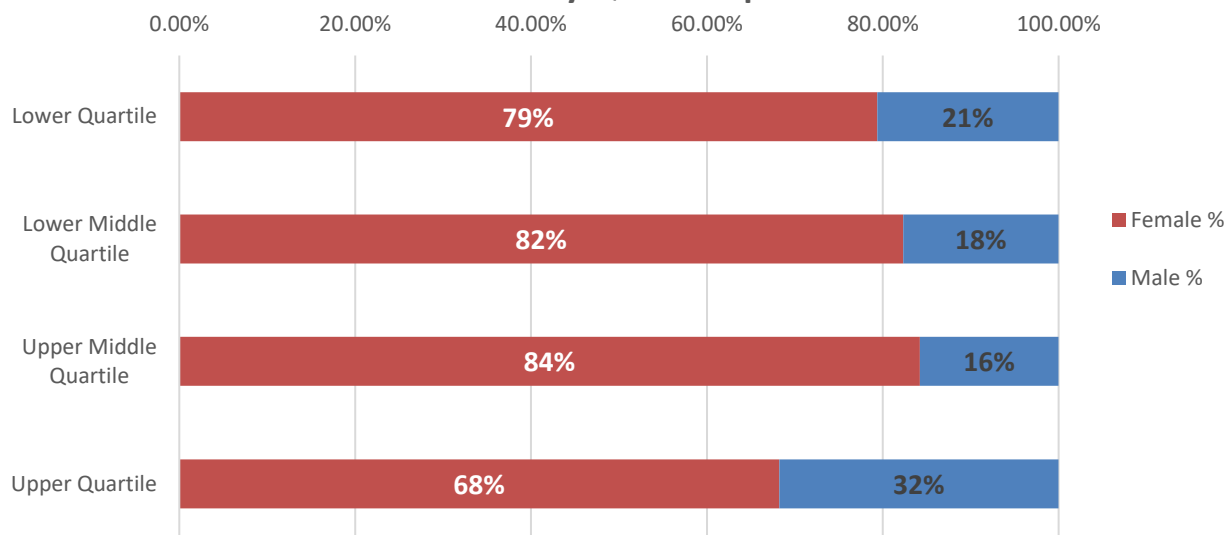
- The average hourly rate of pay is calculated from a specific pay period, in this case March 2019. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.
- The table above shows that the mean hourly rate for a male is £20.09 compared to £15.48 for female staff members, males received on average £4.61/hour more than females, a pay gap as a mean average of 22.95%
- As a median average, males received £1.27/hour more than females, a pay gap at a median of 8.37%.

3. Proportion of males and females when divided into four groups ordered from lowest to highest pay.

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	2006	521	79	21
2	2081	447	82	18
3	2106	395	84	16
4	1744	812	68	32

Pay Quartile Split

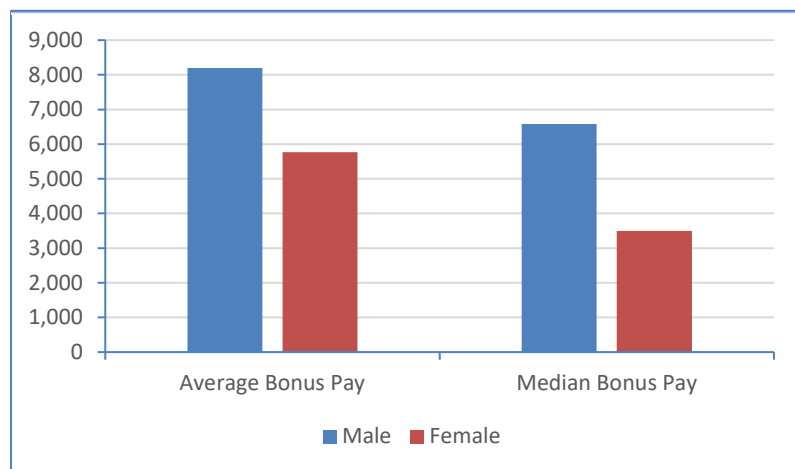


Key Points:

- Females were over represented in the first 3 quartiles (79%, 82%, 84%) and underrepresented in quartile 4 (68%), compared to the proportion of women in the workforce (78%).

4. Average bonus gender pay gap

Gender	Average Bonus Pay	Median Bonus Pay
Male	8,193.65	6,581.64
Female	5,767.96	3,499.90
Difference	2,425.70	3,081.74
Pay Gap %	29.60	46.82



Key Points:

- Male bonus pay as an average was £2,425.70 higher than females and median bonus pay was £3,081.74 higher than females.

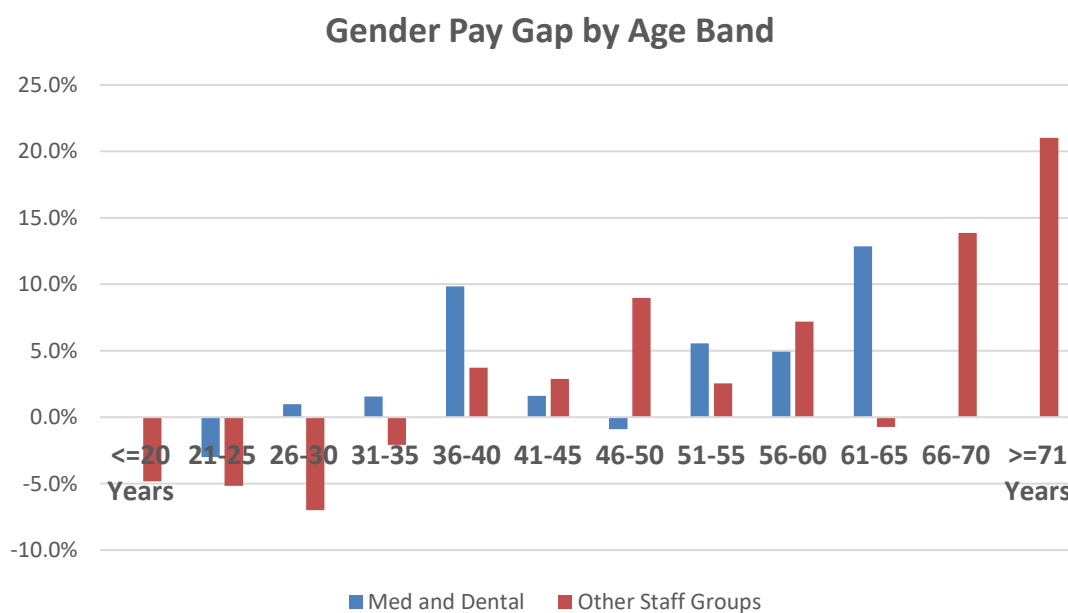
5. Proportion (ratio) of males receiving a bonus payment and proportion of females receiving a bonus payment

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	49	8,885	0.55
Male	106	2,565	4.13

Key Points:

- 4.68% of the total workforce received a bonus payment, of which was split by 4.13% male and 0.55% female.
- As a total of the workforce, 0.55% (n=49) female staff received a bonus compared to 4.13% (n=106) male. Of the workforce who received a bonus (n=155), 66% were male.

6. Gender Pay Gap by Age Band



Key Points:

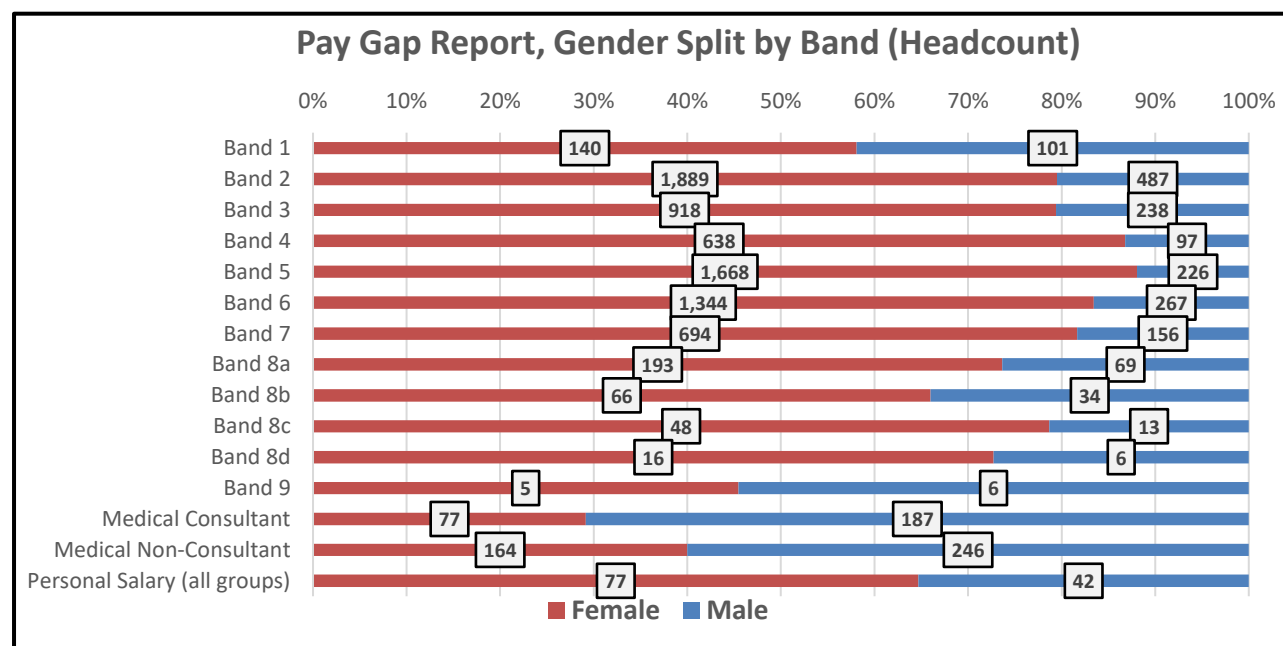
- Medical & Dental staff are shown separately to other staff groups.
- For the Medical & Dental Staff Group, the female average hourly rate is less than the male in all age bands except for 21 – 25.
- Negative values indicate that the gender pay gap is favourable to females. In the age bands up to 35 years old, there is a negative gender pay gap for Other Staff Groups, where the average hourly rate is higher for females.

7. Average hourly rate by Gender and Grade

Grade	No. of Female Staff	No. of Male Staff	Female average hourly rate	Male average hourly rate	Difference	Gap
Band 1	140	101	£10.59	£10.63	£0.04	0.4%
Band 2	1,889	487	£11.01	£11.17	£0.16	1.4%
Band 3	918	238	£10.54	£10.92	£0.38	3.5%
Band 4	638	97	£11.45	£11.32	-£0.13	-1.1%
Band 5	1,668	226	£15.51	£15.24	-£0.27	-1.8%
Band 6	1,344	267	£18.09	£18.94	£0.85	4.5%
Band 7	694	156	£20.89	£21.25	£0.36	1.7%
Band 8a	193	69	£23.81	£23.89	£0.08	0.3%
Band 8b	66	34	£28.81	£29.40	£0.59	2.0%
Band 8c	48	13	£33.76	£34.79	£1.03	2.9%
Band 8d	16	6	£41.65	£41.16	-£0.50	-1.2%
Band 9	5	6	£45.75	£52.43	£6.68	12.7%
Medical Consultant	77	187	£47.88	£49.42	£1.54	3.1%
Medical Non-Consultant	164	246	£25.97	£27.58	£1.61	5.8%
Personal Salary (all groups)	77	42	£25.41	£47.07	£21.67	46.0%
Grand Total	7,937	2,175	£15.48	£20.09	£4.61	22.9%

Key Points:

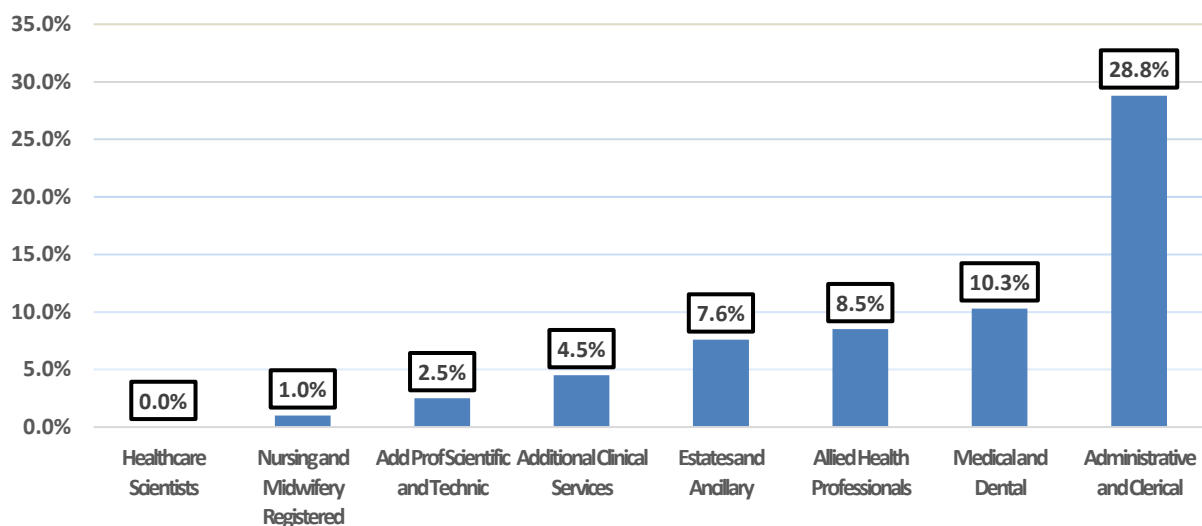
- The above table shows that on average males earn more in most pay bands than females, the only bands where females earn more is in band 4, band 5 and band 8d.
- Negative values mean that the difference and the gap are favourable to females.



8. Average hourly rate by Staff Group

Staff Group	No. of Female Staff	No. of Male Staff	Female average hourly rate	Male average hourly rate	Difference	Gap
Add Prof Scientific and Technic	216	122	£19.65	£20.15	£0.51	2.5%
Additional Clinical Services	1959	366	£11.34	£11.88	£0.54	4.5%
Administrative and Clerical	1490	285	£12.63	£17.73	£5.10	28.8%
Allied Health Professionals	489	104	£19.41	£21.20	£1.79	8.5%
Estates and Ancillary	559	509	£10.68	£11.55	£0.87	7.6%
Healthcare Scientists	101	80	£20.15	£20.15	£0.00	0.0%
Medical and Dental	253	458	£34.45	£38.41	£3.96	10.3%
Nursing and Midwifery Registered	2865	251	£17.91	£18.10	£0.19	1.0%
Students	5		£11.82			
Grand Total	7937	2175	£15.48	£20.09	£4.61	22.9%

Gender Pay Gap (%), by Staff Group



Key Points:

- The above table shows that males have a higher hourly rate in every staff group with Administrative and Clerical having the highest gender pay gap of £5.10, 28.8%.
- Medical and Dental had a gender pay gap of £3.96, Negative values mean that the difference and the gap are favourable to females.

Progress to date

- Implemented Agenda for Change (AFC) and reviewed all jobs. AFC ensures the job is evaluated and not the post holder, it makes no reference to gender of existing or potential job holders.
- Delivered the Passport Plus development programme to middle managers

- Delivered the Managers Passport development programme to a range of middle and junior managers
- Undertook a range of Board Development sessions

Next Steps

The HDdUHB Strategic Equality Plan objectives are currently under review, a new plan and objectives will be in place for April 2020 – 2024. It will be important that the Gender Pay Gap is used to inform the setting of the Strategic Equality Plan objectives. The report suggests that the following activities should be included:

- Audit of the HDdUHB's 'Top Quartile' earners to review rationale and conclusions for determination of each remuneration
- Ensure mixed gender panels for selection and remuneration purposes for Bands 8a+, VSM and Consultant appointments (including Clinical Excellence Awards)
- Review how well the HDdUHB manages women's career progression after employment breaks such as maternity leave, creating interventions as necessary
- Active promotion of current policies on flexible and family-friendly working for all genders
- Exploring how we can better promote our vacancies in senior positions to women and organisations that support women
- Exploring how we can better support female talent. Encourage the next generation of female leaders by setting up an internal task and finish group to explore how we can better support women into middle and senior management roles
- Exploring opportunities for more flexible or alternative shift working across the organisation and explore how this could be introduced into a wider range of roles
- Working with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities
- Review the policy and process to ensure there is no gender bias in the starting salaries of new employees and regularly monitor

Argymhelliad / Recommendation

The Sub-Committee is asked to note the HDdUHB gender pay gap information as presented.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Sub-Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl yr Is-Bwyllgor:

5.1.1 Monitor operational performance to ensure the sustainability of current and future workforce models.

5.1.2 Monitor key workforce savings targets and productivity measures.

	<p>5.1.3 Monitor employee relations activity across the organisation to identify trends and agree relevant strategy for issues identified.</p> <p>5.1.12 To consider internal and external workforce reports, audits and reviews and monitor the delivery of subsequent action plans.</p> <p>5.1.13 Provide assurance of workforce data quality</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ESRBI – Electronic Staff Register Business Intelligence
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw yr Is-Bwyllgor : Parties / Committees consulted prior to Workforce & Organisational Development Sub-Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	To aid managers to understand their service metrics and take steps to ensure improvement in their areas.
Ansawdd / Gofal Claf: Quality / Patient Care:	Workforce

Gweithlu: Workforce:	Wholly related to workforce
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	An EqlA has not been undertaken for this report. The report outlines the Male/Female Gender Pay Gap across Hywel Dda University Health Board. This highlights that in the majority of cases, the pay gap is in the favour of male employees. The report highlights actions taken to date and actions planned aimed at reducing or eliminating the identified pay gaps.

Enw'r Pwyllgor / Name of Committee	Finance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Michael Hearty, Associate Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 22 nd July 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>The Finance Committee has been established to advise the Board on all aspects of finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDdUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation.</p> <p>This report summarises the work of the Finance Committee at its meeting held on 22nd July 2019, with the following highlighted:</p> <ul style="list-style-type: none"> • Finance Report Month 3 – the Month 3 Finance Report was presented to Committee. The Committee was advised that the Health Board's financial position at the end of Month 3 represented an adverse variance against plan of £0.4m, which brings the cumulative Year to Date (YTD) variance to £1.4m. • Financial Projections Report Month 3 – the Month 3 Financial Projections Report was presented to Committee. The Committee was advised that Operational forecasts in excess of budget of £6.5m, on top of savings risks of £4.3m, represent an adverse variance to plan of £10.8m, which would equate to a year end deficit position of £35.8m. Members recognised the high risk associated with HDdUHB's revenue and savings position for onward reporting to the Board. <p>Turnaround Report/Savings Plan Month 3 – the Month 3 Turnaround and Savings Plan Report was presented to Committee. The Committee took an assurance from the Holding to Account (HTA) scrutiny processes in place to recognise any non-recurrent and savings efficiencies. Queries were raised on the point at which schemes being challenged at the Turnaround Director's HTA meetings would be escalated to the Chief Executive's HTA's. The Committee was assured that delivery of schemes and escalation processes are discussed immediately following HTA meetings.</p> <ul style="list-style-type: none"> • Referral to Treatment Time (RTT) Month 3 Report – the Month 3 Referral to Treatment Time (RTT) Report was presented to Committee. The Committee was advised that the total forecast cost of delivery 2019/20 is approximately £5.5m. Year to date figures suggest that the forecast is on track with a savings target to the value of £1.4m having been applied although the £0.5m Orthopaedic element of the savings plan is now considered to be at significant risk due to the necessity to mitigate separate risks associated with the temporary closure of Orthopaedic capacity at WGH during the Summer period. Members were 	

informed of the £5.8m allocation from the NHS Wales Performance Fund to support the cost of delivery of RTT within Hywel Dda to cover delayed follow ups, the achievement of a 32 week maximum waiting time target for Stage 1 outpatients, and to develop more sustainable solutions for Ophthalmology and Dermatology. Members were assured that HDdUHB remains on course to deliver zero breaches by March 2020, and that winter planning has been recognised and factored into routine planning processes.

- **Capital Financial Management** – the Capital Financial Management report was presented to Committee. The Committee was advised that an application, in the form of a loan, to enable the release of £0.3m to commence work on the Cylch Caron Integrated Resource Centre has been submitted by the Mid and West Wales Housing Association to Welsh Government.
- **Contracting Update** – the Contracting Update was presented to Committee. The Committee was advised that work is in progress on how to align the documentation involved. Given the challenges that can arise with adoption of the standard contract, a short form version is being considered. The Committee was advised that a project plan would be presented in August 2019, outlining each contractual element and the detail of what is required to provide greater assurance, complete with a timeframe for actions.
- **External Finance Review** – a representative of KMPG LLP attended the Committee meeting, as the successful supplier of the external finance review, which has been commissioned by Welsh Government. The Committee received an overview of the requirements set by Welsh Government and HDdUHB to review the current financial plan for 2019/20, identify opportunities to improve the underlying deficit for 2019/20, and to review the financial governance and structure of HDdUHB. Members noted that positive feedback had been received on the cooperation of the finance team.
- **Draft Indicative Financial Plan 2020/21** – the Draft Indicative Financial Plan 2020/21 was presented to Committee. The Committee was advised that the report provided initial assessments of the financial challenge and the scale of the savings challenge for 2020/21. Further work is required to validate the challenge; and to determine the likely savings requirement.
- **Deep Dive into Withybush Hospital** - the Committee received a presentation on a Deep Dive into Withybush Hospital providing activity and performance data, which illustrated the long standing issues with 12 hour breaches and increased length of stay. The Committee was advised of the recovery plan and work ongoing in the County and the hospital to address the performance challenges faced, with an Improvement Project led by the General Manager within the hospital. There is also the Transformation Fund and rapid access teams in place, and an Urgent Response Group to review recruitment and business continuity. The Committee was advised that it is anticipated that the Recovery Plan in its entirety will be implemented and in effect by October 2019.
- **Turnaround Programme Structure Governance Links** – the Committee received a presentation on the connectivity of the Turnaround Programme with the

Health & Care Strategy Delivery Group.

- **Financial Procedures** – the Committee approved the following financial procedures:
 - Cash Imprest Account - Rehabilitation Monies
 - Disposal of Surplus and Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials
 - Main Control Stores

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

There were no matters requiring Board level consideration or approval.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- The high risk associated with HDdUHB's revenue and savings position for 2019/20.
- RTT: the £0.5m risk of non-delivery of the Orthopaedic savings target due to the need to mitigate risks associated with the temporary closure of Orthopaedic theatre capacity at Withybush Hospital.
- Issues with 12 hour breaches and increased length of stay in Withybush General Hospital, which represents an overall risk to the Health Board's Financial Plan.
- Delivery of 2019/20 Savings Plan

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the standing agenda items, the next Finance Committee meeting will include reports relating to Corporate Risks and Operational Risks. The Committee will also receive presentations in relation to a Deep Dive into Continuing Health Care, from both a Counties and Mental Health & Learning Disabilities perspective. The Committee will also receive two financial procedures for review and approval.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

22nd August 2019

Enw'r Pwyllgor / Name of Committee	Finance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Michael Hearty, Associate Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 22 nd August 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>The Finance Committee has been established to advise the Board on all aspects of finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDDUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation.</p> <p>This report summarises the work of the Finance Committee at its meeting held on 22nd August 2019, with the following highlighted:</p> <ul style="list-style-type: none"> • Finance Report Month 4 – the Month 4 Finance Report was presented to Committee. The Committee was advised that the Health Board's Control Total requirement is a deficit of £15m, following receipt of £10m Welsh Government funding in Month 4, subject to achieving this control total by the end of the financial year. The Committee was advised that the Health Board's financial position at the end of Month 4 represented an adverse variance against plan of £0.7m, which brings the cumulative Year to Date (YTD) variance to £2.1m. • Financial Projections Report Month 4 – the Month 4 Financial Projections Report was presented to Committee. The Committee was advised that the total savings requirement is £25.2m, which has been reduced by £3.5m due to funds released from the NHS Wales Performance Fund received to support the cost of delivery of Referral to Treatment Time (RTT). £15.2m of these savings are associated with green schemes, £5m are for amber schemes, and therefore risk to delivery is £5m. Operational Directorate projections are at a variance to plan of £7.1m. Therefore, the total impact on the underlying deficit is £41.5m, which poses a significant risk going into 2020/21. • Turnaround Report Month 4 – the Month 4 Turnaround and Savings Plan Report was presented to Committee. The Committee was advised that the green schemes have risen from £13.2m to £15.2m in Month 4, which is slightly behind on delivery of savings in terms of referral management. The Committee took an assurance from the Holding to Account (HTA) scrutiny processes in place to recognise any non-recurrent and savings efficiencies. The Committee was assured that delivery of schemes and escalation processes are discussed immediately following HTA meetings. • Referral to Treatment Time (RTT) Month 4 Report – the Month 4 Referral to Treatment Time (RTT) Report was presented to Committee. The Committee was 	

advised that the total forecast cost of delivery 2019/20 is approximately £4.65m. The £0.5m Orthopaedic element of the £1.4m savings plan is now considered to be at significant risk due to the necessity to mitigate separate risks associated with the temporary closure of Orthopaedic theatre capacity at WGH during the summer period. Members were informed of the £5.8m allocation from the NHS Wales Performance Fund to support the cost of delivery of RTT and that £3.5m is to be released from this fund to reduce the overall savings plan. Of the Performance Fund allocation, £0.5m will be allocated for delayed follow ups, £0.3m will address the achievement of a 32 week maximum waiting time target for Stage 1 outpatients, and the remainder will be used to develop more sustainable solutions for Ophthalmology and Dermatology.

- **Capital Financial Management** – the Capital Financial Management report was presented to Committee. The Committee was advised that a draft Full Business Case (FBC) is being progressed for submission to Welsh Government (WG) and a bid for Integrated Care Fund (ICF) monies has been submitted to the Minister for approval.
- **Contracting Project Implementation Plan** – the Contracting Project Implementation Plan was presented to Committee. The Committee was advised of the steps currently being undertaken to align the contracts/Long Term Agreements (LTA) across HDdUHB. The Committee received an overview of what HDdUHB commissions externally, with a view to reducing variations in current contracts, and was advised of the timetable of actions to turn the contracts strategy into deliverables.
- **External Secondary Care Contracts** – the External Secondary Care Contracts report was presented to Committee, providing an update on the contractual position of external secondary care and Welsh Health Specialised Services Committee (WHSSC) contracts as at 31st July 2019.
- **External Finance Review** – a representative of KMPG LLP attended the Committee meeting, to provide an update on the external finance review, which has been commissioned by Welsh Government. The Committee was advised of the 3 key pieces of work being undertaken: to determine a baseline of drivers; to determine how to achieve the control total and opportunities for improvement; and to determine what is required to deliver the programme.
- **Deep Dive into Long-term Care** - the Committee received a presentation on a Deep Dive into Long-term Care in the Counties, including an overview of the complex policy context, the fragility of the market and work completed by the team to transform the Long-term Care pathway using a whole systems approach. The presentation concluded with an overview of key risks and opportunities for the service. In summary, implementation of the Long-term Care pathway in 2018/19 absorbed the anticipated annual growth in CHC. Despite this, there continues to be significant cost pressures on the budget, which will impact on the ability to deliver continued efficiencies both in-year and into following years.

- **Deep Dive into Mental Health and Learning Disabilities Commissioning** - the Committee received a presentation on a Deep Dive into Mental Health and Learning Disabilities (MH&LD) Commissioning. The Committee was advised of the increasing demand upon the service, both in terms of numbers and complexity of cases. The Committee was advised that 82% of packages are jointly funded with Local Authorities. The financial position is predominantly overspent due to high cost patients and increased growth. Commissioned care packages represent the largest overspend of the Directorate with the highest spend attributed to residential services for both Mental Health and Learning Disabilities. An overview of savings delivery schemes and opportunities was presented.
- **Financial Procedures** – the Committee approved the following financial procedures:
 - Budgetary Control Procedure
 - Losses and Special Payments Procedure

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /
Matters Requiring Board Level Consideration or Approval:**

To acknowledge the revised control total of £15m, following receipt of £10m new Welsh Government funding in Month 4.

**Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:**

- The high risk associated with HDdUHB's revenue and savings position for 2019/20. Financial projections at Month 4 forecast the underlying deficit for 2019/20 to be £41.5m, which poses a significant risk going into 2020/21
- RTT: the £0.5m risk of non-delivery of the Orthopaedic savings target due to the need to mitigate risks associated with the temporary closure of Orthopaedic theatre capacity at Withybush Hospital.
- Delivery of 2019/20 Savings Plan

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

Adrodd yn y Dyfodol / Future Reporting:

In addition to the standing agenda items, the next Finance Committee meeting will include reports relating to Establishment Grip and Control, and Financial Plan Development and Draft Financial Plan. The Committee will also receive a Deep Dive into Ring-fenced Allocation within Mental Health & Learning Disabilities, an update on International Financial Reporting Standard (IFRS) 16, and financial procedures for review and approval.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

24th September 2019

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance and Turnaround Update – Month 5 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Assistant Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to outline the Health Board's financial position to date against our Annual Plan and Control Total requirement; and assess the key financial projections and risks for the financial year.

Asesiad / Assessment

Health Board's confirmed control total of £15m, following receipt of £10m new WG funding in Month 4

Month 5 position

- Month 5 position is £1.0m (Month 4, £0.7m) operational variance to plan (£3.1m YTD). Deterioration from Month 4 relates mainly to unidentified savings profile impact of £0.2m.
- Month 5 YTD variance to breakeven is £10.6m.
- Recovery and management within available resources critical in future months.

Directorate Projections

- Operational forecasts in excess of budget of £5.5m.
- Projection including savings risk is an adverse variance to plan of £11.5m; this would equate to a year end deficit position of £26.5m.

Savings Summary

- £25.2m total savings requirement to meet control total following reduction of £3.5m as a result of additional Welsh Government funding, the cost of which had already been included within our baseline plan.
- £15.5m of Assured schemes.
- £3.7m of Marginal Risk schemes.

- Risk to delivery is therefore £6.0m.
- Month 5 delivery £1.3m; improvement of £0.1m on Month 4.
- The pace of savings delivery requires significant acceleration from Month 6.

Further actions

- Opportunity savings pipeline needs to be actively pursued and developed into actionable plans.
- Recovery actions required of £5.5m to recover YTD position and cost pressures in Directorate projections.

Summary of key financial targets

The Health Board's key targets are as follows:

- Revenue: to contain the overspend within the Health Board's planned deficit
- Savings: to deliver savings plans to enable the revenue budget to be achieved
- Capital: to contain expenditure within the agreed limit
- PSPP: to pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice
- Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. For the Health Board, this is broadly £4.0m.

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	15.0	7.5	10.6	High*
Savings	£'m	25.2	5.7	5.2	High*
Capital	£'m	38.4	12.7	12.7	Medium
Non-NHS PSPP	%	95.0	95.0	95.4	Low
Period end cash	£'m	4.0	4.0	1.0	Medium**

* Inclusive of the Welsh Government Control Total requirement.

** Assumes Welsh Government strategic repayable support for the planned deficit position.

Argymhelliad / Recommendation

The Board is asked to note and discuss the financial position for Month 5.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	BAF S09-PR20 BAF SO10-PR33
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Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare CIP – Cost Improvement Programme ENT – Ear, Nose and Throat DES – Direct Enhanced Services FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services MHLD – Mental Health & Learning Disabilities MDT – Multi-Disciplinary Team NICE – National Institute for Health and Care Excellence OOH – Out of Hours PPH – Prince Philip Hospital PSPP – Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics VC – Video Conferencing VFM – Value For Money WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to University Health Board:	Finance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial impacts and considerations are inherent in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	These are assessed as part of our savings planning.
Gweithlu: Workforce:	The report discusses the impact of both variable pay and substantive pay.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	The Health Board has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against the Health Board's financial plan will affect our reputation with Welsh Government, the Wales Audit Office, and with external stakeholders.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Executive Summary

Health Board's confirmed control total of £15m, following receipt of £10m new WG funding in Month 4	
<p>Month 5 position</p> <p>Month 5 position is £1.0m (Month 4, £0.7m) operational variance to plan (£3.1m YTD). Deterioration from Month 4 relates mainly to unidentified savings profile impact of £0.2m.</p> <p>Month 5 YTD variance to breakeven is £10.6m.</p> <p>Significant adverse variances against plan, in month, partly offset by favourable gains elsewhere:</p> <ul style="list-style-type: none"> Operational surge, vacancies covered by premium cost staff and drugs in Unscheduled Care impact of £0.4m; Planned Care due to increased Ophthalmology and Rheumatology drugs costs and slippage on a referral management savings scheme £0.1m; Local TB outbreak in Public Health impact of £0.1m; Medicines Management Primary Care Prescribing £0.5m; <p>The financial recovery and management within available resources is critical in future months in order to assure delivery against £15m control total.</p>	<p>Savings Summary</p> <p>£25.2m total savings requirement is included to meet control total following reduction of £3.5m as a result of additional Welsh Government funding, the cost of which had already been included within our baseline plan.</p> <ul style="list-style-type: none"> £15.5m of Assured schemes. £3.7m of Marginal Risk schemes. Risk to delivery is therefore £6.0m; includes projected slippage on identified schemes is £0.9m. <p>Month 5 delivery £1.3m; improvement of £0.1m on Month 4.</p> <p>The pace of savings delivery requires significant acceleration from Month 6.</p>
<p>Directorate Projections</p> <ul style="list-style-type: none"> Operational forecasts in excess of budget of £5.5m. Projection including savings risk is an adverse variance to plan of £11.5m; this would equate to a year end deficit position of £26.5m. After delivering pipeline schemes there are discussions on-going with WG around the costs associated with the TB outbreak (£0.7m) and WGH staffing issues (£1.7m). 	
<p>Further actions</p> <ul style="list-style-type: none"> Opportunities and savings pipeline needs to be actively pursued and developed into actionable plans. Recovery actions from identified Opportunities required of £5.5m to recover YTD position and cost pressures in Directorate projections. 	
<p>Conclusions</p> <p>Key areas of concern:</p> <ul style="list-style-type: none"> All of our savings plan has not yet been identified; Grip and Control has been highlighted as a key area of concern, especially in workforce management; Significant pressures on drugs are manifesting in both Secondary and Primary Care; Significant risk in relation to the organisation's ability to deliver the required £15m control total. 	

Executive Summary

Summary of key financial targets

The Health Board's key targets are as follows:

- Revenue: to contain the overspend within the Health Board's planned deficit
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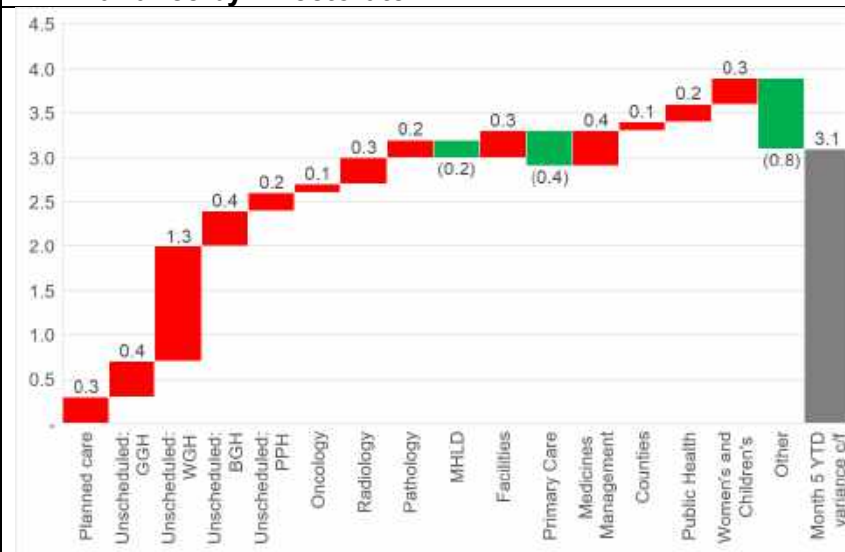
Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	15.0	7.5	10.6	High*
Savings	£'m	25.2	5.7	5.2	High*
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Non-NHS PSPP	%	95.0	95.0	95.4	Low
Period end cash	£'m	4.0	4.0	1.0	Medium**

* Inclusive of the Welsh Government Control Total requirement.

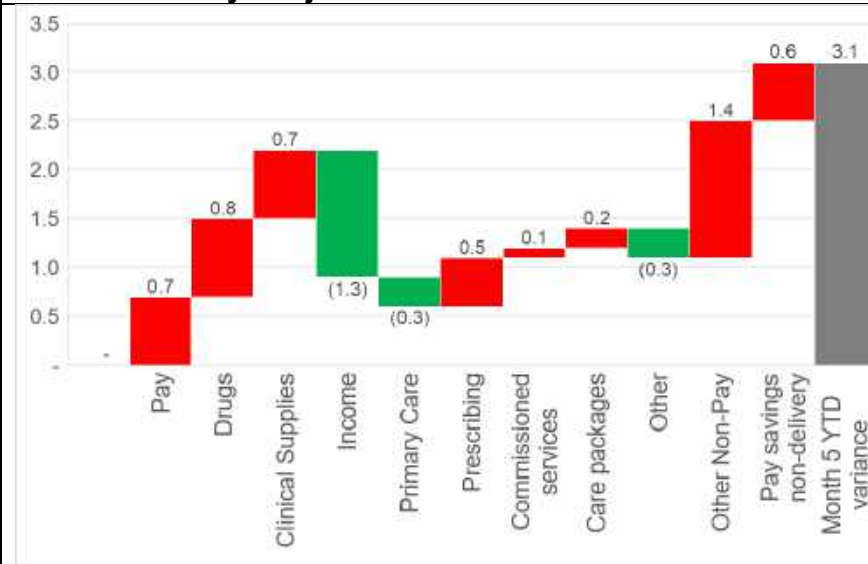
** Assumes Welsh Government strategic repayable support for the planned deficit position.

Revenue Summary

YTD variance by Directorate



YTD variance by Subjective



Assurance

- The Turnaround and Holding to Account (HTA) process provides a high level of scrutiny and challenge to Directorates in terms of adherence to assigned budget and delivery and identification of robust savings schemes.

Concerns

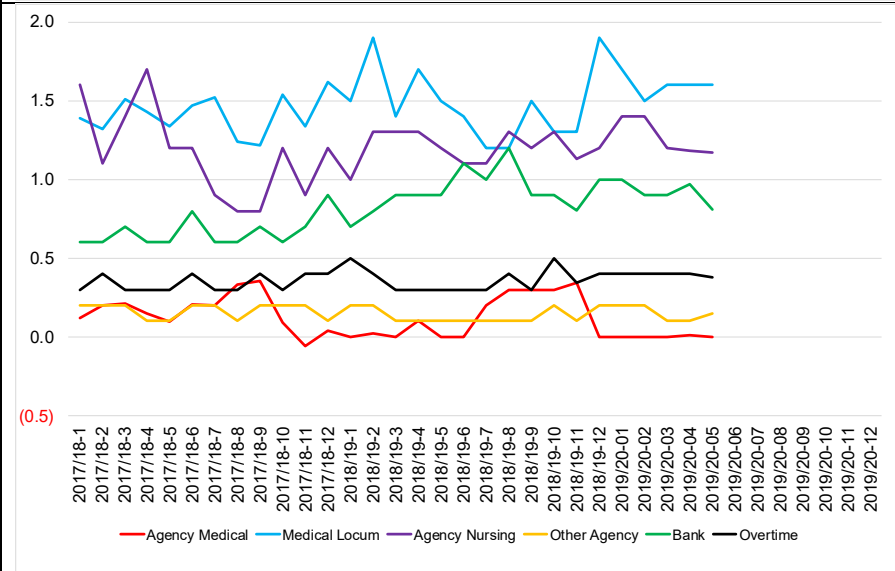
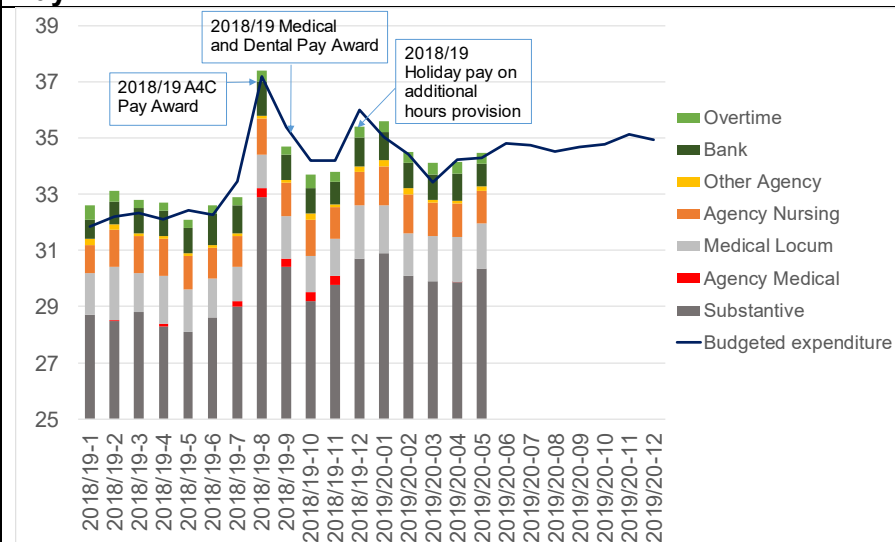
- Operational surge and vacancies covered by premium cost staff, predominately in Unscheduled Care.
- Slippage on identified savings schemes
- Grip and Control work by KPMG highlighted concerns in 1) Roster management, 2) Agency controls for Nursing and Medical staff and 3) Medical workforce job planning.
- Other Non-Pay includes Establishment and Transport adverse variance of £0.8m.

Next Steps

- Further strengthen support for Withybush General Hospital (WGH).
- Maintaining escalated status through HTA.
- Assurance groups support delivery of savings.
- Delivering output from KPMG Grip and Control Workshops.
- Embed Nursing Establishment Control triangulation of WTEs between financial ledger, ESR/payroll and rostering. Further work to be completed on Medical staffing.
- Further work to identify and convert opportunities, with support from KPMG.
- Re-assessment of budget manager responsibilities.
- KPMG proposals drafted to discuss with Executive Team regarding weekly drum beat on control governance, supported by suitable metrics.
- Pursue opportunities on key subjectives on following pages.

Key Subjective Summary

Pay



The Month 5 expenditure is higher than Month 4, largely due to the cost of substantive staffing where increases were made in Community Mental Health and the Dementia Wellbeing Service, in Pembrokeshire Complex Care and in Pathology.

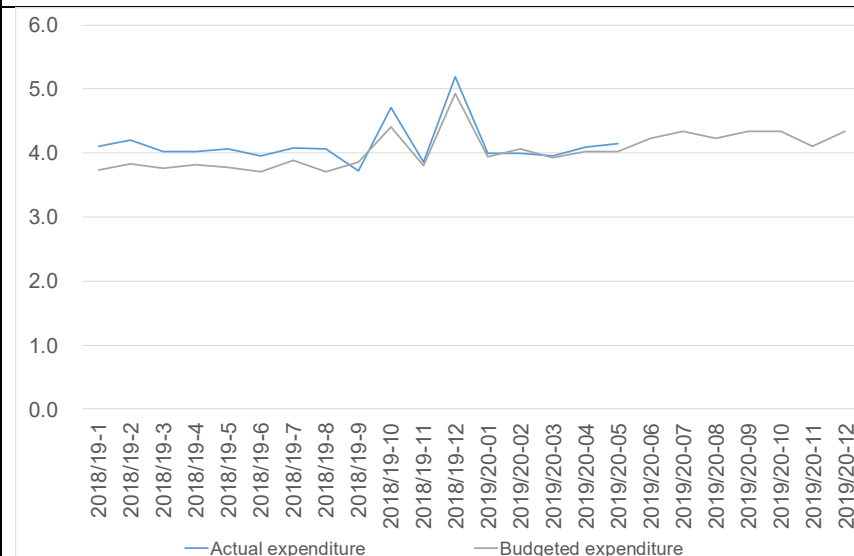
In Month 5 variable pay costs remain similar to that of Month 4, although Medical Locum costs have increased in Planned Care and BGH offset by decreases in GGH.

Opportunities:

- Workforce Grip and Control Workshop conducted in September – Action Plan developed focusing on key areas:
 - Medical workforce controls
 - Nursing agency controls
 - Nursing rostering controls
 - General workforce controls
- Nursing Task and Finish Group set up to implement Actions focused on:
 - Agency booking process
 - Targeted reduction in Thornbury use
 - Use of agency HCSW
 - Review overtime
- Medical Task and Finish Group set up to implement Actions focused on:
 - Assessing impact/control of Consultants 'Acting Down'
 - Addressing inconsistencies in job plans
 - Cohesive approach to rota management
 - Accuracy of time recording, targeting paid breaks
- Potential areas of over-establishment identified – plan to validate and address areas of concern to be developed.
- Reduce sickness rates through review of sickness policy and non-ward sickness levels.
- Maximise use of bank workforce.

Key Subjective Summary

CHC



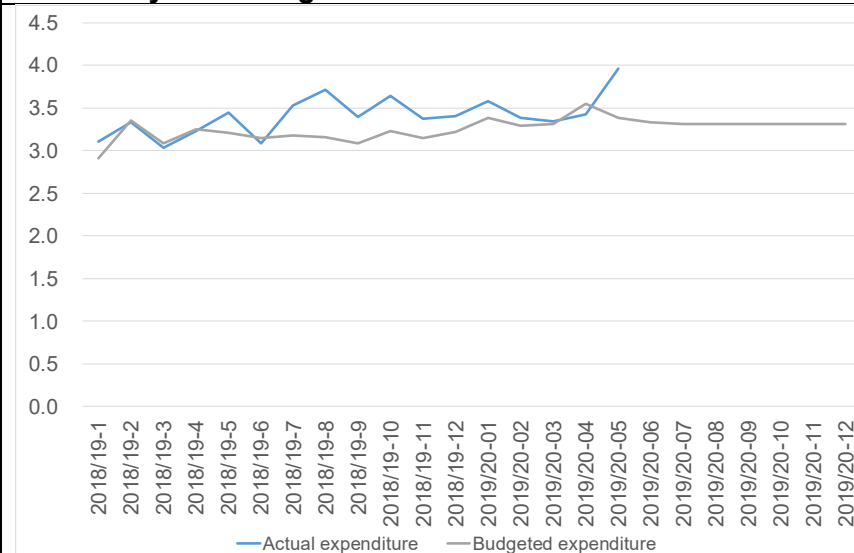
The total number of cases increased quite significantly in month. The increase in budget from Month 6 relates to the recognition of expected FNC rate changes and CHC inflation. Full confirmation is awaited, and remains a risk to the position. The complexity of cases remains a key cost driver.

£'m	Spend	Over/(under) spend
FNC/CHC	9.4	(0.3)
LD	5.8	0.4
MH	4.1	0.2
Children	0.5	(0.1)
Total	19.8	0.2

Opportunities:

- MH & LD Transformation – Development of Core and Community based services
- Development of Joint Funding Guidance

Secondary Care Drugs



Secondary Care Drugs pressures are higher than previous months in PPH and GGH Medical Specialties, and continue with the Aseptics unit closure and TB outbreak.

Continued support will be needed from the Pharmacy team to address this growth and a number of initiatives are in place to do this.

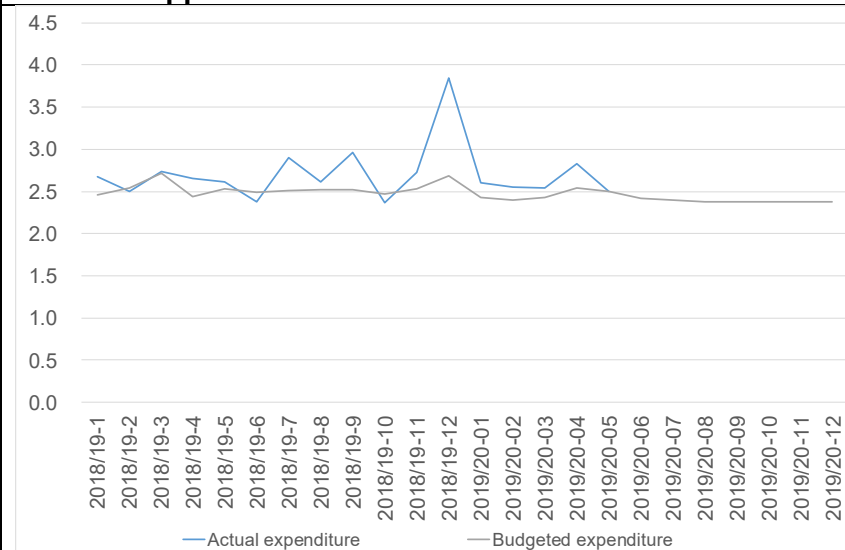
Whilst specific savings schemes are delivering in-month, pressures are being seen in other areas, particularly Dermatology, Rheumatology and Ophthalmology.

Opportunities:

- A Grip and Control workshop is scheduled with all Pharmacy Leads to develop an action plan and a benchmarking exercise is underway to identify focus areas.

Key Subjective Summary

Clinical Supplies and Services



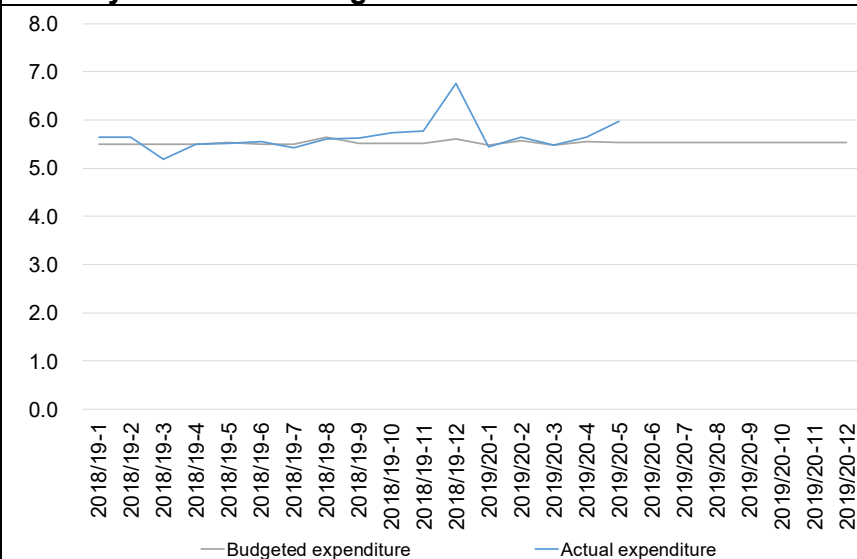
The YTD position includes significant over-spends in relation to diabetic pumps and associated consumables due to a supplier ceasing to trade resulting in the need to replace existing pumps with available alternatives which are more costly. This is primarily manifesting within GGH, Children's Services and WGH Directorates.

Radiology are outsourcing reporting at a premium cost due to the level of vacancies caused by recruitment challenges.

Opportunities:

- Non-Pay and Procurement Turnaround Assurance group are assessing the opportunities and identifying a Health Board relationship lead with key suppliers in an effort to improve terms and drive a reduction in costs.

Primary Care Prescribing



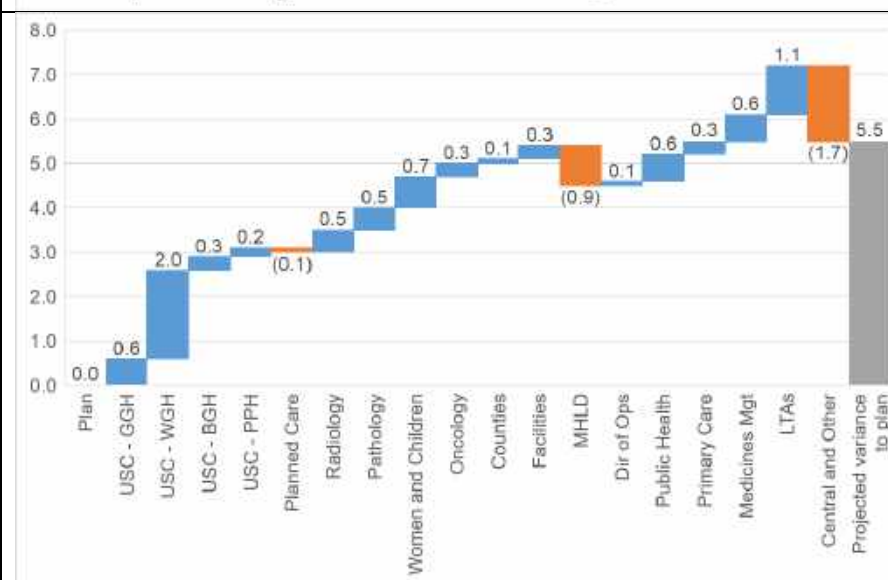
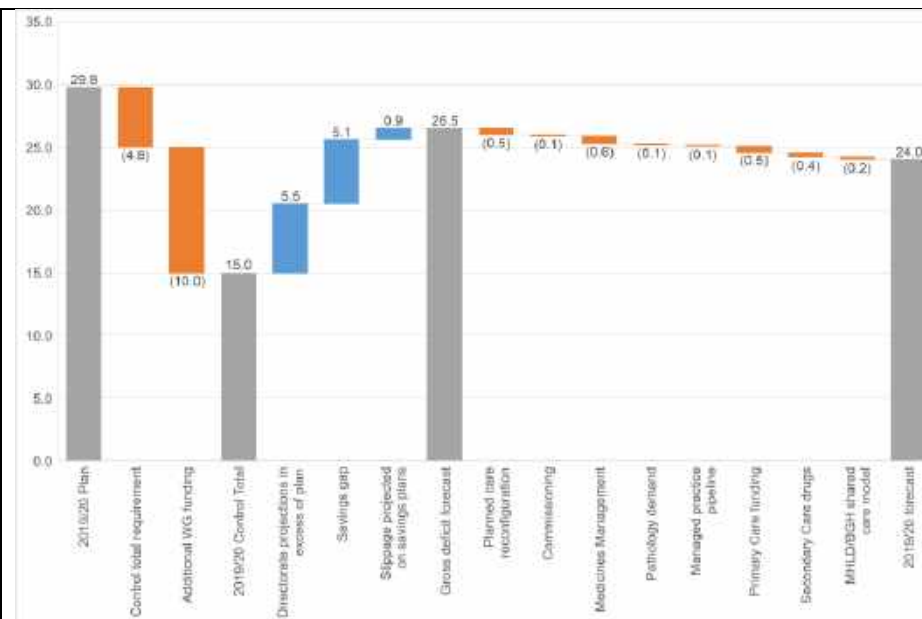
The Directorate reported a significant adverse variance to budget of £0.5m in-month. The projection is an adverse £2.7m to the end of the financial year based on modelling the outturn and assuming that Category M prices return to the average level seen in 2018/19. The Health Board has also seen a significant increase in the use of NOACs in the first quarter of the year as a result of the operation of the new NOAC Enhanced Service in GMS.

Item growth is in the range of -0.2% to -0.6% based on data for the months April to June.

Opportunities:

- A Grip and Control workshop is scheduled with all Pharmacy Leads to develop an action plan and a benchmarking exercise is underway to identify focus areas.

Directorate Projections



Assurance

- The Turnaround and Holding to Account process provides a high level of scrutiny and challenge to Directorates in terms of adherence to assigned budget and delivery and identification of robust savings schemes.

Concerns

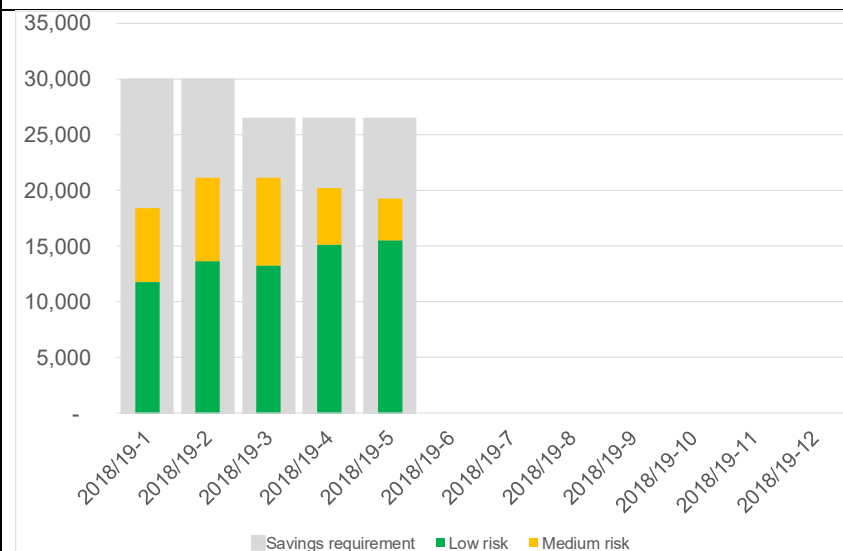
- While the financial position in Month 5 represents a significant risk to the Health Board, and there are significant risks to savings delivery and operational cost management, the Health Board's financial forecast is to achieve the required Control Total of £15.0m.
- Current projections indicate: 1) a gap of £5.1m in fully identified savings schemes; 2) operational forecasts in excess of budget of £5.5m plus projected slippage on identified schemes of £0.9m, giving a projection of £11.5m adverse variance to plan. This would equate to a year end deficit position of £26.5m.

Next Steps

- Grip and Control workshops:
 - Workforce conducted in September, now being translated into Action Plans with pace;
 - Pharmacy scheduled for September, to include all Lead Pharmacists;
 - Further workshops to be scheduled to cover other material opportunity categories.
- KPMG opportunities to be developed into Pipeline schemes, with assessment of potential in-year benefit and patient quality outcomes to allow prioritisation.

Savings and turnaround actions

Risk-assessed directorate savings profile, delivery and forecast



Assurance

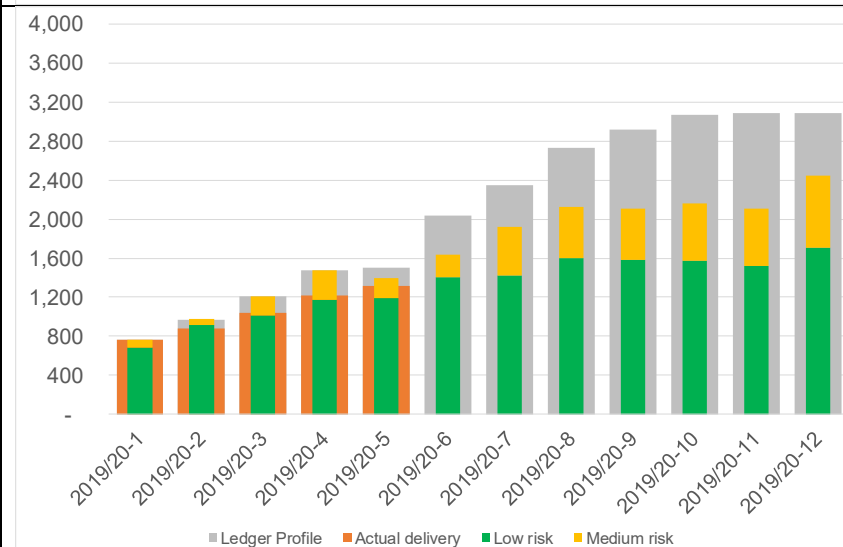
- Green and Amber forecast delivery of £19.2m identified to Month 5, of which £15.5m are Assured (Green).
- In-month delivery of £1.3m which is an improvement of £0.1m on Month 4, but £0.1m behind plan.

Concerns

- The full identification of savings and the delivery of those plans is also an area of concern, and one which remains subject to our accountability process.
- The gap between identified plans and the ledger profile of the savings requirement has led to an adverse variance of £0.2m in Month 5.
- The pace of savings delivery requires significant acceleration from Month 6.

Next Steps

- Working with KPMG, there are certain areas where we are seeking to increase the level of focus to address the weekly metrics we have available as the lead indicators of delivery in order to better focus our efforts.



Appendix 1: Turnaround Update

Section 1 – Summarises 19/20 Directorate savings plans against required savings target of 3.7% for Directorates that are escalated to the Chief Executive Holding to Account meetings. The figures included in this section are based on the known position of Month 5 as at 9th September 2019 and will be subject to change with the identification of further savings opportunities. Figures in square brackets represent the position in the previous month, where different to current month.

Facilities	19/20 target saving £'000s	1,385	Total of saving plans £'000s		831	536	0	1,367	Variance £'000s	18	Pipeline in-year potential	318
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(358)	(341)	17	Reduction in engineer on-call rota has delivered £8k less than planned as at Month 5. Carbon credit settlement £8k less than anticipated.							
	Amber schemes	(4)	(0)	4	Re-introduction of Borehole in WGH has not delivered savings to date.							
	Red schemes	0	0	0	Facilities management savings are dependent on delivery of ward closure programmes. Further benchmarking savings have not been identified.							
Total		(362)	(341)	21	Other actions agreed							
					<ul style="list-style-type: none"> To recruit to H&S posts to support a gap analysis. This will increase pay costs over the final quarter and result in the postponement of the Gap Analysis scheme until 20/21. Pipeline saving identified as £75k. To produce a detailed catering plan based on catering analysis data that will deliver a £50k saving in 19/20 by the next CEO HTA meeting on 4th Oct 19. To work up an advertising proposal for consideration by the Executive Team in late September. 							

Mental Health	19/20 target £'000s	2,691	Total plans £'000s		2,521 [2,478]	56	112	2,689	Variance £'000s	2	Pipeline in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(802)	(843)	(41)	The under-delivery of a number of schemes has been mitigated through one-off slippage of £134k transacted in Month 5. Slippage on the delayed recruitment to non-medical posts has delivered a £189k saving against the planned saving of £228k as at Month 5. The roster review and Nursing KPIs scheme has yet to deliver savings from Month 3 as planned, a total of £43k as at Month 5.							
	Amber schemes	(40)	(0)	40	Non-recurrent element of the roster review and nursing KPIs scheme did not deliver the planned £36k saving by Month 2. No further savings are planned in relation to this scheme.							
	Red schemes	0	0	0	Collaborative Care Scheme - Estates are due to complete works just before Christmas. Slippage as a result of delayed delivery from Nov 19 to Jan 20 is to be built into the forecast position.							
Total		(842)	(843)	(1)	Other actions agreed							
					<ul style="list-style-type: none"> To develop a plan for the delivery of 19/20 schemes recurrently along with maintaining current performance. Recurrent plan to include plans to cover the £1.5m of 19/20 non-recurrent actions. Directorate to be de-escalated from the CEO HTA process, given the in-year forecast position and the fact that there is a plan in place to deliver their savings and a break-even position in 19/20. 							

Appendix 1: Turnaround Update

Pathology	19/20 target £'000s	741	Total plans £'000s		239	190 [90]	321 [421]	750	Variance £'000s	(9)	Pipeline in-year potential	200
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(78)	(78)	0	N/A							
	Amber schemes	(12)	(12)	0	N/A							
	Red schemes	0	0	0	£400k demand optimisation scheme has been reassessed with £100k of savings anticipated to deliver between Sept 19 – March 20. Project is being led by the Director of Planning, Performance, Informatics and Commissioning. Next steps are to understand the limiting factors to delivery, the end vision and when the remaining savings can be delivered.							
	Total	(90)	(90)	0	<u>Other actions agreed</u> <ul style="list-style-type: none"> To update the forecast following the appointment of a Locum consultant which will deliver a saving of £84k. To explore opportunities for joint-working with Swansea Bay UHB for the provision of haematology sessions. 							

Scheduled Care	19/20 target £'000s	3,682	Total plans £'000s		1,948 [1,710]	658	646 [884]	3,252	Variance £'000s	430	Pipeline in-year potential	497
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(572)	(398)	174	Delivery of reduced outsourcing of cataract activity and review of Ophthalmology on-call scheme is delayed due to the current medical workforce position. Directorate are working closely with medical recruitment and campaigns team to bridge these gaps and being supported by Swansea Bay UHB on an ad hoc basis for our OOH rota. Conclusion of HR issues scheme is being progressed although planned delivery from June 19 has slipped. Critical Care reconfiguration delivering from Month 5.							
	Amber schemes	(157)	(30)	127	The referral management scheme planned savings of £58k per month from July 19 have not delivered. The referral management programme is being progressed through the fortnightly Turnaround Outpatients Delivery Group. Service Delivery Managers have been tasked with reviewing waiting lists to ensure the appropriateness of referrals. Clarity on how these savings will be delivered across the specialties to be presented at the next CEO HTA on 4 th October.							
	Red schemes	(116)	0	116	The Orthopaedic activity scheme planned saving of £63k in August 19 has not delivered. Paper outlining plans to save £300k against the original £1.25m RTT plan to be considered by the Executive Team on 18 th Sept 19.							
	All schemes	(845)	(428)	417	<u>Other actions agreed</u> Plans to address the £130k that remains as a risk to be worked through by the next CEO HTA meeting on 4 th October.							

Appendix 1: Turnaround Update

BGH USC	19/20 target £'000s	786	Total plans £'000s		801	0	162	963	Variance £'000s	(177)	Pipeline in-year potential	389
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(328)	(303)	25	<ul style="list-style-type: none"> Roster efficiency scheme not delivering in line with profiled savings. £65k delivered out of a total planned £102k as at Month 5. This is being driven by the volume of Healthcare Support Worker (HCSW) shift requests for Enhanced Patient Support (EPS) shifts. Analysis of HCSW EPS shifts requested and provided to be undertaken and HCSW roster to be monitored for 6 weeks. 							
	Red schemes	0	0	0	Collaborative Care Scheme - Estates due to complete works just before Christmas. Slippage of delivery from Nov 19 to Jan 20 to built into position.							
	Total	(328)	(303)	25	<u>Other actions agreed</u> <ul style="list-style-type: none"> Weekly Holding to Account process to be put in place until next CEO HTA meeting. Opportunities to provide more cost-effective medical shifts to be worked through for next CEO HTA meeting. 							

GGH USC	19/20 target £'000s	1,557	Total plans £'000s		732 [1,348]	373 [383]	339 [0]	1,444 [1,559]	Variance £'000s	113 (2)	Pipeline in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(301)	(283)	18	Cumulative under-delivery of roster efficiency savings (£19k) at Month 5. Nurse on-boarding scheme is also not delivering. The three planned schemes to deliver a reduction in variable pay to be reviewed to understand the relationship between fill rate, nurse on-boarding and vacancies to establish how greater control over variable pay costs will deliver the savings originally identified.							
	Amber schemes	0	0	0	<ul style="list-style-type: none"> Length of Stay – planned savings from Oct 19. Clarity needed on the impact that improvement actions will have on delivering a benefit for the Directorate in 19/20. Medical Director and Hospital Director to attend next CEO HTA meeting to discuss how the Health Board can drive clinical change. Thornbury reduction – planned savings from Nov 19 (action as above) 							
	Red schemes	(123)	0	123	Nurse on-boarding (action as above)							
	Total	(424)	(283)	141								

Appendix 1: Turnaround Update

PPH USC	19/20 target £'000s	931	Total plans £'000s		144	645	0	789	Variance £'000s	142	Pipeline in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(11)	(11)	0	N/A							
	Amber schemes	(6)	(7)	(1)	Intermediate Care Service - planned delivery from October 19. Opportunities to maximise the benefit from this service by supporting Swansea Bay activity are being actively explored. Meeting to be held to look at a system-wide approach to managing demand and capacity to generate further benefit beyond that currently expected.							
	Total	(17)	(18)	(1)	<u>Other actions agreed</u> Improvement Team to evaluate GGH re-ablement model to identify how successes could be applied to PPH.							

WGH USC	19/20 target £'000s	1,125	Total plans £'000s		1,125	0	0	1,125	Variance £'000s	0	Pipeline in-year potential	1,705
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(433)	(354)	79	Middle Grade appointments - the site is experiencing a significant vacancy rate for Middle Grade substantive posts, resulting in expensive overnight cover. Actions being taken to alleviate cost pressures within general medicine and A&E to be considered, including the implications of these and impact on the recurrent position by the next CEO HTA meeting on 4 th October. Ambulatory Care scheme continues to be progress through the wider Improvement Collaborative work.							
	Total	(433)	(354)	79	<u>Other actions agreed</u> <ul style="list-style-type: none"> Proposal for a new frailty model has been developed and recently shared with the Director of Operations for consideration. Drug spend is a main driver of the overspend position. Work has started with the Pharmacy to understand if there is a relationship between antibiotic prescribing/clostridium difficile and length of stay. A system-wide proposal to improve patient flow to be developed jointly by the site and community for consideration at the next CEO HTA meeting on 4th October, Plans to meet control total to be worked through for next CEO HTA meeting on 4th October. 							

Appendix 1: Turnaround Update

Oncology & Cancer	19/20 target £'000s	438	Total plans £'000s		284	0	0	284	Variance £'000s	154	Pipeline in- year potential	15
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(122)	(88)	34	Homecare opportunities scheme is not being fully realised (£25k delivered against a planned saving of £69k). Women's Pharmacist has started in post - initial focus will be on Homecare opportunities with the benefits being seen during the next financial year. Directorate to consider what benefits the Homecare prescribing initiative could be delivered in year and the timelines for this.							
	Total	(122)	(88)	34	<u>Other actions agreed</u> <ul style="list-style-type: none"> Usage of specific drugs over the last quarter to be analysed and potential rebate opportunities to be identified. 							

Appendix 1: Turnaround Update

Section 2 – Summarises 19/20 Directorate savings plans against required savings target of 3.7% for Directorates that are monitored through the Turnaround Director Holding to Account meetings. The figures included in this section are based on the known position of Month 1 as at 10th May 2019 and will be subject to change with the identification of further savings opportunities.

Carmarthenshire County	19/20 target £'000s	884	Total plans £'000s		683 [636]	121 [189]	0	804 [825]	Variance £'000s	80 [59]	Pipeline in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(213)	(182)	31	The year to date position has improved from the previous month as new schemes have started to deliver savings. Nurse recruitment slippage has reduced in Month 5, delivering £6k more than planned.							
	Amber schemes	(36)	(2)	34	A number of amber schemes have not delivered as planned. Investment is required to deliver a PYE recurrent saving of £13k against the Medicine Locker scheme. Opportunities for capital funding are being explored. The relocation scheme will start to deliver from September 19 and the slippage on this scheme will be mitigated by new schemes coming on line from September 19.							
	Total	(249)	(184)	65	Other agreed actions Explore opportunities to develop a community Hub in North Carmarthenshire as an alternative community model.							

Ceredigion County	19/20 target £'000s	415	Total plans £'000s		355	60	0	415	Variance £'000s	0	Pipeline in-year potential	No pipeline schemes
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(125)	(125)	0	N/A							
	Amber schemes	0	0	0	N/A							
	Total	(125)	(125)	0								

Pembrokeshire County	19/20 target £'000s	729	Total plans £'000s		323	53	388	764	Variance £'000s	(35)	Pipeline in-year potential	No pipeline schemes
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(176)	(167)	9	CHC scheme slippage of £7k to Month 5 due to delays in reviewing a number of cases. Confirmation of when all reviews will be completed by to be provided at the next HTA meeting on 18 th September 19.							
	Amber schemes	(12)	0	12	This variance represents slippage on the Enhanced Recovery service scheme.							
	Total	(188)	(167)	21	Other agreed actions Paper outlining options for the provision of community beds to be produced for next HTA meeting on 18 th September.							

Appendix 1: Turnaround Update

Women & Children	19/20 target £'000s	1,359	Total plans £'000s		421 [360]	0 [61]	108	529	Variance £'000s	830	Pipeline in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(73)	(68)	5	Slippage on 5 schemes in April. All schemes now delivering.							
	Red schemes	(24)	0	24	C sections – work is being progressed to identify how the improvement in C-section rate performance transacts as a saving.							
	Total	(97)	(68)	29	<u>Other agreed actions</u> <ul style="list-style-type: none"> Control total to be set of £600k Service to review the costs and activity around the Dedicated Ambulance Vehicle 							

Primary Care	19/20 target £'000s	790	Total plans £'000s		1,058	227	400	1,685	Variance £'000s	(895)	Pipeline in- year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(141)	(249)	(108)	Locum cost scheme delivering earlier than planned.							
	Amber schemes	(35)	0	35	<ul style="list-style-type: none">GP Hub likely to deliver only £51k - saving to be re-profiled.The savings from the Salaried GPs have yet to be identified or transacted. Timeline to be produced by next HTA meeting on 18th September.							
	Red schemes	0	0	0	Steps are being taken to return one managed practice to independent contractor status by December 19. This may deliver £36k in quarter 4. There has been no interest in the other two managed practices. Work to continue on an alternative model to reduce costs by a further £50k over the second half of the year.							
	Total	(176)	(249)	(73)								

Radiology	19/20 target £'000s	584	Total plans £'000s		390	405	0	795	Variance £'000s	(211)	Pipeline in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(100)	(60)	(40)	Reduction in outsourcing costs not delivered in Month 3 or 4.							
	Amber schemes	(51)	0	0	24 hour provision of Radiology services – proposed rota changes currently out to consultation. Savings re-profiled for revised delivery date of September.							
	Total	(151)	(60)	(40)								

Appendix 1: Turnaround Update

Section 3 – Provides an update against each of the Turnaround Delivery Groups (TDGs) as at Month 5.

Operational Effectiveness	19/20 target £'000s	2,631 [2,491]	932 [832]	1,041 [1,879]	Total	4,604 [5,202]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(714)	(499)	215	Workshop facilitated by KPMG held on 10 th September 19 to agree approach to County Workshops being held during the rest of the month. Aims of the workshops are to understand what is driving the deficit and to use that information to help inform financial improvement plans to meet the control total. Workshops will focus on four key areas: <ul style="list-style-type: none"> • Avoiding admissions and readmissions • Enhancing Primary and Community Care • Reducing length of stay – in hospital pathway • Reducing Delayed Transfers of Care and delays of Medically Fit for Discharge patients Current good practice will be collated and fed back through a follow-up session once all workshops have taken place.	
	Amber schemes	(24)	(25)	(1)		
	Red schemes	(87)	0	87		
	Total	(825)	(524)	301		

Outpatients	19/20 target £'000s	25	625	146	Total	796
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(10)	(8)	2	Over the last month, work has focused on improving pathways across all specialities with the aim of reducing follow-up appointments. Alongside this, work continues to improve outcome form completion compliance and reduce the level of inappropriate referrals for 'Interventions Not Normally Undertaken' and 'Do Not Do's' to reduce waiting lists and improve 'Referral to Treatment' times. Draft Terms of Reference to be considered at next meeting on 25 th September 2019.	
	Amber schemes	(147)	(20)	127		
	Red schemes	(53)	0	53		
	Total	(210)	(28)	182		

CHC	19/20 target £'000s	30	0	388	Total	418
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(12)	(5)	7	The CHC Cost Improvement Programme Group was established in 2013 to hold County and Corporate Directorates to account for the planning, implementation and delivery of CIP programmes, wider financial and efficiency programmes and budget delivery. In 2018/19, a number of Turnaround schemes were progressed through this group. 19/20 priorities are: <ul style="list-style-type: none"> • To continue with the implementation of the Pathway (which was implemented in 2018/19). Permanent Pathway lead post will be appointed into during the coming weeks. • To develop the strategic approach/plan for Domiciliary Care. • To further develop Regional policies (linked to the pooled funds work). Specific focus on the Quality Framework and joint monitoring arrangements. 	
	Amber schemes	0	0	0		
	Red schemes	0	0	0		
	Total	(12)	(5)	7		

Appendix 1: Turnaround Update

					Any future Turnaround schemes will be progressed and reported on through this group. The £7k slippage against the CHC planned savings relates to the scheme referred to in the above update for Pembrokeshire County.
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Patient Communications	19/20 target £'000s	TBC	TBC	TBC	Total	TBC																
	Schemes	YTD planned	YTD actual	YTD variance	Progress																	
	Green schemes				<p>The objectives of the Patient Communications Delivery Group are to develop and deliver a programme of work to modernise the way we communicate with our patients, allowing patients to have a choice on how the UHB communicates with them and to provide a future proofed platform, based around the following;</p> <ul style="list-style-type: none">• Attendance Optimisation (i.e. patient reminder, on-line booking, text reminder services)• Patient Feedback (i.e. Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs), NHS style “Friends & Family Test”)• A full communications platform, including a hybrid mail approach, which will address the Welsh Language Act 1993, Equality Act 2010, and those patients with sensory loss, allowing patient choice on how they wish to be communicated with.• A full citizen / patient portal to allow patients to access their results, letters, appointment details and any other applications or messaging that the Health Board wishes to adopt, and providing the ability to provide health education messages, medication alerts, and service improvements <p>Terms of Reference were agreed at the meeting held on 10th September 19.</p> <p>Over the last 12 months, the Health Board has been piloting a patient text reminder service. Data from this pilot has shown a positive impact on patient DNA behaviour (Appendix A).</p> <p>DNA reduction and savings achieved to date</p> <table><tr><td></td><td>2017/2018</td><td>2018/2019</td><td>2019/2020*</td></tr><tr><td>DNA rate</td><td>10.38%</td><td>8.94%</td><td>7.09%</td></tr><tr><td>Efficiency savings full cost</td><td></td><td>£315,244</td><td>£163,520</td></tr><tr><td>Efficiency savings 40% cost</td><td></td><td>£126,098</td><td>£65,408</td></tr></table> <p>*based on 4 months</p> <p>Approval to move from the pilot stage into implementation across Health Board services is being sought from the Executive Team.</p>			2017/2018	2018/2019	2019/2020*	DNA rate	10.38%	8.94%	7.09%	Efficiency savings full cost		£315,244	£163,520	Efficiency savings 40% cost		£126,098	£65,408
		2017/2018	2018/2019	2019/2020*																		
DNA rate	10.38%	8.94%	7.09%																			
Efficiency savings full cost		£315,244	£163,520																			
Efficiency savings 40% cost		£126,098	£65,408																			

Appendix 1: Turnaround Update

Medicines Management	19/20 target £'000s	2,810 [1,904]	258 [1,164]	792	Total	3,860
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(808)	(775)	33	The existing monthly meeting with the Medicines Management Team will be formalised as a Turnaround Delivery Group to be chaired by the Director of Primary Care, Community and Long-term Care.	
	Amber schemes	(0)	(0)	0		
	Red schemes	(68)	(0)	68		
	Total	(876)	(775)	(101)		

Workforce	19/20 target £'000s	6,666 [6,548]	1,728 [1,916]	851 [1,747]	Total	9,245 [10,211]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(2,546)	(2,344)	202	KPMG will be facilitating a workshop on 12 th September 19, focusing on workforce controls. Key findings will be used to inform the priorities for this group. Draft Terms of Reference will be considered at the first Workforce Delivery Programme meeting on 16 th October 2019.	
	Amber schemes	(360)	(223)	127		
	Red schemes	0	0	0		
	Total	(2,906)	(2,567)	329		

Commissioning	19/20 target £'000s	506	133	150 [1,050]	Total	788 [1,689]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(206)	(265)	(59)	£275k additional savings identified for delivery before March 2020 have been identified through the Commissioning Group.	
	Amber schemes	(16)	0	16		
	Red schemes	0	0	0		
	Total	(222)	(265)	43		

Non-Pay	19/20 target £'000s	3,186 [3,789]	604 [663]	0	Total	3,790 4,452
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(838)	(949)	(111)	Contract review process is underway. £143k one-off slippage on contracts was transacted in Month 5.	
	Amber schemes	(27)	(4)	23		
	Red schemes	0	0	0		
	Total	(865)	(953)	(88)		

Appendix 1: Turnaround Update

Section 4 – DNA rates for the time period prior to the piloting of the appointment reminder service to July 2019 for those specialties which are monitored through the Outpatient Turnaround process.

Speciality	KPI	% April 2017/March 18 (cumulative)	% April 2018/March 19 (cumulative)*	% April 2019/July 2020 (cumulative)**
General Surgery	New OPD DNA Rate	8.70%	6.37%	4.41%
	FU OPD DNA Rate	9.54%	8.41%	5.94%
Urology	New OPD DNA Rate	15.49%	10.55%	10.53%
	FU OPD DNA Rate	9.09%	7.28%	5.21%
Ophthalmology	New OPD DNA Rate	10.44%	7.30%	5.77%
	FU OPD DNA Rate	9.59%	9.19%	8.05%
Dermatology	New OPD DNA Rate	11.46%	6.99%	5.26%
	FU OPD DNA Rate	9.29%	7.70%	5.28%
ENT	New OPD DNA Rate	9.29%	9.10%	7.72%
	FU OPD DNA Rate	8.89%	9.71%	8.88%
T&O	New OPD DNA Rate	8.33%	7.56%	6.93%
	FU OPD DNA Rate	11.58%	7.20%	6.03%
Cardiology	New OPD DNA Rate	6.66%	7.13%	3.50%
	FU OPD DNA Rate	7.84%	8.54%	6.33%
Diabetes	New OPD DNA Rate	16.50%	12.00%	9.35%
	FU OPD DNA Rate	12.19%	9.35%	8.75%
Pain Management	New OPD DNA Rate	11.97%	19.09%	10.59%
	FU OPD DNA Rate	12.22%	10.45%	7.61%
Gynaecology	New OPD DNA Rate	7.99%	6.84%	6.24%
	FU OPD DNA Rate	9.85%	8.38%	6.60%
Neurology	New OPD DNA Rate	19.77%	9.46%	9.62%
	FU OPD DNA Rate	11.48%	6.73%	6.39%
Respiratory	New OPD DNA Rate	10.24%	15.44%	9.23%
	FU OPD DNA Rate	8.77%	9.11%	6.63%
Rheumatology	New OPD DNA Rate	7.24%	6.14%	3.91%
	FU OPD DNA Rate	10.01%	8.08%	5.76%
Geriatric Medicine	New OPD DNA Rate	8.03%	8.03%	7.74%
	FU OPD DNA Rate	8.18%	8.18%	10.20%

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Update Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>The purpose of this report is to provide the Board with a level of assurance in respect of recent Board level Committee meetings that have been held since the previous Board report and are not reported separately on the Board agenda. Due to the timings of meetings, as outlined below, there are no Board level Committee meeting reports for consideration.</p> <ul style="list-style-type: none"> • Mental Health Legislation Assurance Committee (MHLAC) is due to meet on 17th September 2019; • Charitable Funds Committee (CFC) is due to meet on 20th September 2019, having re-arranged its meeting from 19th September 2019; • Health & Care Strategy Delivery Group (HCS DG) is due to meet on 25th September 2019, having postponed its meeting from 19th August 2019; • Primary Care Applications Committee (PCAC) is due to meet on 8th October 2019, having stood down its meeting on 6th August 2019; • University Partnership Board (UPB) is due to meet on 7th November 2019, having stood down its meeting on 16th August 2019. <p>An update report from the In-Committee Board meetings held on 25th July and 15th August 2019 is appended.</p> <p>This report also provides an update to the Board in respect of recent Advisory Group meetings held, including the following:</p> <ul style="list-style-type: none"> • Stakeholder Reference Group held on 17th July 2019; • Staff Partnership Forum held on 10th June 2019. <p><u>Cefndir / Background</u></p> <p>The Hywel Dda University Health Board (UHB) Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established.</p>

In line with this guidance, the following Committees have been established:

- Audit & Risk Assurance Committee
- Charitable Funds Committee
- Quality, Safety and Experience Assurance Committee
- Mental Health Legislation Assurance Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Business Planning & Performance Assurance Committee
- Primary Care Applications Committee
- University Partnership Board
- Health & Care Strategy Delivery Group

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees meetings are available on the UHB's website via the link below:

<http://www.wales.nhs.uk/sitesplus/862/page/72048>

The UHB has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following Advisory Groups have been established:

- Stakeholder Reference Group
- Partnership Forum
- Healthcare Professionals Forum

Asesiad / Assessment

Matters Requiring Board Level Consideration or Approval:

The In-Committee Board requested that the following items be raised at Board level:

Included within the Report of the Chair, the Board was requested to ratify the decision made by the In-Committee Board and confirm its approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea; subject to the additional assurances that the areas highlighted, have or will be delivered.

At its meeting on 17th July 2019, the Stakeholder Reference Group approved its revised Terms of Reference, attached as Appendix 1 for Board approval.

There were no matters raised by the Staff Partnership Forum which require Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

There were no key risks and issues or matters of concern raised by the In-Committee Board.

The Staff Partnership Forum raised the following key risks and issues/matters of concern:

- The lack of GP Out of Hours cover and the impact upon A&E.

There were no key risks and issues or matters of concern raised by the Stakeholder Reference Group.

Argymhelliad / Recommendation

The Board is asked to:

- Endorse the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings;
- Receive the update report in respect of the In-Committee Board meetings;
- Receive the update reports in respect of recent Advisory Group meetings;
- Approve the SRG's revised Terms of Reference.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee and Advisory Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Update Reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Explicit within the individual Update Reports where appropriate.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Healthcare Professionals Forum and a Partnership Forum, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Enw'r Pwyllgor / Name of Committee	In-Committee Board
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty
Cyfnod Adrodd/ Reporting Period:	Meetings held on 25 th July and 15 th August 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>At its meeting on 25th July 2019:</p> <ul style="list-style-type: none"> • Research Governance – the In-Committee Board received a report on research governance. • Emergency Department Staffing – the In-Committee Board received a report on Emergency Department staffing levels. • In-Committee Audit & Risk Assurance Committee (ARAC) – the In-Committee Board received an update report from the In Committee ARAC meeting held on 25th June 2019. • In-Committee Quality, Safety & Experience Assurance Committee (QSEAC) – the In-Committee Board received an update report from the In Committee QSEAC meeting held on 4th June 2019. • Remuneration & Terms of Service Committee (RTSC) – the In-Committee Board received an update report from the RTSC meetings held on 20th May and 27th June 2019. • In-Committee Welsh Health Specialised Services Committee – the In-Committee Board received an update report from the In-Committee WHSSC meeting held on 28th June 2019. • Suspensions Report – the In-Committee Board received the suspensions report. <p>At its meeting on 15th August 2019:</p> <ul style="list-style-type: none"> • Adult Thoracic Surgery Update – the In-Committee Board was reminded Members of the background to this item, discussed briefly at the Public Board meeting on 25th July 2019. The Welsh Health Specialised Services Committee (WHSSC) had requested ratification of their proposals with regard to Adult Thoracic Surgery. Following discussion, the In-Committee Board confirmed its approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea; subject to the additional assurances that the areas highlighted, have or will be delivered. • Tuberculosis (TB) – The In-Committee Board were provided with an update in relation to the position with TB in the Llanelli area. 	

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

Included within the Report of the Chair, the Board was requested to ratify the decision made by the In-Committee Board and confirm its approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea; subject to the additional assurances that the areas highlighted, have or will be delivered.
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Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:
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None.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
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Adrodd yn y Dyfodol / Future Reporting:
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To be confirmed.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25 th July 2019.

Enw'r Pwyllgor / Name of Committee	Stakeholder Reference Group
Cadeirydd y Pwyllgor/ Chair of Committee:	Hilary Jones
Cyfnod Adrodd/ Reporting Period:	Meeting held on 17 July 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>Transformation Fund</p> <p>SRG members were provided with an update on how work is progressing with funds allocated from the transformation fund bid.</p> <p>Whilst the SRG is supportive of the work being undertaken, members raised the following:</p> <ul style="list-style-type: none"> • Will there be parity of services across the three counties? • There needs to be an increase of Community Connectors across the three counties. • Asset mapping across the three counties is required. This will ensure a full picture of community services and networks available in each county • Dewis and Infoengine needs to be made user friendly and easier to navigate especially to encourage organisations to keep their information up-to-date • Technology needs to be easy for people to access and use • Concern regarding a percentage of the population who do not have access to a mobile phone or computer. How will they be able to access the information? • How can the programmes continue after the two years if there will be no funding allocated for the future? <p>Trauma Services Engagement</p> <p>Members were informed of the current engagement on Developing Trauma Services within Hywel Dda University Health Board. This represented an opportunity for the SRG to have an understanding of the need to establish a Major Trauma Network in south and west Wales.</p> <p>Comments from the SRG included:</p> <ul style="list-style-type: none"> • What extra would need to be in place to bring Glangwili Hospital up to standard to be a trauma unit? • What would be the pathway for a patient who has had a major trauma within the proposed network? • The Health Board has put a good case for a trauma unit in Glangwili Hospital and subsequently the new hospital • The Major Trauma Unit should have been sited at Morriston Hospital in Swansea and not in Cardiff due to the high risk industries within Pembrokeshire and Port Talbot • Travelling times are a concern especially if you live in north Ceredigion particularly in poor weather when Air Ambulance cannot fly • The discussion document is clearly written, but people do not understand what the term "trauma" means; a better explanation would be helpful for the public • The Air Ambulance is funded by public funds. How will the service be funded in the future and will Health Boards contribute to its funding? 	

Healthier Mid and West Wales

A representative of the project team attended the meeting to provide an update on developments of transforming services within Hywel Dda University Health Board.

SRG members are pleased they are able to influence the discussion and are keen to be informed on a regular basis on developments.

Comments noted:

- The way in which we deliver care in the future will have great impact on Primary Care services. Services need to be strengthened.
- Although there are pockets of good work in Primary Care, there are still problems which need to be improved
- There is potential for a new hospital. Where will the hospital be sited and how will it be funded?
- How long will it take to build the new hospital?

Patient Experience

SRG members were advised that the Health Board's current Patient Experience Strategy would be replaced by a Patients Charter setting out clearly what patients, families and carers can expect when receiving services from the Health Board. The charter also outlines the patient's responsibilities to the Health Board whilst accessing healthcare services.

The draft charter has been produced following engagement and feedback. To date this has included:

- Patient experience charter focus group of Siarad Iechyd/Talking Health members
- Staff Workshop at the Health Boards Nursing and Midwifery Conference
- Merched y Wawr, Aberystwyth Focus Group
- Patient Experience Week – engagement with patients, public, staff in all hospital sites and community facilities
- Carers Week events
- Information from work already undertaken on the learning disability charter and young carers charter

The SRG welcomed the opportunity to be able to shape the patient charter and members provided initial thoughts on the charter:

- How will it be distributed to our population?
- How is this leaflet going to be promoted?
- Need to have various formats such as large print, Easy Read, Welsh, English and other languages
- This is a good piece of work. It will help patients to know what they can expect whilst accessing health care services
- I like the way patients will need to be responsible for their own health
- How will the patient be able to challenge staff and feel safe whilst challenging?
- There is a disparity in responsibilities, 39 for staff and 31 for patients. There are too many responsibilities for patients. There needs to be a balance
- Will the charter be enforced and how will it be measured?
- Will it apply to any local health service or only to those in hospital?

- There a lot of poor communication by staff so improvement would be welcomed
- It should lead to more positive feedback especially for staff already doing good work
- Think this is a brilliant idea

The SRG have been asked to submit their comments on the draft charter. Following further comments, the draft charter will be subject to wider staff and public engagement and then submitted to Board for approval.

Future Direction of the SRG

SRG members were advised that their terms of reference are being re-visited to reflect the potential scope of the membership of the SRG to advise both the Regional Partnership Board (RPB) and the Hywel Dda University Health Board, especially on matters of integration and seamless health and social care.

In the future, the SRG will look at forthcoming Board agendas and the RPB agenda. This will provide the opportunity for views to be voiced directly at the Board meeting or RPB.

The SRG's amended Terms of Reference are attached for Board approval.

Nomination of Vice Chair

SRG Members agreed to defer the election of the Vice Chair until the next meeting to provide opportunity for current members and new members to elect a Vice Chair.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- SRG's amended Terms of Reference

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- None

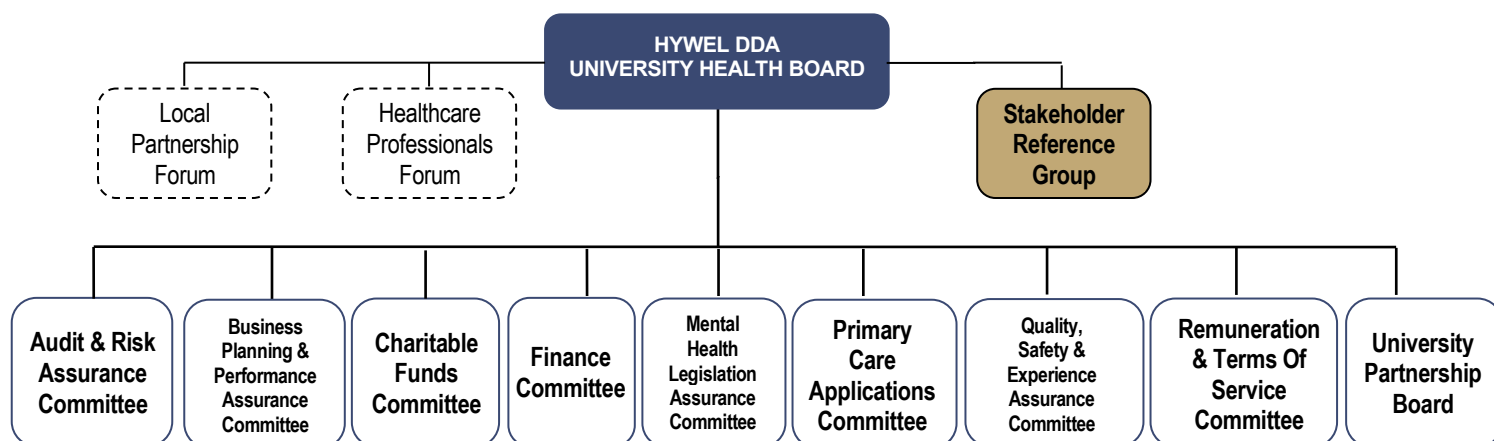
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

- A Healthier Mid and West Wales
- Transformation funds
- Health Board and Regional Partnership Board agenda and papers

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

To be confirmed



STAKEHOLDER REFERENCE GROUP

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	Board	25/03/10	Approved
V0.2	SRG	08/06/10	Approved
V0.2	Board (SO's)	22/07/10	Approved
V0.3	SRG	14/01/11	Approved
V0.3	SRG	29/03/11	Approved
V0.4	SRG	20/09/11	Approved
V0.5	SRG	17/07/12	Approved
V0.5	Board (SO's)	27/09/12	Approved
V0.6	SRG	22/01/13	Approved
V0.6	Board (SO's)	26/09/13	Approved
V0.7	SRG	27/01/14	Approved
V.08	SRG	15/10/15	Approved
V.09	SRG	12/01/17	Approved
V.09	Board	26/01/17	Approved
V10	SRG	05/02/18	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Hywel Dda University Health Board	26.09.2019	

STAKEHOLDER REFERENCE GROUP

1. Constitution

- 1.1 The Stakeholder Reference Group (SRG) has been established as an Advisory Group of the Hywel Dda University Health Board and was constituted from 1st June 2010.

2. Membership

- 2.1 The membership of the Group shall comprise:

Chair nominated from within the membership of the SRG by its members and approved by the Board

Vice Chair nominated from within the membership of the SRG by its members and approved by the Board.

Members The membership is drawn from within the area served by the HB, and ensures involvement from a range of bodies and groups operating within the communities serviced by the HB. It is the role of SRG members to represent fairly and fully the interests and views of those bodies and groups.

The membership of the SRG will also serve as the membership of the Reference Group to advise the West Wales Regional Partnership Board (especially on matters of integration and seamless health and social care).

The membership of the SRG is made up of representatives from the following sectors with the number of representatives in brackets ()

Sector/Organisation

- Armed Forces representation (1)
- Carer representation (3)
- Chair /Vice Chair of Equality Group (1)
- Citizen Advice (1)
- Dyfed Powys Police (1)
- Fire & Rescue Service (1)
- Hywel Dda Community Health Council (1)
- Hywel Dda University Health Board Independent Board Member (1)
- Health Dda University Health Board Public Health representation (1)

- Hywel Dda University Health Board Director of Partnerships and Corporate Services (1)
- Housing Associations (1)
- Hywel Dda Community Health Council (1)
- Independent Sector (1)
- Mental Health representation (1)
- Natural Resources Wales representation (1)
- Patient representation (3)
- Public Service Boards representation (1)
- Representatives Senior Officers of Directors in Social Care/Social Service Carmarthenshire, Ceredigion and Pembrokeshire Local Authorities (3)
- Siarad Iechyd/Talking Health Member (3)
- Third Sector (CAVO, CAVS & PAVS) (1)
- Town and Community Councils (3)
- West Wales Care Partnership/Regional Partnership Board
- Welsh Ambulance Services NHS Trust (WAST) (1)

Total (32)

Additional organisational representation may be co-opted as appropriate and will include:

- Clinical Services Strategy
- Equality and Diversity
- Local Health Board County Directors
- Planning
- Public and Patient Engagement
- Transformation
- Welsh Language

This membership will be reviewed by the Chair and Lead Director on an annual basis.

In attendance The UHB may determine that designated Board members or UHB staff should be in attendance at SRG meetings. The SRG's Chair may also request the attendance of Board members or UHB staff, subject to the agreement of the UHB Chair.

By invitation The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings. This linkage is a key issue and needs to be formalised through the Hywel Dda CHC Executive Committee.

Member Appointments

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent

expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area who may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period of no longer than 2 years in any one term. Those members can be reappointed but may not serve a total period of more than 5 years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG to fulfil a particular purpose or need.

The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Government. The nomination shall be subject to consideration by the HB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The **Vice Chair** shall be nominated from within the membership of the SRG, by its members by the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/organisation from that of the Chair.

The Vice Chair's term of office will be as described for the Chair.

A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

The UHB will require SRG members to confirm in writing their continued eligibility on an annual basis.

The membership of the Group shall be determined by the Board, based on the recommendation of the UHB Chair, and subject to any specific requirements or directions made by Welsh Government.

Appointed members shall hold office for a period of one year, during which time a member may resign or be removed by the Board. Group members may be reappointed up to a maximum period of three consecutive years.

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than one third of the membership and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next quorate meeting of the SRG.

4. Principal Duties

- 4.1 The purpose of the Stakeholder Reference Group, hereafter referred to as “SRG”, is to provide:
 - 4.1.1 Early engagement and involvement in the determination of the (UHB’s) overall strategic direction;
 - 4.1.2 Advice to the UHB on specific service improvement proposals prior to formal consultation; as well as
 - 4.1.3 Feedback to the UHB on the impact of the UHB’s operations on the communities it serves.
 - 4.1.4 The SRG has responsibilities under the Equalities Act 2010

5. Operational Responsibilities

- 5.1 The SRG will, in respect of its provision of advice to the Board:
 - 5.1.1 Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the UHB’s decision-making. NB Even when the SRG is unable to come to a consensus, it has an important role as a forum in which to draw the UHB’s attention to the full range of views.
 - 5.1.2 The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the UHB and vice versa. The SRG’s role is distinctive from that of Community Health Councils (CHC’s), who have a statutory role in representing the interests of patients and the public in their areas.

6. Agenda and Papers

- 6.1 The Group's secretary is to hold an agenda setting meeting with the Chair and the Lead Executive (Director of Partnerships and Corporate Services) at least **six weeks** before the meeting date.
- 6.2 The agenda will be based around the Group's work plan, matters arising and requests from SRG members. Following approval, the agenda and timetable for papers will be circulated to all Group members.
- 6.3 All papers must be approved by the Lead Director.
- 6.4 The agenda and papers for meetings will be distributed **seven days** in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **seven days** to check the accuracy. The minutes must be an accurate record of the meeting which capture the discussions that take place.
- 6.6 Members must forward amendments to the Group's secretary within the next **ten days**. The Group's secretary will then forward the final version to the SRG Chair for approval.

7. Management of Meetings

- 7.1 The Group will meet quarterly and shall agree an annual schedule of meetings consistent with the UHB's annual plan of Board business. Additional meetings will be arranged as determined by the Chair of the SRG in discussion with the Lead Executive.
- 7.2 The Chair of the Group, in discussion with the Group's secretary shall determine the time and the place of meetings of the Group and procedures of such meetings.
- 7.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires, wherever possible, the Group to hold meetings in public.

8. Authority

- 8.1 The SRG may offer advice to the UHB through the following mechanisms:
 - 8.1.1 at Board meetings, through the SRG Chair's participation as an Associate Member
 - 8.1.2 in written advice; and
 - 8.1.3 in any other form specified by the Board.

9. Reporting and Assurance Arrangements

- 9.1 The SRG Chair is responsible for the effective operation of the SRG:
- 9.1.1 Chairing Group meetings;
 - 9.1.2 Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
 - 9.1.3 Developing positive and professional relationships amongst the Group's membership and between the Group and the UHB's Board and its Chair and Chief Executive.
- 9.2 The Chair shall work in close harmony with the Chairs of the UHB's other advisory groups, and, supported by the Board Secretary shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 9.3 As Chair of the SRG, they will be appointed as an Associate Member of the UHB Board. The Chair is accountable for the conduct of their role as Associate Member on the Hywel Dda University Health Board to the Minister, through the UHB Chair. They are also accountable to the Hywel Dda University Health Board for the conduct of business in accordance with the governance and operating framework set by the UHB.
- 9.4 The Group's Chair shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Board on the Group's activities. This includes written updates on activity after each meeting and the presentation of an annual report reviewing the Group's activity and effectiveness against the ToRs within 6 weeks of the end of the financial year;
 - 9.4.2 bring to the Board's specific attention any significant matters under consideration by the Group;
- 9.5 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Group.

10. Relationship Accountabilities with the Board and Other Committees of the Board

- 10.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.
- 10.2 The Board should determine the arrangements for any joint meetings between the Health Board and the SRG.
- 10.3 The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

11. Secretarial Support

- 11.1 The Director of Partnership and Corporate Services will ensure that the SRG is properly equipped to carry out its role by:
 - 11.1.1 Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the UHB and others;
 - 11.1.2 Ensuring that the SRG receives the information it needs on a timely basis;
 - 11.1.3 Ensuring strong links to communities/groups; and
 - 11.1.4 Facilitating effective reporting to the Board
 - 11.1.5 Enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.
- 11.2 The Group's secretary shall be determined by the Director of Partnerships and Corporate Services.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Board.

Enw'r Pwyllgor / Name of Committee	Staff Partnership Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Lisa Gostling, Director of Workforce & Organisational Development and Ann Taylor-Griffiths, Royal College of Nursing
Cyfnod Adrodd/ Reporting Period:	Meeting held on 5 th August 2019
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>This report summarises the work of the Staff Partnership Forum at its meeting held on 5th August 2019, with the following highlighted:</p> <ul style="list-style-type: none"> • A Healthier Mid and West Wales Update – the update report on A Healthier Mid and West Wales was presented to Forum. The Forum was advised that since Board approval of the Health & Care Strategy in November 2018, significant work has been undertaken to plan for the delivery phase. This has included the establishment of 3 programme groups (Transforming Our Communities, Transforming Our Hospitals, and Transforming Mental Health and Learning Disabilities), developing a 'check and challenge' process to underpin the portfolio, developing the Hywel Dda Way methodology, expansion of the core team and the development of communication resources for the Strategy. • Finance Update – the Finance Update was presented to Forum. The Forum was advised that performance in Month 3 represented an adverse variance against plan of £1.4m, with the biggest impact on the year to date forecast being Withybush Hospital with its significant surge activity, issues with staffing medical and nurse rotas in A&E, and issues with medical rotas in medical specialities. £21.1m savings have been identified to date against the target of £27m with work ongoing to identify further opportunities. £9.4m savings have been identified within workforce, which represents a large element of the financial plan for 2019/20. • Turnaround Update – the Turnaround Update was presented to Forum, highlighting the key areas and themes of the Turnaround Programme. • Nurse Staffing Level (Wales) Act 2016 Update – the Nurse Staffing Level (Wales) Act (NSLWA) 2016 Update was presented to Forum, advising on the progress of implementation and meeting the requirements of the NSLWA over the previous 6 months, and how key risks are being mitigated. The next area to be focused upon with the extension of the Act is Paediatrics, which is likely to come into effect in early 2020. Work is also ongoing with Mental Health and District Nursing. The next round of calculations will commence in September 2019. • Pay Review Body Visit – the Pay Review Body Visit update was presented to Forum, summarising the visit hosted by HDdUHB on 26th June 2019. The purpose of the visit was to monitor the implementation and impact of the three-year Agenda for Change (AfC) pay agreement, since its implementation in 2018. 	

The visit consisted of meetings with the Executive Team and sample sets of HDdUHB's workforce, concluding with an Executive feedback session. A total of 84 staff participated in the visit, the findings of which will form part of the Pay Review Report, which will be published later in the year.

- **Managing Attendance at Work** – the Absence Management report presented to Workforce & Organisational Development Sub-Committee on 4th July 2019 was presented to Forum. The Forum was advised that monthly absence rates had been above 5% earlier in the year although more recent figures demonstrated an improvement. However, the 12 month rolling rate remained below 5%, which is the lowest in Wales.
- **No Deal Brexit Preparations** – the update on No Deal Brexit preparations was presented to Forum. The Forum was advised that local and national reporting mechanisms are being reviewed and re-established in preparation for a 31st October 2019 leave date. HDdUHB's Brexit Steering Group had been re-established on 7th August 2019.
- **Car Park Management Update** – the Car Park Management Update was presented to Forum. The Forum was advised that the initial implementation date of the new car park management arrangements, scheduled for 1st July 2019, had been postponed to allow further time to address a number of outstanding issues. The new arrangements came into effect from 1st August 2019, with Group Nexus (formerly CP Plus Ltd) having confirmed that all systems are in place. Comments raised regarding shift worker exemptions and enforcement on weekends will be fed back to the Transport and Sustainable Travel Manager.
- **Update on In-House Made Sandwiches** – the Update on In-House Made Sandwiches was presented to Forum, with the Forum agreeing to support the recommendation that HDdUHB continues to purchase sandwiches via the all Wales contract due to the health & safety risks and increased costs associated with producing these in-house.
- **Employment Policy Update** - The following policies were presented to Forum to provide comment upon and agree, prior to onward submission to the Workforce & Organisational Development Sub-Committee for formal approval:
 - Annual Leave Policy
 - Guidance on Starting Salaries Policy
 - Retirement Policy
 - Additional paragraph added to the All Wales Special Leave Policy.
- **County Partnership Fora** – Update Reports from the 3 County Partnership Fora were presented to Forum for information.
- **Colleague Experience Group Terms of Reference** – the Colleague Experience Group Terms of Reference was presented to Forum for information, with comments to be fed back to Mr Robert Blake, Senior Organisational Development Officer.

- **Strategic Equality Plan Annual Report 2018/19** – the Strategic Equality Plan Annual Report 2018/19 was presented to Forum for information.
- **Influenza Season Update** – the Influenza Season Update was presented to Forum, which provided an overview of the aim of the Influenza Season Strategy, the risk to patients, and 2018/19 uptake data. The Forum supported the recommendations within the report regarding Directorates identifying a lead to take responsibility to promote the vaccination and to share monthly updates at a local level, and for expressions of interest for Flu Champions.
- **Any Other Business** – the current lack of GP Out of Hours (OOH) provision was highlighted to Forum and the impact of this upon A&E raised as a concern. The Forum acknowledged the concern, recognising that the challenges are a national issue requiring a whole systems approach.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

There were no matters requiring Board level consideration or approval.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

The lack of GP Out of Hours cover and the impact upon A&E.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the standing agenda items, the next Staff Partnership Forum meeting will include a review of the Staff Partnership Forum and County Partnership Fora Terms of Reference, an update on Pay Rolling of Benefits, an update from the Health & Safety and Emergency Planning Sub-Committee, and an update on the Public Health Wales Smoke Free Sites Policy.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

7th October 2019.

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Rosie Frewin, Partnership Governance Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Social Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)
- Joint Regional Planning & Delivery Committee (JRPDC)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for Health and Social Care](#) whose role will have a strengthened approach to planning and delivery

of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

The Joint Regional Planning & Delivery Committee (JRPDC) has been established as a Joint Committee of Swansea Bay (formally Abertawe Bro Morgannwg) and Hywel Dda University Health Boards and constituted from 24th May 2017. It provides joint leadership for the regional planning, commissioning and delivery of services for Swansea Bay and Hywel Dda University Health Boards.

Asesiad / Assessment

The following Joint Committee minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Summary of key matters considered by WHSSC and any related decisions made at its meeting held on 23rd July 2019

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of the meeting held on 26th March 2019 and confirmed minutes of the meeting held on 14th May 2019.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 18th July 2019.

Joint Regional Planning and Delivery Committee (JRPDC)

- Update Report following the meeting held on 21st August 2019

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

NHS Wales Collaborative Leadership Forum (CLF)

- Confirmed minutes of the meeting held on 13th May 2019 are unavailable due to the subsequent meeting taking place on 17th September 2019.

Mid Wales Joint Committee for Health and Social Care (MWJC)

- No Update Report is available due to the next meeting taking place on Monday 25th November 2019.

Argymhelliad / Recommendation

The Board is asked to receive for information the minutes and updates in respect of recent WHSSC, EASC, NWSSP, and JRPDC meetings.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee NHS Wales Collaborative Leadership Forum Mid Wales Joint Committee for Health and Social Care Joint Regional Planning and Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable

Risg: Risk:	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF, MWJC and JRPDC.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JULY 2019

The Welsh Health Specialised Services Committee held its latest public meeting on 23 July 2019. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2019-20-whssc-joint-committee>

Action log & matters arising

Members noted the action log.

Chair's Report

The Joint Committee received an oral report from the Chair. The Chair's annual appraisal with the Minister the previous week had gone well and the Minister had confirmed that the Chair's appointment was extended by a further year.

Managing Director's Report

The Joint Committee noted the content of the Managing Director's report and, in particular, an update on Radiofrequency Ablation for Barrett's Oesophagus in south and mid Wales, where expressions of interest for provision of a south Wales based service had been received from CVUHB and SBUHB. The service development is anticipated to be cost neutral or cost saving. The WHSS Team is progressing the CVUHB proposal but the original timeline for a service model recommendation by July 2019 has slipped.

Adult Thoracic Surgery for South Wales

The Joint Committee received a paper that (1) summarised the outstanding issues from the November 2018 Joint Committee meeting regarding the single site model for thoracic surgery based at Morriston Hospital, Swansea and the progress in addressing those issues; and (2) made recommendations regarding the future thoracic surgery consultant workforce model and emergency thoracic surgery cover for the Major Trauma Centre (MTC).

The latest proposals built on the consensus previously achieved regarding the additional (fourth) thoracic consultant post at UHW, to support the opening of the MTC, the funding for which would be included within the MTC business case and approved for 12 months. This appointment would need to be subject to an ongoing evaluation and extended if necessary. Also during this time the two thoracic centres would develop plans to work together developing a single emergency rota.

Members acknowledged that because of the uncertainty regarding the future consultant workforce requirements for the single thoracic surgery unit at Moriston Hospital, it is proposed that additional funding for two posts is allocated with the MTC business case when it is considered in September 2019. This would be in addition to the existing establishment of six posts. However funding release is dependent on an ongoing review of the real world experience from the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres. This will ensure that a fully informed recommendation can be brought back to the Joint Committee well in advance of the move to a single site and that the new centre opens with the right number of consultant thoracic surgeons to ensure a safe and sustainable service.

Members:

- Noted the work that had been undertaken by the medical directors of CVUHB and SBUHB as well as the WHSS Team to develop workforce proposals for the consultant thoracic surgical service;
- Supported the appointment of an additional consultant thoracic surgeon, funded through the MTC work stream, to support implementation of the MTC from April 2020 initially on an interim basis, pending clarity of the level of need;
- Supported the allocation of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morriston Hospital is opened – the funding release for which will be dependent on consideration by the Joint Committee of the real world experience of the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres;
- Noted the information set out in the May Joint Committee paper which provided assurance around the caveats identified by the affected health boards and the requirement for a report on the lessons learned from the engagement and consultation exercises; and
- Supported the recommendations going forward to the six affected health boards and agreed that they be asked to confirm their

unconditional approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea.

Major Trauma Network for South Wales (MTN)

The Joint Committee received an oral update on the latest developments regarding the MTN. This included an overview of the recently completed Gateway Review and its eleven recommendations, and assurance that the WHSS Team was still working to the original timeline (April 2020 'go live'), which included Management Group scrutiny and a presentation to Joint Committee for consideration in September 2019. It was noted that the Trauma Network Board was addressing the recommendations from the Gateway Review and the SRO would need to take a view on whether the original timeline could still be achieved in light of the outcome of this work; it was anticipated that this view would be taken in around three weeks' time.

Cystic Fibrosis 2019-20 ICP Strategic Priority

The Joint Committee received a paper that (1) provided an update on the implementation of Phase 1 investment for the All Wales Adult Cystic Fibrosis Centre; and (2) requested approval for the release of funding for the Adult Cystic Fibrosis Service 2019-20.

Members:

- Noted the information presented in the report;
- Approved the release of funding from 2019-20 ICP slippage to recruit to the remaining posts in Phase 2 Part A to support the current cohort and the continued development of the satellite clinics; and
- Supported taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020-21 ICP, in the event that Welsh Government declined separate 'Healthier Wales' funding.

Other reports

The Joint Committee received the Integrated Performance Report and the Financial Performance Report. The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:

- Management Group;
- All Wales (WHSSC) Individual Patient Funding Request Panel;
- Integrated Governance Committee; and
- Quality & Patient Safety Committee.





**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**‘CONFIRMED’ MINUTES OF THE MEETING HELD ON
26 MARCH AT THE NATIONAL IMAGING ACADEMY,
PENCOED BUSINESS PARK, BRIDGEND CF35 5HY**

PRESENT

Members	
Chris Turner	Independent Chair
Allison Williams	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB
Steve Moore	Chief Executive, Hywel Dda UHB
In Attendance:	
Meinir Williams	Managing Director, Ysbyty Gwynedd, Betsi Cadwaladr UHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	Clinical Director, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance WHSSC and EASC Joint Committees
Gwenan Roberts	Interim Board Secretary, Host Body
Hayley Thomas	Director of Planning, Powys Teaching LHB
Ross Whitehead	Assistant Chief Ambulance Services Commissioner

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/17	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	
EASC 19/18	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Tracy Myhill, Gary Doherty, Len Richards, Carol Shillabeer, Shane Mills, Steve Ham and Robert Williams.</p>	
EASC 19/19	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	

EASC 19/20	<p>MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2019</p> <p>The minutes were confirmed as an accurate record of the meeting held on 5 February 2019.</p>	
EASC 19/21	<p>ACTION LOG</p> <p>Members received the action log and NOTED progress as follows:</p> <p>EASC16/43 & EASC18/05 Sub Groups</p> <p>Nominations had been requested from each health board in order that the first meeting could take place at the end of April. The Chair asked how the new sub groups would be evaluated and it was AGREED that this would be received in a year's time (added to the forward look), this would allow time to get the Terms of Reference approved and it was expected that each group would have a forward work plan which would be received by the Committee.</p> <p>EASC17/44 & EASC17/73 Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review</p> <p>Members NOTED that the Chief Ambulance Services Commissioner (CASC) was waiting for a response from Swansea University. The CASC AGREED to arrange a meeting to resolve the matter and report back at a future meeting.</p> <p>EASC 18/06 & EASC 18/65 Integrated Performance Dashboard</p> <p>Members NOTED that the work on the development of the dashboard was continuing. The Chief Executives had received a presentation on unscheduled care at a recent meeting; further work would now be undertaken on the creation of a template by the Director of the National Collaborative Commissioning Unit (NCCU) and Judith Paget had agreed to be the lead Chief Executive to finalise the work.</p> <p>EASC 18/100 Financial Consequences</p> <p>Stuart Davies confirmed that a discussion had taken place with the Finance Directors and this action had been completed.</p>	<p>CASC</p> <p>CASC</p> <p>Dir NCCU</p>

	<p>EASC 18/107 Expansion of EMRTS</p> <p>Members NOTED that the expansion of EMRTS had been included in the Integrated Medium Term Plan (IMTP). The updates on progress would be provided and the change would take place in the last quarter and would align with the work in relation to the development of the major trauma centre, units and network by April 2020.</p> <p>A discussion took place in the relation to the progress made with the consultation on major trauma and Members NOTED that the Community Health Councils (CHCs) were writing to health boards regarding the outstanding issues for approval of the consultation outcome. The Welsh Health Specialised Services Committee (WHSSC) would lead on the work including the response on behalf of all health boards to the CHCs. Members NOTED that the CASC had discussed this with the Managing Director at WHSSC; the Minister for Health and Social Services had been briefed and the impact of the work on the Welsh Ambulance Services NHS Trust (WAST) would be included within the demand and capacity review.</p> <p>EASC 18/110 EASC IMTP</p> <p>Members NOTED that the EASC IMTP had been shared with all health boards and NHS Trusts and had been submitted to the Welsh Government.</p> <p>EASC18/101 Amber Review</p> <p>Members NOTED that the CASC had met with the CHCs and presented information on the ongoing AMBER Review. The response was positive and the CASC had agreed to keep the CHCs updated on progress.</p> <p>EASC 19/08 Mental Health Staff Clinical Desk</p> <p>Members discussed the provision of mental health staff on the clinical desk and also the similar work by the Police forces. It was AGREED that Judith Paget would discuss the implications of providing mental health staff also with Gwent police.</p>	<p>Dir NCCU</p> <p>CASC</p> <p>Judith Paget</p>
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	<p>The CASC also AGREED to raise the matter with the Welsh Government as it was felt that using scarce resources (mental health staff) more effectively across more than one 999 service was important and there was a potential to work together to provide population based services more effectively.</p> <p>Members felt that the Police forces would expect health services to fund the mental health staff at the end of the pilot programmes; however, working with key partners Members felt that clarity was required regarding meeting the need of the population which could be delivered either through the clinical desk approach or through NHS Direct in a 'Once for Wales' approach. It was felt that it would be important that any service was more open and easy for people, staff, police and other public services to access; avoiding differential approach in different areas was also felt to be important. Overall, Members felt it needed to be clear what the aim was and who would own the work going forward. Members NOTED that Police forces were liaising with health boards outside the normal commissioning process.</p> <p>Stephen Harrhy suggested that a report /position statement be developed by his team in relation to what was already available and what was working effectively. The issues in relation to access to data would also be captured; Members felt that the familiarity of local services was most valuable if there was also access to the right information. Consideration would also be given in the report as to whether a summit be held with all key partners and stakeholders about the best use of resources for the future. Members felt it would be important to link to the existing work of the mental health concordat. The CASC AGREED to discuss options with the Director General and Chief Executive of the NHS in Wales to obtain the Welsh Government's view of this matter.</p> <p>EASC 19/08 Cross Border A meeting was planned to take place between the CASC and Powys Teaching Health Board on Non-Emergency Patient Transport Services (NEPTS) and cross border matters which would be reported at the next meeting.</p> <p>Members RESOLVED to: NOTE the action log.</p>	<p>CASC</p> <p>CASC</p> <p>CASC</p> <p>CASC</p>
EASC 19/22	<p>MATTERS ARISING</p> <p>There were no additional matters arising that had not been contained within the Action Log.</p>	

<p>EASC 19/23</p>	<p>CHAIR'S REPORT</p> <p>Members NOTED that a written report would be submitted by the Chair for future meetings.</p> <p>Chris Turner reported he had visited the WAST control room at Vantage Point House in Cwmbran; he visited the clinical desk and saw first-hand that, although the number and nature of the calls could be very demanding, patients were dealt with expertly and efficiently by the team. The Chair requested that his grateful thanks be made to the WAST staff who hosted his visit.</p> <p>Members NOTED that a meeting with the Minister for Health and Social Services had taken place which included the receipt of the Chair's Objectives as follows:</p> <ul style="list-style-type: none"> • Oversee amber review actions and system implementation. • Support for WAST IMTP and plan for 2019-20 (to 2021-22). • Undertake demand and capacity assessment of WAST for system discussion and actions • Ensure collaborative governance in place and key collective decisions made. • Review and agree further EASC actions to underpin winter planning 2019-20. • Facilitate more of WAST options beyond 999 response as enablers for WAST role in community services and alternatives to hospital. • Align EASC with broader work on unscheduled care actions. <p>The Chair requested that his objectives be sent to all Members of the Committee for information.</p> <p>Members also NOTED that the Chair had attended the all Wales Chair's meetings which he found instructive although not all items were relevant.</p> <p>Members RESOLVED to NOTE the Chair's Report.</p>	<p>Jason Killens</p> <p>CASC</p>
<p>EASC 19/24</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioners report was received by the Committee.</p> <p>Members NOTED that an increase had been identified in the number of calls from primary care practitioners concerned that they were receiving a different level of service to other local areas; correspondence had also been received from local medical committees.</p>	

	<p>Members NOTED that across Wales everyone received the same service based on the information provided to the call handler and the responses to questions. Members NOTED that the CASC would be responding to the concerns raised in due course.</p> <p>Members received updates on the following items under the action log agenda item:</p> <ul style="list-style-type: none"> • Update on Emergency Medical Retrieval Service (EMRTS) • Update on Non-Emergency Patient Transport Services (NEPTS) • AMBER implementation <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update and the actions agreed. 	
EASC 19/25	<p>‘A HEALTHIER WALES’ COMMISSIONING ALLOCATION</p> <p>The Report on ‘A Healthier Wales’ was presented for discussion by Julian Baker, Director of the National Collaborative Commissioning Unit (NCCU).</p> <p>Members NOTED that the 1% ‘A Healthier Wales’ funding was provided to support additionality as clarified by the Welsh Government in correspondence dated 18 January 2019, with their expectations that:</p> <ul style="list-style-type: none"> • evidence was provided to demonstrate this additional allocation is used to secure further service provision • EASC discussed with the Welsh Ambulance Services NHS Trust (WAST) how this additional funding could be best utilised to further improve performance and outcomes • the Welsh Government are advised in due course on the detail of the additional service provision which has been funded. <p>Commissioning Values</p> <ul style="list-style-type: none"> • The total value of the 1% ‘A Healthier Wales’ commissioning allocation identified within the EASC IMTP 2019/22 was £1.477m for Emergency Ambulance Services and NEPTS. • The £0.036m for EMRTS was targeted within the EASC IMTP towards the EMRTS expansion plan. • A total of £1.513m ‘A Healthier Wales’ funding has been allocated through 2019/20 IMTPs. <p>Discussion took place in relation to the funding for EMRTS and the ongoing costs and phases and the potential to prioritise the EMRTS expansion, although it was felt important to make sure that a balance was found to avoid the financial commitment without the resource.</p>	

	<p>Members felt that the principles proposed within the report were important and that the prioritisation should be distributed between the EMRT and NEPT services.</p> <p>Members discussed the connection to local plans within health boards which included specific investments in the development of advance paramedic roles and it was NOTED that there might be a requirement to pump prime developments on a non-recurrent basis. Specific areas had also been highlighted within the IMTP:</p> <ul style="list-style-type: none"> • Compliance with HCP time requests to improve across each health board area. • Proportion of conveyance to locations other than major Emergency Departments to increase across each health board area. • Proportion of patients referred to alternative pathways / services to increase following 'hear and treat' and 'see and treat'. • Handover times to reduce across all health board areas. <p>The importance of the assumptions of plans for the next 5 years was also discussed and the requirements to collect quality metrics.</p> <p>The WAST and health board joint improvements for the NEPT service were clarified and the importance of the evaluation of any service, including any exit strategy if required.</p> <p>The role of the management group was emphasised with the aim to ensure that evaluation would be a key component in any service development.</p> <p>The importance of the principles was highlighted in terms of the resource utilisation and it was important to emphasise the role of the additional funding. Members felt that a key principle would be that services were equitable for health boards, although the view was expressed that there remained an imbalance in the RED category and that this would need to be addressed, particularly in rural areas.</p> <p>Members discussed the importance of moving the service forward but also recognised that WAST provided a lot of non-core business and the consequent need to get the balance right. In terms of the AMBER review rural services appeared to compare well, although there was still variation across Wales and this would need to be captured and addressed.</p>	
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	<p>Members felt the panel approach was correct although it was key to have the right representation from health boards in order to ensure equity across NHS Wales. Members AGREED that the Director of NCCU would request nominations likely to be Directors of Planning. The funding to be allocated would be non-recurrent funding for this year.</p> <p>Ongoing services provided by WAST was discussed including the “invest to save” initiatives. Members felt that the schemes related to “falls” during the winter had provided additionality although may be able to operate more effectively; ongoing work was continuing on the evaluation process.</p> <p>Jason Killens explained that the falls schemes would stop at the end of the month and requested that a further 3 months be supported on a non-recurrent basis in order that the evaluation could be completed as the evidence appeared to be good and supportive.</p> <p>Members felt that it would be beneficial to support the service and that this could occur on a non-recurrent basis. Members clarified that any recurrent allocation would need to be subject to evaluation and prioritisation of the available resources.</p> <p>Further discussion took place on recruitment and the requirements of the service. Health Boards indicated that they would need to recruit community paramedics and it was suggested that WAST may be able to over-recruit as the workforce model across the NHS in Wales was changing. Stephen Harray agreed to work with WAST in terms of a reasonable recruitment of staff and would also discuss the development of the advanced practitioner roles and where they could be deployed across NHS Wales with the aim to develop a comprehensive workforce plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • AGREE to set up a panel to allocate non recurrent funding for the forthcoming year and receive an update at a future committee meeting • NOTE the discussions held in terms of the expectations and principles • AGREE that WAST continue with the falls services for 3 months and share the evaluation as soon as possible with the Members. 	<p>Julian Baker</p>
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<p>EASC 19/26</p>	<p>EASC FINANCE REPORT</p> <p>The report was received by the Committee and presented by Stuart Davies. Members NOTED that the information was in line with the anticipated expectation of achieving breakeven at the end of the financial year. Stuart Davies explained that the ongoing work with the CASC would be helpful for the financial position in the forthcoming year.</p> <p>Members were alerted to an impending issue around the risk relating to the flow of patient identifiable information with and from NHS England which had been highlighted in a meeting of the Welsh Health Specialised Services Committee (WHSSC). The NHS Wales Informatics Service (NWIS) were involved in the work to avoid an impasse which related to the statutory regulations on handling data and the changes within the NHS Digital programme and the perceived gap within the legislative processes in Wales. It was anticipated that this could impact on the EAS Committee particularly on cross border flows. A temporary way forward was being developed as cessation would have a detrimental impact on patient care. Members NOTED that the Powys tHB were involved in the work and Stuart Davies would ensure that all Chief Executives in Wales would be aware of the work and the mitigations being made to manage the risks. A further update would be provided at the next meeting.</p> <p>Members RESOLVED to NOTE the report and the underspend position.</p>	
<p>EASC 19/26</p>	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members NOTED the following:</p> <p>The CASC was working with the EAS Team to develop the Annual Governance Statement which would be circulated to Members for comment once drafted.</p> <p>The list of nominated deputies for the Committee was received:</p>	

	<table><tr><th>Organisation</th><th>Nominated Deputy</th></tr><tr><td>Abertawe Bro Morgannwg UHB</td><td>Sian Harrop Griffiths, Director of Strategy</td></tr><tr><td>Aneurin Bevan UHB</td><td>Glyn Jones, Deputy Chief Executive and Director of Finance</td></tr><tr><td>Betsi Cadwaladr</td><td>Gill Harris, Director of Nursing and Midwifery</td></tr><tr><td>Cardiff and Vale UHB</td><td>To be confirmed</td></tr><tr><td>Cwm Taf UHB</td><td>Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance</td></tr><tr><td>Hywel Dda</td><td>Karen Miles, Director of Planning and Commissioning</td></tr><tr><td>Powys Teaching Health Board</td><td>Patsy Roseblade, Director of Primary, Community Care and Mental Health</td></tr></table>	Organisation	Nominated Deputy	Abertawe Bro Morgannwg UHB	Sian Harrop Griffiths, Director of Strategy	Aneurin Bevan UHB	Glyn Jones, Deputy Chief Executive and Director of Finance	Betsi Cadwaladr	Gill Harris, Director of Nursing and Midwifery	Cardiff and Vale UHB	To be confirmed	Cwm Taf UHB	Ruth Treharne, Deputy Chief Executive and Director of Planning and Performance	Hywel Dda	Karen Miles, Director of Planning and Commissioning	Powys Teaching Health Board	Patsy Roseblade, Director of Primary, Community Care and Mental Health	
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Hywel Dda	Karen Miles, Director of Planning and Commissioning																	
Powys Teaching Health Board	Patsy Roseblade, Director of Primary, Community Care and Mental Health																	
	<p>Stephen Harray agreed to write to Cardiff and the Vale to request clarification on their nominated deputy.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none">• NOTE the work on the Annual Governance Statement• Receive the list of Nominated Deputies.																	
EASC 19/27	<p>EMERGENCY MEDICAL SERVICE-5 YEAR DEMAND & CAPACITY REVIEW - WELSH AMBULANCE SERVICES NHS TRUST (WAST)</p> <p>The demand and capacity review was received by the Committee and presented by Jason Killens.</p> <p>In line with the Amber Review Implementation Programme and as agreed with the CASC, the report set out the intention for Health Boards and WAST to jointly commission a forward looking strategic Demand and Capacity Review, designed to model the optimal efficient level of ambulance resources that are required across the system to deliver agreed levels of performance for all categories of emergency calls against forecast demand for the next 5 years.</p> <p>Members NOTED:</p> <ul style="list-style-type: none">• The assumptions had been made for a 5 year period• Quality metrics related to patient experience• Plans for the review to take place in 3 phases <p>Phase 1 – Demand & Capacity Review (WAST Lead) Phase 2 – Health Economic Case (EASC Lead) Phase 3 – Future Modelling & Expertise (EASC/WAST Joint Lead)</p>																	

	<p>There are seven main components:</p> <ol style="list-style-type: none"> 1. Forecast all incident demand by type and location over the next 5 years 2. Agree the required levels of quality and time performance for each type of patient 3. Model the required resources to deliver 2. above by hour of day, day of week and geographical location 4. Identify and quantify WAST efficiencies including new models of response such as APPs, abstraction reduction and roster realignment 5. Identify and model unscheduled care system efficiencies 6. Model the impact of planned service changes affecting patient flows, and 7. Model required resources for Clinical Contact Centres including call handling and clinical staff delivering hear and treat services to meet forecast activity and quality and performance requirements. <p>Members felt that locality baseline information would be really useful and would inform the work. It was felt that a reasonable strategy would be to undertake the work on a regular basis every 2 to 3 years. The importance of linking to the Welsh Government's Clinical Plan and strategic vision to transform clinical care was also discussed; Stephen Harray agreed to discuss with officials from the Welsh Government.</p> <p>The Steering Group overseeing the work would include representatives from:</p> <ul style="list-style-type: none"> • Health Board Chief Executives – Steve Moore (Vice Chair of EASC has agreed to represent) • Welsh Government • The National Collaborative Commissioning Unit • The Welsh Ambulance Services NHS Trust (WAST) to include the Medical Director, Director of Operations, Director of Planning & Performance and Trade Unions / staff side organisations. <p>Members NOTED that progress reports would be made to EASC from the Steering Group throughout the process. The review will aim to complete its work as quickly as possible with a formal report potentially available for discussion at the EAS Committee meeting on 10 September 2019, although final timescales will be confirmed once the contract had been placed.</p>	
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AGENDA ITEM 1.4

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the commissioning of a collaborative, whole system 5 year strategic demand and capacity review for WAST emergency medical services • NOTE the establishment and membership of a steering group to oversee the review • Receive the findings of the Review at the earliest opportunity. 	
EASC 19/30	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p>	<i>ALL</i>

ANY OTHER BUSINESS		
EASC 19/31	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/32	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 14 May 2018 at the National Imaging Academy, Pencoed, Bridgend.	Committee Secretary

Signed
Christopher Turner (Chair)

Date



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**‘CONFIRMED’ MINUTES OF THE MEETING HELD ON
14 MAY 2019 AT THE NATIONAL IMAGING ACADEMY,
PENCOED BUSINESS PARK, BRIDGEND CF35 5HY**

PRESENT

Members	
Chris Turner	Independent Chair
Gary Doherty	Chief Executive, Betsi Cadwaladr UHB (Via VC)
Stephen Harrhy	Chief Ambulance Services Commissioner
Tracy Myhill	Chief Executive, Swansea Bay UHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB
Allison Williams	Chief Executive, Cwm Taf Morgannwg UHB
Glyn Jones	Director of Finance/Deputy CEO, Aneurin Bevan UHB
In Attendance:	
Julian Baker	Director, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance, WHSSC and EASC Joint Committees
Lee Davies	Operational Planning Director, Cardiff & Vale UHB
Rachel Marsh	Interim Director of Planning & Performance, Welsh Ambulance Services NHS Trust
Brendan Lloyd	Executive Medical Director, Welsh Ambulance Services NHS Trust
Shane Mills	Director Quality and Patient Experience, National Collaborative Commissioning Unit
Robert Williams	Director of Corporate Services and Governance / Board Secretary
James Rodaway	Head of Commissioning, EASC
Kathrine Davies	Interim Corporate Governance Support (Secretariat)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/33	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. The Chair advised that the main business would be followed by a development session involving a presentation from Welsh Ambulance Services NHS Trust.</p>	

	<p>The presentation included the following aspects:</p> <ol style="list-style-type: none"> 1. WAST's Long Term Strategic Framework <ul style="list-style-type: none"> ▪ Purpose is to engage with EASC on the framework and seek feedback to inform final document 2. Key Priorities for Development through IMTP 2019/22 3. Areas for Joint Working with Health Boards and others 4. Planning collaboratively for winter 2019/20. 	
EASC 19/34	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Judith Paget, Len Richards, Jason Killens, Tracey Cooper, Steve Ham and Ross Whitehead.</p>	
EASC 19/35	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	
EASC 19/36	<p>MINUTES OF THE MEETING HELD ON 26 MARCH 2019</p> <p>The minutes were confirmed as an accurate record of the meeting held on 26 March 2019, subject to the following amendment:</p> <ul style="list-style-type: none"> • Page 12 – Date and time of next Meeting should read "2019" and not "2018". 	
EASC 19/37	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED progress as follows:</p> <p>EASC17/44 & 17/73 & 19/21 Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review</p> <p>Members NOTED the update from the Chief Ambulance Services Commissioner (CASC) in relation to the conversation with Swansea University and was awaiting firm information back from them. An update would be provided at the next meeting if available.</p> <p>EASC 18/06 & 18/65 & 19/21 Integrated Performance Dashboard</p> <p>Members NOTED that the work on the development of the dashboard to provide bespoke health board reports was ongoing and moving in the right direction with the actions being taken forward.</p>	CASC

<p>The CASC advised that he would need to have a conversation with the Welsh Ambulance Services NHS Trust (WAST) and the NHS Wales Informatics Service (NWIS) on linking the data to ensure the comparison between the local and national information was appropriate.</p>	<p>CASC</p>
<p>EASC 18/46 & 18/65 Clinical Risk Review</p>	
<p>Members NOTED that a meeting had been held last week to conclude the review; there were still some legacy issues outstanding. The report would be brought to the next meeting for further consideration if required and then closed.</p>	<p>Dir NCCU</p>
<p>EASC 18/107 & 19/21 Expansion of EMRTS</p>	
<p>Members NOTED that an update on progress, including the funding allocation for 'A Healthier Wales' would be included in the update on the Management Group within the CASC report.</p>	
<p>EASC 19/08 & 19/21 Mental Health Staff Clinical Desk</p>	
<p>Glyn Jones updated Members following the recent conversation between Judith Paget and Gwent Police. Members discussed ways of providing mental health support for police control, one option to be considered could be via the Police & Crime Commissioner. Carol Shillabeer advised that no date had been agreed for the Concordat as yet. Shane Mills would also be undertaking a review of mental health access over the next six months which would be looking at all the available data. Members AGREED to keep this matter on the action log. Members NOTED that there was an error on the wording of the log which should read as "Health Boards" and not "Health Education & Improvement Wales". This would be amended.</p>	
<p>EASC 19/08, 19/21 & 19/23 Cross Border and Regional Activity</p>	
<p>Members were updated on the recent discussion between the CASC and Powys Teaching Health Board and cross border activity, no specific issue was identified.</p>	
<p>Stephen Harray advised that the Management Group had now received nominations from all HBs and they were in the process of setting up the first meeting which would hopefully be the first or second week of June.</p>	

	<p>The first meeting would be to go through the approach to the allocation and this would be reported at the July meeting and Members NOTED that the funding would be allocated on a recurrent basis.</p> <p>Julian Baker advised that a report on the 1% allocation related to 'A Healthier Wales' had been sent to the Directors of Planning and this would be shared with Members. Members NOTED that visits would also be arranged to all Health Boards alongside WAST to identify good practice. The new Management Group would be used to oversee this work; Tracy Myhill suggested that the Management Group needed to meet as a matter of urgency.</p> <p>EASC 19/12 EASC Risk Register</p> <p>Members NOTED that this would be the subject of the next Development Session at the July meeting.</p> <p>Members RESOLVED to: NOTE the action log.</p>	<p>Dir NCCU</p> <p>CASC</p>
EASC 19/38	<p>MATTERS ARISING</p> <p>EASC 19/25 – Tracy Myhill asked for an update on the "Falls" schemes. The CASC advised that the scheme had not been running long enough to carry out a thorough evaluation and would continue to run for a further 3 months.</p> <p>EASC 19/25 – Brendan Lloyd referred to the 5th paragraph on page 8 and advised that they were trying to discourage the phrase "community paramedic".</p> <p>EASC 19/27 – The Chair queried if the sub group had now been established to review demand and capacity for WAST Emergency Medical Services. Rachel Marsh confirmed that it had been established.</p>	CASC
EASC 19/39	<p>CHAIR'S REPORT</p> <p>The Chairs report was received by Members. The report included the following updates:</p> <ul style="list-style-type: none"> • Meeting with the CASC regarding his objectives which were due to be finalised. • Martin Woodford had been appointed as substantive Chair for WAST. 	

	<ul style="list-style-type: none"> All Wales Chairs meeting with the Minister – Chris Turner gave a verbal update on the meeting which included discussions on maternity services, speaking up safely and the Transformation Fund. Chris Turner advised that the Minister raised concern at the meeting in regard to the Red performance and discussions had also been held in regard to the allocation of winter funding. <p>Members RESOLVED to NOTE the Chair's Report.</p>	
EASC 19/40	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioners report was received by the Committee.</p> <p>Members NOTED that an update on the Management Group had been received earlier.</p> <p>Amber Review – Members were advised that the Minister would be making a statement on the 4 June 2019, following this he would ensure that members receive a copy of the statement. Members NOTED that the overall trend with regard to delays was a worsening position. However, there were variations across Wales with handover delays and other issues in regard to 'long waiters'.</p> <p>Stephen Harrhy advised that he had held discussions with WAST and there would be a refresh of the long wait reduction programme. The messages coming out of the second part of the Amber implementation programme would need to be clear with actions identified and a focus on progress being made. Members were advised that a formal report would be brought back to the Committee once this had been agreed.</p> <p>Red Performance - The CASC advised Members that the variation in performance across Wales was not going in the right direction and had been below 65% in Hywel Dda and Powys. Members NOTED the letter received from the Deputy Chief Executive of NHS Wales, Simon Dean raising concern about the disappointing figures. The CASC also expressed his concern and stated that the variation was unacceptable. Members were advised that the CASC had been holding weekly meetings with WAST to seek assurances of the measures being taken to improve on performance across Wales and also specifically targeting the areas that were below the required performance levels.</p>	

Brendan Lloyd advised that it was important to note that the running calls had now been removed and were not included in the figures. Members **NOTED** that the Red calls this morning were 5.4% of the total and were advised that WAST would be undertaking a piece of work to see if there was anything they could be doing to improve upon, such as early mobilisation and availability of resources. Following this a report would be provided to Simon Dean and Members would be updated at the next meeting. Rachel Marsh advised that she would share the letter that had been sent to Simon Dean. Members were advised that there was monitoring on a daily and weekly basis and action plans were being sent to the CASC.

The Chair asked whether the May performance figures had been received. The CASC advised that two Health Boards were significantly under the target and averaging 65-68%. He stated that there would need to be continuous improvement across Wales to get over the 70% figure. The CASC advised that this was not good enough with the performance even worse than in 2016. He advised that sustainable changes must be made and the variation in terms of pathways needed to be improved. Members were advised that joint escalation plans between WAST and Health Boards should be considered. The CASC advised that he would be writing to Simon Dean next week and would share the draft letter for comments and agreement prior to sending. The Chair requested that given the seriousness of this matter it would be helpful if an update would be provided to Members in June. The CASC confirmed that he would do this.

Members **NOTED** that a recurrent sum of circa £500k was available to EASC from the underspend related to the Band 6 paramedic business case. This had recently been identified by WAST. Members were advised that WASTs preferred option would be to recruit an additional 31 whole time equivalent core paramedic staff to provide the backfill to allow 36 staff to commence Advanced Paramedic Practitioner (APP) training.

Members **NOTED** that the APPs would be geographically spread across all Health Board areas and would operate in the existing rotational model format. Members were advised that the option provides additionality to the unscheduled care system to support both winter 2019/2020 and 2020/2021 from which time the additional posts would be fully deployed as all educational requirements would have concluded.

Members **NOTED** that the total recurrent annual cost of the additional 31WTE. Band 7 APPs, together with associated costs and programme support, equates to circa £2.2m.

	<p>Allison Williams advised that some exploratory work could be undertaken to look at different options, she added that it was unclear from the report what was being asked and if it was to support the £2.2m then this could not be done without a business case. Members discussed other options in terms of funding the APPs and where they could be used to support the system.</p> <p>Following discussion, Members AGREED that the next steps to look at were:</p> <ul style="list-style-type: none"> • 3 or 4 general themes to capture moving forward • Clarity around what the APPs could be used for in the whole system • A letter would be sent to confirm the quality assurance process. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update and the actions agreed. 	
<p>EASC 19/41</p>	<p>EASC FINANCE REPORT</p> <p>The report was received by the Committee and presented by Stuart Davies. Members NOTED that at Month 12 the forecast financial position of WAST was a £496k underspend as a result of slippage of the emergency services mobile communications programme (ESMCP) project costs and business case funding. Stuart Davies advised that following discussion at the last meeting options for managing the underspend were discussed with WAST but were declined, therefore the underspend had been returned to Health Boards in accordance with the standard risk sharing principle.</p> <p>Members NOTED that the funding for Renal Transport had now been separated from WAST and would be reported separately in future. Members were advised that funding allocation for Air Ambulance (EMRTS) had been transferred from WAST to the EAS Committee. Members NOTED that there was a break even position reported against the EMRTS baseline funding of £3.553m.</p> <p>Members NOTED the overview of key risks which were:</p> <ul style="list-style-type: none"> • Optimising the delivery benefits from the 'A Healthier Wales' 1% allocation • APP Expansion Plan • Continuity risks re: 2018/19 winter management initiatives • Increases in employers contributions (not centrally funded) <p>Members RESOLVED to NOTE the report and the underspend position.</p>	

<p>EASC 19/42</p>	<p>AMBULANCE QUALITY INDICATORS</p> <p>The Committee received the report which provided an overview of the most recent quarter data which was published on 24 April 2019 for the period 1 January – 31 March 2019. Members NOTED the narrative contained within the report which outlined the performance across the 5 step Ambulance Care Pathway:</p> <ul style="list-style-type: none"> • Step One – Help Me Choose • Step Two – Answer My Call • Step Three – Come to See me • Step Four – Give Me Treatment • Step Five – Take Me To Hospital <p>Members were advised that AQI 7ii was not contained within the table and will be presented in the next quarter report.</p> <p>Julian Baker advised that 3 years of data with regard to activity, performance and resources had now been collected and this would be discussed with WAST colleagues. Members NOTED an opportunity to use the resources to undertake more detailed trend analysis work on quality, performance and activity.</p> <p>Members RESOLVED to NOTE the report.</p>	
<p>EASC 19/43</p>	<p>PROVIDER ISSUES BY EXCEPTION</p> <p>There were no additional issues identified which had not already been discussed.</p>	
<p>EASC 19/44</p>	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Robert Williams.</p> <p>Members NOTED that at the EAS Committee meeting in November, the governance update was inadvertently omitted in the approved minutes. Members were asked to approve the amended minutes which would then be shared with the Health Boards and updated on the EASC website.</p> <p>Members NOTED the current draft of the Annual Governance Statement which may be subject to final changes which would be shared with the Committee and due to timings may require the Chair to take action outside of the meeting for final sign off. The final version would be endorsed at the next meeting of the Committee.</p>	

	<p>Members RECEIVED and NOTED the Internal Audit Report on EASC Governance which was received by the Host Body's Audit Committee on 13 May 2019. Members NOTED that the report received a 'Reasonable' assurance rating and four medium priority recommendations had been made. The actions required would be factored into the forward work plan for the Committee with the majority to be delivered by the next meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the amendments to the minutes of the EAS Committee meeting in November 2018 • APPROVE the Annual Governance Statement • NOTE the report. 	
EASC 19/45	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p>	<i>ALL</i>

ANY OTHER BUSINESS		
EASC 19/46	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/47	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 23 July 2019 at the Education Centre, Llandough (Change of venue).	Committee Secretary

Signed
Christopher Turner (Chair)

Date

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 July 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. Health Courier Services (HCS) Deep Dive

Tony Chatfield, Head of Operations, provided an introduction to the services that HCS provide. Many of these are viewed as best practice across the UK and has earned HCS a place on the Department for Transport Emergency Driving Group. Examples were provided of the developments and initiatives being undertaken with various Health Boards and customer surveys highlighted a high level of satisfaction with the service provided. The presentation was well received by the Committee.

2. Laundry Business Case

A paper was tabled by the NWSSP Director of Workforce and OD on the proposals for consulting staff directly affected by the preferred option to reduce the number of laundries from five to three. The paper set out the basic principles on which NHS Wales Shared Services Partnership propose to engage with and manage the relationship with HBs and their staff affected by the proposals. There are three core principles as follows, supported by detailed actions:

- Effective staff communication;
- Collaborating throughout; and
- Caring for and looking after our staff during re-organisational change.

It was agreed that this process should commence with staff roadshows hosted by the relevant HBs, with local WOD, Staff side & Laundry representatives in attendance; facilitated by NWSSP WOD & Project staff.

The Committee fully endorsed the principles.

A separate paper was presented by the Director of Specialist Estates Services, on the actions required following the initial submission of the OBC to Welsh

Government. In order to ensure that those areas identified in the feedback were addressed in a timely manner the Committee agreed to the establishment of a new Programme Board, which would include representation from across NHS Wales. SSPC members were asked to consider identifying appropriate individuals from within their own organisations to participate in taking the project forward.

3. Managing Director's Report

The Managing Director updated the Committee on:

Medical Examiner Service - Andrew Evans, Deputy Director of Primary Care at Powys THB has now started in post as Project Manager, and Dr Jason Shannon has been appointed as the Lead Medical Examiner for Wales. The Lead Medical Examiner Officer role is current being advertised and the recruitment process will commence shortly for the Medical Examiners and Medical Examiner Officers that will be based out at Health Board sites. To progress this, NWSSP will need to work with Health Boards to secure appropriate office space, preferably close to Bereavement Services at main hospital sites.

Brexit/IP5 - Brexit preparations continue although some further work is still required on identifying current key non-stock requirements in the event of a no-deal Brexit. This will primarily involve working with the NHS Collaborative, various clinical networks and Medical in terms of finalising the lists of required items. Further testing on links to the national systems are currently being arranged to assess readiness should there be a no-deal Brexit. To ensure additional resilience the current smaller store in Cwmbran will also relocate to IP5, which will enable a seamless rotation of Brexit stock with normal operations to avoid any issues of out of date stock. Further work continues on developing options for the remaining space in IP5 with the intention of holding mini-workshops with relevant stakeholders over the next few weeks.

NHAIS Replacement – Following discussions with the Chief Executive of the Business Services Organisation in Northern Ireland, NWSSP have written to the Permanent Secretary covering the NI Health Department for permission to further explore the opportunities of using their GP Payments System to pay Primary Care Contractors in Wales. They are due to visit in late August to progress this issue.

Primary Care Sustainability - Working with Welsh Government, NWSSP Employment Services has established a number of key systems and processes advancing delivery of 'A Healthier Wales' and the Strategic Programme for Primary Care. These developments include the introduction of a single point website to advertise multi-disciplinary vacancies, Wales National Workforce and Reporting System capturing for the first time primary care workforce information and the All Wales Locum Register for Primary Care providing confirmation of Locum GPs registered on the Wales Scheme for General Medical Practice Indemnity. Maximising opportunities, these changes will remove current advertising costs for GP Practices, visibility of GP vacancies enabling GP Trainee Streamlining, improved quality and understanding of primary care multi-disciplinary workforce demographics to achieve greater workforce and cross-

cluster planning.

4. Items for Approval

The Committee reviewed and approved the following contract extensions for national support systems:

- Selenity (e-expenses)
- Trac (recruitment)
- Finance Procurement Enterprise Systems Contract (Oracle)

In addition, the Committee discussed the recommendations of the Concerns Management System report. It was noted that the proposed new system had improved functionality over the current system however, it was more expensive. The Committee approved the awarding of the contract for the new system but proposed that the mechanism to recharge the costs should be reviewed and agreed by the Deputy Directors of Finance Group.

The Committee also noted and approved the progress and implementation of three primary care initiatives relating to:

- GP Wales Website;
- Wales National Workforce Reporting System; and
- All-Wales Locum Register.

The Committee also noted the Velindre Board agreement for NWSSP to proceed by the publication of a Voluntary Ex-ante Notice (VEAT) for the GP Wales website.

5. Items for Noting

- **Construction Industry Update** - The Director of Specialist Estates Services provided an update on the current position within the construction industry. The industry has not fully recovered since the financial crash of 2008, and while there are challenges in Wales, the use of framework arrangements has protected NHS Wales from some of the significant issues experienced by NHS organisations in England.
- **PMO Highlight Report** - The Committee noted the updates on projects and that there were no major concerns with any at the current time.
- **Finance & Workforce Report** - The Committee noted that NWSSP is currently reporting a small underspend but that a number of financial challenges remain. KPIs were generally noted as also being on track.
- **IMTP Quarterly Report** – The Committee reviewed and noted the report.
- **Blaenavon Data Centre Outage** – The Committee were provided with a summary of the reasons for, and the implication of, the recent outage. A report from NWIS on root cause analysis and required next steps was also reviewed.
- **Corporate Risk Register** – The Committee noted that two red risks remain and that updates on both had been provided as part of the MD's report. One risk relating to the Bridgend boundary change has now been

removed from the Register.

- **Gifts & Hospitality Report 2018/19** – The Committee noted the declarations and queried whether all of the entries required disclosure.
- **Complaints Annual Report 2018/19** – The Committee noted the increase in the number of complaints from the previous year, particularly relating to payroll and salary sacrifice, but that action was being taken to learn from these issues and address the root cause.
- **Audit Committee Annual Report 2018/19 and Terms of Reference** – The Committee noted the positive tone of the Annual Report and the minor changes to the Terms of Reference which have already been signed off at Audit Committee. The Committee noted that the report gave assurance that NWSSP were operating robust systems on behalf of NHS Wales. It was agreed that an Audit Committee Assurance Report would be developed and produced for Health Boards, Trusts and HEIW. It was agreed that the Director of Internal Audit services would also discuss with Audit Committee Chairs.
- **Audit Committee Highlight Report** – the report relating to the meeting held on 9 July was reviewed and the Committee noted that the reports taken to the meeting were positive in their assessment of controls and systems within NWSSP.

6. Items for Information

The following papers were provided for information:

- Months 2 & 3 Monitoring Return;
- Wales Audit Office Management Letter 2018/19;
- Wales Audit Office Report into Nationally Hosted Systems 2018/19;
- Counter Fraud Lessons Learned Report; and
- NHS Wales Fighting Fraud Strategy.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

18 September 2019

JOINT REGIONAL PLANING AND DELIVERY COMMITTEE UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Hywel Dda University Health Board with an update of ongoing Joint Regional Planning and Delivery Committee (JRPDC) projects. The group last met on 21st August 2019 and are due to meet next on 18th October 2019.

2. BACKGROUND

The Joint Regional Planning & Delivery Committee (JRPDC) has a key role in driving forward, at pace, a range of projects that have been identified by both Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) as priorities for joint working on a regional basis; to deliver Ministerial objectives, especially those relating to the NHS Outcomes Framework, as well as alignment to the more strategic 'A Regional Collaboration for Health' (ARCH) Programme Board and that of the Service Transformation Programme.

Key points to note in this report are:

- The presentation to the JRPDC of the draft Regional Clinical Services Plan (RCSP);
- The presentation of the workforce issues delivered by the Directors of Workforce and Organisational Development in both University Health Boards;
- The intention to review current regional planning meetings and governance and discuss options for a more streamlined regional working arrangement moving forward.

3. ASSESSMENT

The minutes for the JRPDC meeting held on the 21st August 2019 are not yet ratified, therefore a high level summary of project progress updates received at the JRPDC in August are as follows:

Regional Clinical Services Plan for South West Wales (RCSP)

The first draft of the RCSP was received by the committee for comments. The RCSP was well received, and the committee noted the shared intentions and three tiers of working clearly set out in the plan. A final version will be presented at the next JRPDC meeting in October, ahead of its inclusion in University Health Boards' Integrated Medium Term Plans in November. Discussions were held on the Workforce Planning element required to address the service sustainability issues highlighted in the Regional Clinical Service Plan. This is being taken forward for consideration by the Directors of Workforce and Organisational Development and a further update will be received at the next JRPDC in October.

Pathology

A report on the Pathology SOC and OGC Gateway review was presented to the committee. Progress on the project and gateway review was noted. The engagement work which has been completed in Hywel Dda UHB was also noted.

Cardiology

An update on regional Cardiology programme of work was received. The update was well received and a further update was requested at the JRPDC in December.

Endoscopy

A report on the Endoscopy Joint Regional Work programme was received. The committee was updated on two recent regional workshops, at which priority areas for the project were agreed. It was made clear that the opportunities to open up capacity at Prince Phillip Hospital are being explored thoroughly. An updated position will be reported to the next JRPDC meeting in October.

Dermatology

An update on the Dermatology project was received. A regional workshop is scheduled for 3rd October, where next steps for this project will be agreed. An updated position will be reported to the next JRPDC meeting in October.

Major Trauma

An update on the work to establish Major Trauma Units in SW Wales was received. It was updated that the project is progressing at significant pace. It has been identified that improvement will need to be made in particular on the model for rehabilitation, and this is now being considered as a separate regional project, aligning to Stroke and neuro rehabilitation, led by the Director of Therapies in both Health Boards.

Workforce

Directors of Workforce and OD attended to present on regional workforce issues and, updated the committee on three identified projects being supported by ARCH; 1. Apprenticeship scheme 2. Volunteering and 3. Well-being at Work. It was also noted that work is being undertaken on a regional basis to support Occupational Health Services, due to critical gaps.

Regional Planning Meeting Arrangements

It was discussed and agreed that current regional planning meeting arrangements should be reviewed and options discussed to adopt a more streamlined regional working arrangement moving forward. This work is being led by Directors of Planning and Strategy, on behalf of both University Health Board Chief Executives. An update on this will be reported to the next meeting in October.

A further detailed update on all JRPDC projects will be received at the Health Board meeting in November 2019.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the update on the JRPDC regional joint working that is being progressed.

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Statutory Partnerships Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird, Head of Strategic Partnerships, Diversity and Inclusion Martyn Palfreman, Head of Regional Collaboration

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire and the West Wales Regional Partnership Board.</p> <p>The purpose of this report is to provide an update to the Board in respect of the recent work of the three Public Services Boards and Regional Partnership Board.</p> <p><u>Cefndir / Background</u></p> <p>PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (the Act) and their purpose is to improve the economic, social, environmental and cultural well-being in its area by strengthening joint working across all public services in Wales.</p> <p>The effective working of Public Services Boards is subject to overview and scrutiny by the Well-being of Future Generations Commissioner, Wales Audit Office as well as designated local authority overview and scrutiny committees.</p> <p>Regional Partnership Boards, based on LHB footprints, became a legislative requirement under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBWA). Their core remit is to promote and drive the transformation and integration of health and social care within their areas.</p> <p><u>Asesiad / Assessment</u></p> <p>Public Services Boards</p> <p>There have been no meetings of the PSBs since the last report considered by Board on 25th July 2019 due to the summer holiday period. Meetings are scheduled to take place in September 2019 as follows:</p> <ul style="list-style-type: none"> Ceredigion PSB – 9th September 2019 in Coleg Ceredigion, Cardigan. A link to the agenda and papers of Ceredigion PSB is provided:

<https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/public-services-board-meetings/>

- Carmarthenshire PSB – 12th September 2019 in University of Wales Trinity St David, Carmarthen. A link to the Carmarthenshire PSB website is provided below, where copies of the agenda and meeting papers are available to review.
<http://www.thecarmarthenshiREWewant.wales/meetings/>
- Pembrokeshire PSB - 24th September 2019 in Pembrokeshire Coast National Park, Pembroke Dock. A link to the agenda and papers of Pembrokeshire PSB is provided:
<https://www.pembrokeshire.gov.uk/public-services-board/psb-agendas-and-minutes>

Joint working between PSBs and the RPB

As previously reported, a second regional meeting of the PSBs took place on 7 June 2019. In addition to PSB members, this session was also attended by representatives of the West Wales RPB and Powys PSB/RPB. The meeting provided an opportunity to explore in depth where opportunities exist for the PSBs and RPB in West Wales to work together on shared priorities. The notes of the meeting have been summarised into a paper which will be considered at each of the forthcoming PSB and RPB meetings for endorsement. A copy is attached at Appendix 1 for information.

There are clear links between the PSBs and various proposals within the regional Transformation Bid *A Healthier West Wales*, namely:

- Implementation of an Involvement Summary Record (ISR) to enable sharing of client information across public agencies (part of programme 2 – *sharing data for a person-centred approach*). This links with a project which is being driven forward by the three PSBs who have secured WG funding to commission the development of a digital information system and data sharing platform to support local well-being assessments. This work is being co-ordinated via Ceredigion PSB.
- Development of a digital engagement tool to facilitate virtual conversations with different communities (part of programme 5a – *continuous citizen engagement*). If these bids are successful, opportunities for a single system performing all functions or, as a minimum, full interoperability between separate systems, will be actively explored.
- Developing models to support social and green solutions for health. Social prescription to help people manage their own long-term conditions (linked to proposed programme 4 – *proactive supported self management*, which has yet to be approved for funding).
- Developing services within our communities and enhancing the community connector role and supporting local enterprise through growing the third sector role (linked to *programme 7 - creating connections for all*, and *programme 8 - building the infrastructure to deliver*).

Regional Partnership Board update

Preparations for the **implementation of the approved *Healthier West Wales* programmes** have been continuing over the summer period. Key activities have included:

Programme 1 – Proactive, technology-enabled care

- Development of a Service Level Agreement with Delta Wellbeing for delivery of wellbeing assessment and proactive calls.
- Development of detailed support pathways to deliver the model, including welfare response arrangements and community support.
- Engagement with key stakeholders.
- Development of incremental timetable for delivery across the three County areas.

Programme 3 – Fast-tracked, consistent integration

- Detailed structures for delivery of crisis response function developed across the three county areas and alignment with programme 1 arrangements to ensure effective clinical response where necessary, with recruitment to the teams commencing.
- Appointment of project managers at locality level to coordinate integration and improvement initiatives.

Programme 7 – Creating connections for all

- Specification developed for review of community connector arrangements, and recruitment commenced to key posts to take forward development of a consistent and sustainable model.
- Arrangements for appointment of Development Officers to promote and support volunteering across the region.

An outcomes and benefits framework has been developed to track impact of the above programmes and to inform inter-agency discussions on how successful initiatives will be mainstreamed and funded beyond 2021. As well as measuring progress towards core, high level outcomes, this framework will allow specific benefits to be tracked across the system at county, locality and individual level and will, if effective, be applied across ICF programmes and core activities of the UHB and partner agencies.

A final Ministerial decision is still awaited regarding funding for the remaining Healthier West Wales schemes together with confirmation of the funding period. The Board will be further advised at its next meeting.

The RPB is engaged in a **review of arrangements for pooled funds for care homes across Wales** which is being undertaken across all regions by KPMG on behalf of Welsh Government. This provides an opportunity to showcase the shared data set and reporting mechanism that has been developed for the region alongside work being undertaken to develop regional contract conditions for care homes.

A *Healthier Wales* committed Welsh Government to :

- Commission the Healthcare Inspectorate Wales and the Care Inspectorate Wales to **jointly examine the progress of new local models of health and social care, and the effectiveness of RPB joint working** (by end of 2018); and
- Introduce **joint inspection, to include partnership working, pooled budgets and joint commissioning** (from 2020).

A national advisory group comprising representatives of the two inspectorates, Wales Audit Office, the Welsh Local Government Association (WLGA), Association of Directors of Social Services (ADSS) Cymru and NHS Directors of Planning has been considering possible approaches and have developed proposals which focus on self-assessment. A workshop for all RPBs will be held in early October 2019 to discuss the proposed approach. The intention will then be to pilot it in one RPB area before roll-out across Wales. The Board will be updated on this at its next meeting.

Argymhelliad / Recommendation

This report is for information and the Board is asked to:

- Note the progress updates for our collaborative working with each PSB and the RPB

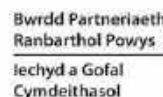
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	HDdUHB staff time to support progression of PSB project and delivery group meetings being established to drive forward implementation of the Well-being Plans. The Regional Partnership Board is working collaboratively to deliver "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board". The proposal totalling £18.2m was submitted in November 2018 and Welsh Government has already approved £12m of the proposal, and work is on-going to re-submit some elements of the bid.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving the well-being of the population is at the forefront of the two key pieces of legislation that provide a focus for PSBs and RPBs. "A Healthier West Wales: Transformation

	proposal by the West Wales Regional Partnership Board” embraces a “through-age” model which will support people in Starting and Developing Well; Living and Working Well; and Growing Older Well.
Gweithlu: Workforce:	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. “A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board” includes a key programme of work focused on “an asset-based workforce”.
Risg: Risk:	Whilst each PSB Well-being Plan is different, there are consistent themes of activity. There is a risk that whilst addressing local need, there may be some inconsistency in approach between counties for our wider population. We have a duty as PSB members to encourage consistency of approach where appropriate in order to minimise inequity. Resourcing the project and delivery groups of PSBs could be considered an “add on” responsibility by staff and the synergy with achieving HDdUHB’s goals needs to be understood.
Cyfreithiol: Legal:	It is a statutory duty for each PSB to produce a Well-being Plan and Area Plan and for the UHB as named statutory partners to work with the PSBs and RPB to support the development and delivery of the actions within the Plan.
Enw Da: Reputational:	There is a statutory requirement for HDdUHB to contribute to the work of the PSBs and RPB. There is a statutory duty for the UHB to work in partnership with its three partner local authorities to transform health and social care delivery. The RPB Governance arrangements form an essential framework to support operational action.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	The focus of equality runs throughout the work of the PSBs aligned to the Well-being goal: A More Equal Wales. This is an update paper therefore no EqlA screening has been undertaken.

Appendix 1



Proposal for Progressing Regional Collaboration

This proposal will be presented to Carmarthenshire, Ceredigion and Pembrokeshire PSBs and West Wales Care Partnership (RPB) for consideration and approval.

At the Regional PSB and RPB event on the 7 June 2019 there were a series of discussions to identify possible areas for regional collaboration, based on commonality of aims and objectives identified in local plans. Four key areas for possible regional collaboration were identified, and the alignment with 'A Healthier West Wales Plan' and the PSB's Well-being Plans are noted below:

TEC	
Partnership	Priority Area
West Wales Care Partnership	<ul style="list-style-type: none"> Data sharing for a person centred approach - A Healthier West Wales Programme 2; a shared digital framework.
Carmarthenshire PSB	<ul style="list-style-type: none"> One system or linked systems enabling analysis of well being/ community data, stakeholder/ community views and high level user information
Ceredigion PSB	
Pembrokeshire PSB	

Continuous Engagement	
Partnership	Priority Area
West Wales Care Partnership	<ul style="list-style-type: none"> Proposals for engagement with our communities and infrastructure to facilitate ongoing conversations about well being – A Healthier West Wales Programme 7; creating connections for all
Carmarthenshire PSB	<ul style="list-style-type: none"> Healthy Habits - People have a good quality of life, and make healthy choices about their lives and environment
Ceredigion PSB	<ul style="list-style-type: none"> Create conditions for communities to support individuals from all backgrounds to live fulfilling, independent lives. Develop and

	sustain social networks, and cultural and linguistic opportunities in order to enhance well-being and maintain independence
Pembrokeshire PSB	<ul style="list-style-type: none"> • Meaningful Community Engagement – co-produce services and build community capacity and social capital through greater engagement with citizens

Social and green solutions for health	
Partnership	Priority Area
West Wales Care Partnership	<ul style="list-style-type: none"> • Social prescription to help people manage their own long-term conditions - A Healthier West Wales Programme 4; proactive supported self management.
Carmarthenshire PSB	<ul style="list-style-type: none"> • Healthy Habits - People have a good quality of life, and make healthy choices about their lives and environment
Ceredigion PSB	<ul style="list-style-type: none"> • Enable people to live active, happy and healthy lives. Support physical and mental health and improve well-being through promoting healthy behaviours
Pembrokeshire PSB	<ul style="list-style-type: none"> • Celebrating the Great Outdoors - promoting the environment as a health asset to address social isolation, to improve mental health and bring wider health benefits

Connecting people, kind communities	
Partnership	Priority Area
West Wales Care Partnership	<ul style="list-style-type: none"> • Developing services within our communities and enhancing the community connector role – A Healthier West Wales Programme 7; creating connections for all. • Supporting local enterprise, growing the third sector role – A Healthier West Wales Programme 8; building the infrastructure to deliver.
Carmarthenshire PSB	<ul style="list-style-type: none"> • Strong Connections – Strongly connected people, places and organisations that are able to adapt to change
Ceredigion PSB	<ul style="list-style-type: none"> • Create conditions for communities to support individuals from all

	backgrounds to live fulfilling, independent lives. Develop and sustain social networks, and cultural and linguistic opportunities in order to enhance well-being and maintain independence
Pembrokeshire PSB	<ul style="list-style-type: none"> • Community Participation – encourage and support increased participation and active citizenship • Understanding Our Communities – map the strengths and assets of our communities and the formal and social networks within them

There was general consensus amongst attendees that there would be mutual benefit and added value for each individual PSB and RPB from working together on all four of the identified areas at a regional level on the strategic planning and development of our approaches which could then be implemented and delivered at a local level.

Proposal

In order to move this approach forward it is recommended that:

1. A project at a regional level (Carmarthenshire, Ceredigion and Pembrokeshire) would bring together interested agencies and individuals to co-design the model for taking the Social and Green Solutions for Health programme forward and develop a framework for action.

This would be led by Ros Jervis, Director of Public Health with support provided by each of the three PSB support teams and RPB support team. This work would support the 'A Healthier West Wales Programme 4 and therefore funding to support progress should be sought through the Transformation Fund.

If all 3 PSBs and RPB agree to this approach, the first step would be to arrange a workshop of key stakeholders across all 3 PSBs and RPB, as well as any other known interested parties to undertake the co-design. Learning and progress to date from local groups will be fully considered in the development of the regional model.

Further consideration will need to be given in terms of ensuring accountability and governance arrangements are fit for purpose for the 3 PSBs and RPB.

2. A regional programme to establish and further develop an approach to continuous citizen engagement on well-being. Initial discussions across PSB and RPB partners demonstrate that there is a need and opportunity to further explore regional collaboration in this area. There is a need to identify opportunities for improving partnership and organisational approaches to citizen engagement and involvement. Regional approach could scope and identify these opportunities, testing some models on specific projects and suggested a future approach for implementation.
3. Further consideration is given to how the **TEC** and **Connecting People, Kind Communities** programmes could be taken forward regionally.

4. Further consider possible approaches to regional collaboration on other areas of commonality identified on the 7 June 2019:
 - Climate emergency/change
 - Net carbon zero
 - Procurement
 - Staff skills
 - Assets.

HEALTHCARE INSPECTORATE WALES

Annual Report
2018-19

Important Note about Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board

This Annual Report covers the period from 1 April 2018 - 31 March 2019 and the boundaries and names of two of Wales' health boards changed on 1 April 2019.

Following the Bridgend boundary changes, Abertawe Bro Morgannwg University Health Board became Swansea Bay University Health Board; and Cwm Taf University Health Board became Cwm Taf Morgannwg University Health Board on 1 April 2019.

For the purposes of this report, we have used the correct names of the health boards during the 2018 – 2019 reporting period.

For further details on the new boundaries, please visit the relevant health board websites: www.cwmtaf.wales and www.sbuhb.nhs.wales

In Writing

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ
Phone: 0300 062 8163

Or Via

Email: hiw@gov.wales
Website: www.hiw.org.uk

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Abbreviations used:

Abertawe Bro Morgannwg University Health Board – **ABM**
Aneurin Bevan University Health Board – **Aneurin Bevan**
Betsi Cadwaladr University Health Board – **Betsi Cadwaladr**
Cardiff and Vale University Health Board – **Cardiff and Vale**
Cwm Taf University Health Board – **Cwm Taf**
Hywel Dda University Health Board – **Hywel Dda**
Powys teaching Health Board – **Powys**

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales



Our purpose

To check that people in Wales receive good quality healthcare.

Our values

We place patients at the heart of what we do.
We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Through our work we aim to:

Provide assurance:
Provide an independent view on the quality of care.

Promote improvement:
Encourage improvement through the reporting and sharing of good practice.

Influence policy and standards:
Use what we find to influence policy, standards and practice.



Foreword

Last year marked the 70th anniversary of the NHS; founded by Tredegar-born Aneurin Bevan and still a source of pride to so many in Wales. Healthcare services have changed exponentially in this time with advances in medicine, ongoing financial pressures and increasing healthcare needs from an ageing population with complex conditions.

Balancing these pressures is a challenge for everyone working in modern health settings, and patients need to know that the healthcare they receive is safe and effective. The role of Healthcare Inspectorate Wales has never been more important.

In June 2018, we launched our three-year strategic plan Making a Difference which set out our vision and priorities to improve health and wellbeing for people in Wales and a clear mandate on how we will play our part in driving up standards in healthcare in Wales. As I reflect on this first year of our strategic plan, I am proud of the achievements so far as we strive to increase our impact, take action where standards are not met, be more visible and be the best organisation we can be.

This year we carried out 179 inspections, including follow up inspections, of hospitals, dentists, GP practices, mental health providers, independent healthcare and settings using ionising radiation.

Overall we saw a high standard of healthcare being delivered to patients, but there are some recurring themes that must be addressed.

It was clear from our hospital inspections that services continue to face significant challenges with regard to staffing levels. At a more local level, issues with appointment booking systems at GP practices were evident in many GP inspections last year with patients reporting long waits and difficulties securing on the day appointments to see a doctor.

Our dental inspections were good on the whole with some practices receiving outstanding reports with no suggested improvements at all. However in other dental practices, and indeed in most of our inspections across all settings, the safe storage and administration of medicines continues to be a problem. Care and treatment planning was poor in our mental health inspections with improvements needed to risk management in independent settings.

Following the allocation of some additional resource, we are in a position to increase our core activity within the NHS, enhance our follow up work, undertake more national and local reviews, and better respond to emerging in-year intelligence.

We have also embraced the latest digital technology into our work with the introduction of new electronic inspections and a simpler system of online payments for registration fees.

As we grow and develop as an organisation we continue to focus on delivering an effective service checking on the quality of care that people receive across Wales and taking action where standards are not met to support improvement.

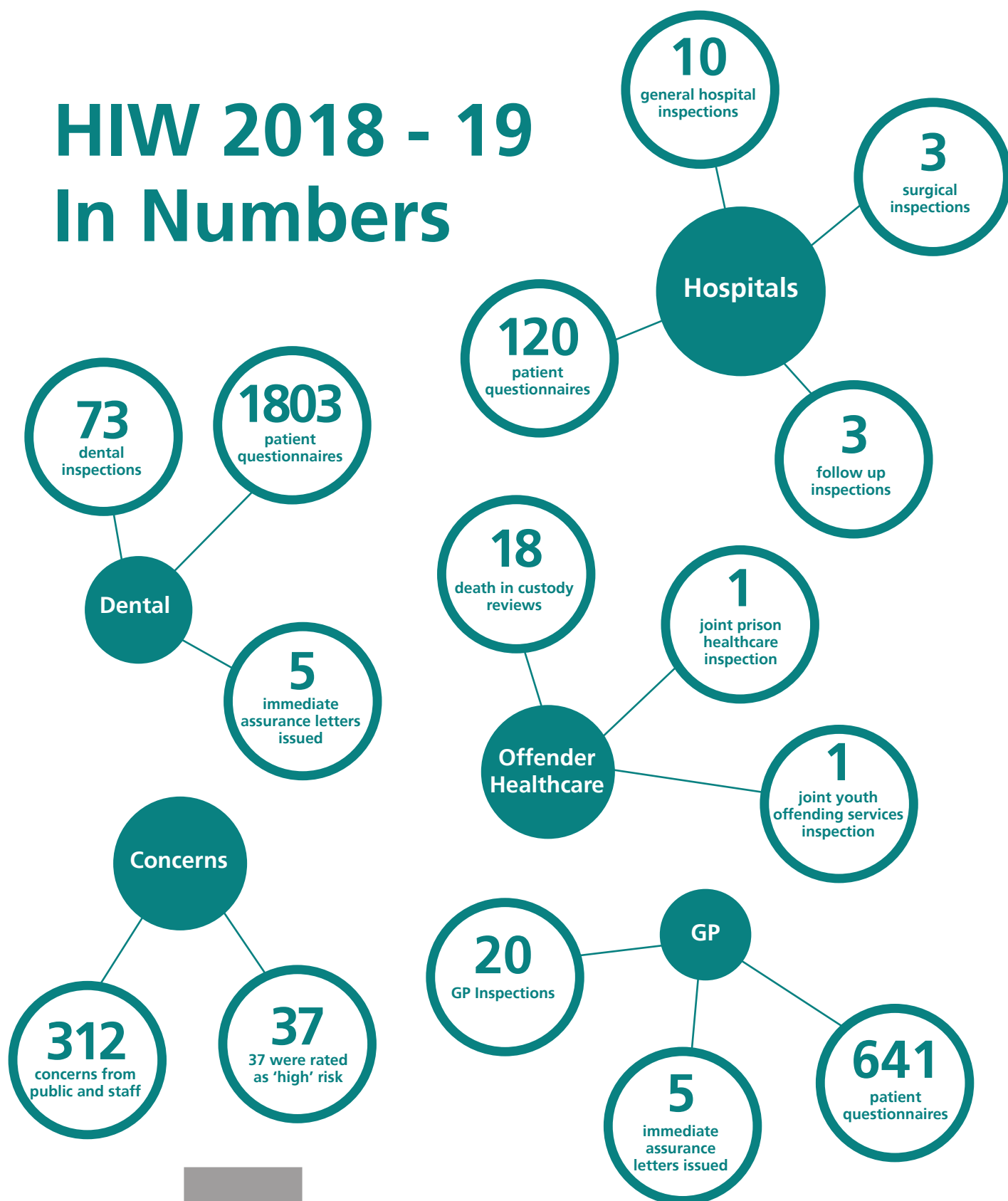
If you have any comments on this report, our work or your experience of healthcare services in Wales, please get in touch.

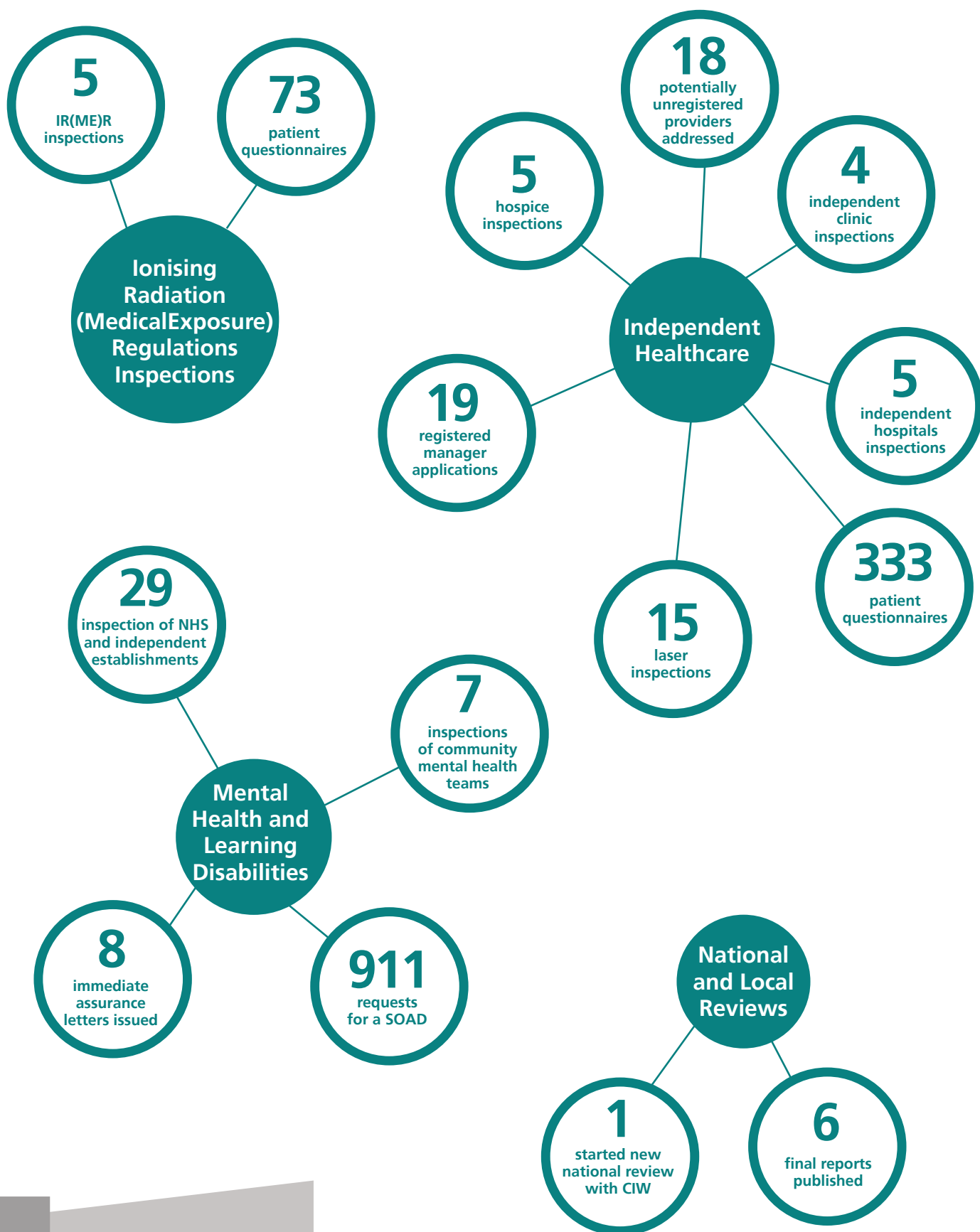
Dr Kate Chamberlain, Chief Executive



HIW 2018 - 19

In Numbers





What did patients tell us?

As part of the inspection process we ask patients if they would like to tell us about the care they receive by taking part in a questionnaire.

Last year we received 3106 completed patient questionnaires; a small increase on the total number of responses from the previous year (3060).

We also invited staff in hospitals and hospices to complete a questionnaire and we received 327 completed questionnaires from workers.

What did patients tell us?

We have separated the figures to show patient scores in 2018-19 by the type of setting (for example, hospital, GP, dentist etc.).

Overall rating

Patients generally rated their care as good.

- On average, hospital patients scored hospitals as 9 out of 10
- 99% of dental patients rated their dentist as good, very good or excellent
- 88% of GP patients rated their experience as good, very good or excellent
- 97% of patients receiving ionising radiation as part of a diagnostic procedure or treatment rated their experience as good, very good or excellent
- 98% of laser patients rated their experience as good, very good or excellent

Cleanliness

We also asked patients to rate the cleanliness and tidiness of facilities.

- 96% of hospital patients agreed the ward was clean and tidy
- 99.6% of dental patients agreed the surgery was fairly clean or very clean
- 99% of GP patients agreed the environment was fairly clean or very clean
- 99% of independent clinic patients agreed the environment was clean and tidy

Dignified Care

Dignified care includes staff being polite and sensitive to patients' needs.

- 97% of hospital patients agreed that staff were always polite and were kind and sensitive
- 91% of hospital patients agreed that staff provided them with help, in a sensitive way, so they could use the toilet
- 89% of hospital patients agreed that when they used the buzzer, staff came
- 94% of GP patients felt that staff treat them with dignity and respect

Communicating Effectively

This includes how patients communicate with staff and how staff communicate with patients.

- 84% of hospital patients said they could communicate using their preferred language
- 92% of GP patients said they could communicate using their preferred language
- 96% of dental patients said they could communicate using their preferred language
- 89% of hospital patients said they felt that staff always listened to them
- 90% of CMHT patients said they felt that staff always listened to them
- 81% hospital patients agreed staff had talked with them about their medical conditions and helped them understand them
- 87% of CMHT patients believed staff had enough time to discuss their needs

Treatment options

This section covers how well treatments are explained to patients and their understanding and participation in the treatment process.

- 96% of GP patients said things were always explained in a way they understand and 91% said they felt involved in decisions about their care
- 95% of dental patients said treatment options were fully explained to them and 96% said they felt involved in decisions about their treatment
- 96% of IR(ME)R patients said they felt involved in decisions about their treatment and 96% said they were given enough information to understand the risks of the procedure
- 98% of patients receiving Laser treatment said they felt involved in decisions about their treatment and 90% said they were given enough information to understand the risks of the procedure



Cost of treatment

This section only covers treatment that is not provided free under the NHS.

- 96% of dental patients said the cost of treatment was made clear
- 98% of laser patients said the cost of treatment was made clear

Ease of access

This section looks at how easy it is to book an appointment.

- 98% of dental patients said booking an appointment was fairly easy or very easy
- 63% of GP patients said booking an appointment was fairly easy or very easy

Out of hours care

This section covers awareness of out of hours services.

- 76% of dental patients said they know how to access the out of hours service
- 79% of GP patients said they know how to access the out of hours service

Our Work

We check that people in Wales receive good quality healthcare. We put the patient at the heart of what we do, and we make sure our work promotes and protects equality and human rights for everyone. Our work is guided by the Well-being of Future Generations (Wales) Act 2015. In making decisions about the work we do, we balance the short term and long term needs of patients, working collaboratively with partners, patients and the community to support improvement.

Providing Assurance

We inspect the NHS in Wales. Our coverage in the NHS ranges from general practice to large hospitals. During 2018-19 we carried out 144 inspections in the NHS.

We also regulate and inspect independent healthcare. Independent healthcare includes a wide range of providers from full private hospitals to beauty salons who use lasers. During 2018-19 we carried out 29 inspections in the independent sector.

Dental practices rather than individual dentists undertaking private work need to register with HIW as a result of changes in the Private Dentistry (Wales) Regulations in 2017. We embarked upon a dental registration programme as a result registering practices rather than individual dentists, and by the end of 2018-19 we had completed the registration of all practices; 485 in total. We also maintained our dental practice inspection programme completing 73 inspections.

We have a specific responsibility to ensure that vulnerable people receive good care in mental health services, and we inspect mental health and learning disability settings in NHS and the independent sector. HIW considers how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We also assess compliance with the Care

Standards Act 2000, the Independent Health Care (Wales) Regulations 2011, National Minimum Standards (NMS) for Independent Health Care Services in Wales.

We completed 29 mental health inspections during 2018-19.

Our work programme ensures that we meet our statutory requirements and we review areas of concern identified by intelligence and risk. Our Risk and Escalation Committee regularly assesses the evidence and intelligence available and reviews and refines our programme of work. We use what we know about services to determine our priorities.

In addition to our risk based inspections of the NHS and independent sector, HIW also undertakes national reviews. During 2018-19 we published reports in the areas of healthcare services for young people, substance misuse, patient discharge, community mental health and the prevention and promotion of independence for older adults living in the community.

Performance

Year	2 days met	2 days missed	3 months met	3 months missed
2018 - 19	94%	6%	92%	8%
2017 - 18	100%	0%	92%	8%
2016 - 17	91%	9%	82%	18%
2015 - 16	71%	29%	75%	25%

Performance Standards

We are explicit about the standards of service we provide.

- Where immediate assurance is required following an NHS inspection, letters will be issued to the Chief Executive of the organisation within two days
- Where urgent action is required following an inspection in the independent sector, the service will be issued with a non-compliance notice within two days
- We publish all reports three months after an inspection as stated in our publication policy

During 2018-19 we published 92% of our reports within three months of the inspection.

We reported 94% of issues of immediate concern within two days.

Promoting improvement

Many of our inspection and review reports contain recommendations intended to drive improvement in the quality of healthcare services. Our recommendations directly influence the actions of both service providers and health boards, and have led to improvement in the service delivered to patients. We have seen this in the majority of the ten follow up inspections that we carried out during 2018-19.

When we find that standards are not met, we make recommendations for improvement. The findings from our NHS inspections and reviews feed into the NHS Wales Escalation and Intervention Arrangements including those areas where we do not feel that sufficient progress is being made. If we do not receive sufficient assurance that action has been taken to address the issues we find in the independent sector, we take enforcement action.

In October 2018 we were successful in our first prosecution for illegally providing services which required registration under the Care Standards Act 2000.



Our Resources

Our People

The table below shows the number of posts in each team within HIW during 2018-19.

Team	Whole time posts
Senior Executive	3
Inspection, Regulation and Concerns	32
Intelligence, partnership and methodology	8
Strategy, Policy and Communication	5
Clinical advice (including SOAD service)	4
Business support (including recruitment, allocation and support of panel reviewers)	16
Total	68

Towards the end of 2018 we received further funding in order to build organisational capacity across our core functions. We subsequently ran a recruitment exercise to take the total number of posts in HIW to 78.

Due to timing of the recruitment process most of the extra posts were not filled until 2019. This contributed to an underspend in our budget for 2018 – 2019.

We rely on the input of peer and lay reviewers to assist in the delivery of our inspection and review programme. We currently have a panel of over 200 peer and voluntary lay reviewers and we will be expanding this pool during 2019 - 20 to meet the demand of our increased programme of inspections and national reviews.

Our peer reviewer panel consists of specialists including nurses, midwives, GPs, dentists, anaesthetists, surgeons and GP practice managers.

It also includes specialists in Mental Health Act Administration and a panel of psychiatrists who provide our second opinion appointed doctor (SOAD) service. Using peer reviewers provides a dual benefit; HIW receives specialist clinical input for inspections and reviews, and reviewers benefit from the learning provided by participation in our work and they are able to take this learning back to their own work environments.

We also have a pool of volunteers on our panel of lay reviewers who have the critical role of assessing patient experience through talking to patients and inviting them to complete questionnaires.

Finances

The following table shows how we used the financial resources available to us in the last financial year to deliver our 2018-19 Operational Plan.

	£000's
HIW Total Budget	3,934
Expenditure	
Staff costs	3,161
Travel and Subsistence	84
Learning & Development	17
Non staff costs	304
Translation	114
Reviewer costs	519
Capital ICT costs	55
Total expenditure (a)	4068
Income	
Independent healthcare	277
Private dental registrations	123
Total income (b)	400
Total Net Expenditure (a-b)	3,668



Working with others

In order to check that people in Wales receive good quality healthcare we work closely with a number of other organisations.

The effective sharing of information between organisations is critical in assessing the quality of healthcare being provided across Wales. During 2018-19 we hosted two healthcare summits bringing together external audit, inspection, regulation and improvement bodies to share intelligence about NHS organisations. Themes that emerge from these discussions were agreed and communicated to the Welsh Government.

We have strengthened our working arrangements with the Community Health Councils which has resulted in a more systematic sharing of work plans, emerging issues and early identification of joint working opportunities.

We continue to work closely with Care Inspectorate Wales, the Wales Audit Office and Estyn on areas of mutual interest throughout the year. Through a joint Inspection Wales presence at the Royal Welsh Show, we engage with the public and present our respective findings.

We have worked closely with the Welsh Government on new and emerging policy and legislation. Through our activities, we see how legislation, policies and standards work in practice. We feed back our findings and perspective at relevant opportunities, for example through formal consultations, evidence to National Assembly for Wales Committees and directly to the Welsh Government. We provided oral and written evidence for a general scrutiny evidence session on the work of HIW at the National Assembly for Wales' Health, Social Care and Sport Committee in February 2019.

We have also worked with other bodies to examine healthcare in other settings such as the clinical review of deaths in prison settings undertaken with the Prison and Probation Ombudsman (PPO), prisons in Wales undertaken by Her Majesty's Inspectorate of Prisons (HMIP) and reviews of Youth Offending Teams led by Her Majesty's Inspectorate of Probation.



Progress against our Strategic Plan 2018 – 2021

To maximise the impact of our work to support improvement in healthcare

HIW aims to encourage improvement in healthcare by doing the right work at the right time in the right place. In order to make the greatest impact, HIW needs to work with others in the wider health and care system and communicate its findings effectively.

Over the last year, HIW has continued to work closely with partner organisations; holding regular summits and meetings with Community Health Council colleagues on a six monthly basis. These meetings have allowed us to exchange intelligence and calibrate our views on the risks and issues present across Wales. Close partnership working has also allowed us to avoid duplication of effort, delivering work jointly where appropriate.

We have continued to refine our planning processes, making use of available intelligence in order to ensure that we use our resources effectively. Our NHS Relationship Managers have acted as the first point of contact for health boards and trusts, assessing intelligence and risk in order to define our inspection and review work programmes.

Our Thematic Steering Board supports our aim of delivering the right work at the right time, by helping us to evaluate evidence from a range of sources in order to prioritise the development and delivery of the most appropriate reviews.

With a focus on the challenges set out in the Parliamentary Review of Health and Social Care in Wales (2018), HIW has continued to work with Care Inspectorate Wales (CIW) on reviews and inspections which cross the health and social care boundary. In 2018/19 we worked closely on the publication of a national report on Community Mental Health Teams and we continue to jointly deliver local inspections in this area. In early 2019, we are supporting CIW in undertaking a national review of the prevention and promotion of independence for older adults (over 65) living in the community. CIW are also acting as a key stakeholder in HIW's ongoing work on how care and treatment is provided to elderly people who have had a fall and how falls can be prevented.

To take action when standards are not met

HIW aims to take decisive action when standards are not met, and to this end, it is imperative that our work is of a high quality and underpinned by effective processes and legal frameworks

We implemented a Methodology Panel during 2018/19 to ensure that we review, update and develop our approaches in a controlled and prioritised way. This has helped us to continue to effectively assess healthcare provision against relevant standards and take action where there is a failure to meet those standards.

2018/19 saw us strengthen our approach to enforcement in the independent sector, including our Service of Concern process. We suspended an independent provider and delivered a number of urgent, focussed inspections. HIW successfully prosecuted an unregistered provider in October 2018 and this case allowed us to reflect on the type and pace of actions we take when we receive intelligence about such providers. We are working to improve the guidance published on our website so that those providing or considering providing independent healthcare services in Wales understand their legal responsibilities.

In 2018, we continued to develop the way we follow up on recommendations made during our inspections and reviews, publishing a policy setting out our approach. This will pave the way to greater activity in this area going forward.

HIW continues to work with Welsh Government on immediate policy and legislative developments such as the introduction of a duty of candour and a duty of quality, as well as revised board governance arrangements and the introduction of a new citizen's voice body.



To be more visible

To achieve our strategic goal, we need to build on our work to improve public and stakeholder understanding of HIW's role and the work we do.

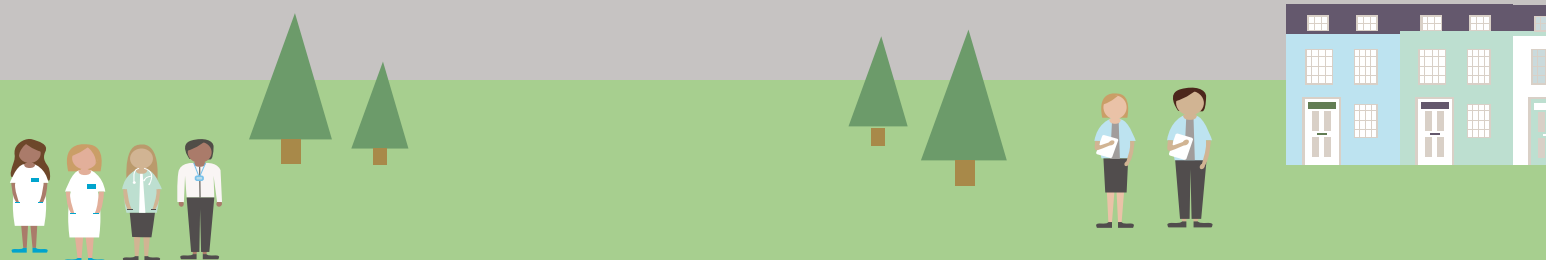
Over the course of the year we have worked to better use both digital and traditional media to communicate about our role, purpose and findings. We have worked proactively with the media and gained good coverage for our findings from a number of our reports and through a BBC Wales feature on the role of the inspectorate.

We have redesigned public facing documents to make them more relevant to the public, increased our following on social media and attended high profile events to communicate our purpose and the findings of our work. During the Royal Welsh Show in 2018 over 300 people took part in our survey on the work and findings of HIW, and we spoke to nearly 200 members of the public about their healthcare experiences.

We have also updated public facing documents, expanded our audience on social media and attended high profile events to communicate our purpose and the findings of our work.

We have started the development of new digital approaches to seeking views and perspectives from patients directly before and during inspections. This will help us to expand on the 3106 completed patient questionnaires received during the year.

We have worked closely with our stakeholder groups on new areas of work and, through our improved Healthcare Summits, we have been highly visible in providing a focal point for intelligence sharing and representing the collective views of those who scrutinise healthcare across Wales.



To develop our people and organisation to do the best possible job

HIW's greatest asset is its people. During the course of the past year the organisation has made strides forward in developing as an organisation. Our latest staff survey shows improvement across all areas.

Through our ICT change programme we have introduced new ways of working that make us both more efficient as an organisation but also improves our information management and security. Our inspectors now work digitally in the field and share information with settings through new and improved hardware, systems and processes.

Those who need to pay for registration can do so quickly and easily online and where possible we have reused existing, tried and tested government systems to reduce the costs of implementation and future support. HIW became the first organisation in Wales to adopt the GOV.UK Pay system and in doing so made the system available in Welsh paving the way for other government organisations in Wales to use it.

We have launched a three year learning and development strategy and action plan for the organisation which has improved the learning opportunities available for all of our staff and reviewers. We have also encouraged consideration of individual learning opportunities in line with personal and professional development requirements.

We have introduced and embedded new governance around our review, methodology, workforce and finance functions improving our ability to plan, manage and martial our resources to organisational priorities.

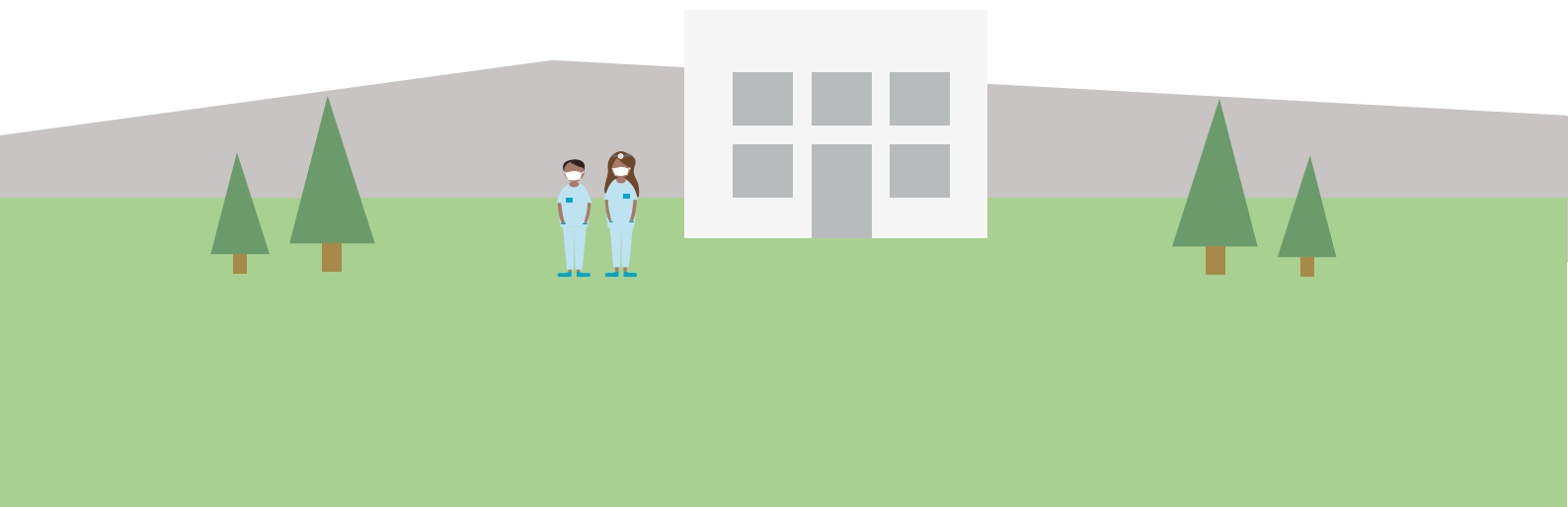
Following the in-year allocation of new resources to increase our activity across Wales, we have successfully delivered a recruitment campaign and induction programme to increase the people in our organisation by more than 10%.

National and Local Reviews

HIW delivers national reviews which enable us to examine how services are delivered across the whole of Wales. We are also commissioned to conduct independent reviews on matters of national significance.

We encourage people to tell us their views about what we should look at and we have a suggestion form on our website that can be completed by anyone who has a concern.

HIW has a close working relationship with the other inspectorates in Wales and we increasingly look for opportunities to work jointly; especially with Care Inspectorate Wales.



Substance Misuse

In July 2018, HIW and CIW published a joint review of substance misuse services in Wales. The purpose of our review was to assess the quality and effectiveness of care provided by substance misuse services across Wales.

Overall, we found people receive good care from passionate and caring staff, but access to services was limited in rural areas and generally inconsistent across Wales. Specifically, people found it difficult to get the treatment they needed from substitute prescribing (e.g. methadone), detoxification, rehabilitation and counselling services, because of long waits and a lack of capacity in services.

The review also identified weaknesses in oversight and regulation around the quality and safety of services. As such, Area Planning Boards may not be able to quickly identify, monitor and act on emerging themes and issues across all services in order to protect people's safety. Welsh Government and Area Planning Boards need to reconsider the way they seek assurance about performance of services.

Disappointingly, although some progress had been made, many of the issues identified in the report were similar to those HIW identified in its previous substance misuse report in 2012.

34 recommendations were made for Area Planning Boards and/or Welsh Government to consider.

Patient Discharge

In August 2018, HIW published a review of patient discharge from hospital to general practice. The way in which patients are discharged from hospital is critical to the effectiveness of their ongoing care in the community. The purpose of the review was to consider the quality and timeliness of discharge information provided by hospitals.

Overall, we found the quality and timeliness of discharge information was variable across Wales, with this area of the NHS requiring significant attention to ensure that safe and effective healthcare is provided.

It is clear that some parts of the NHS in Wales are making progress in the area of patient discharge but progress is far too variable across Wales. Where we saw increased usage of electronic discharge systems the quality and timeliness of information received by GPs was clearly improving.

We found that all health boards had appropriate policies in relation to discharge. However, there appears to be a lack of awareness and understanding of these processes from staff on some wards and this lack of clarity, combined with poor IT infrastructure and a failure amongst professionals to take responsibility for effective communication can put patients at risk.

13 recommendations were made for NHS Wales healthcare organisations and NHS Wales to consider as result of the findings.

Review of healthcare support for older people living in care homes in North Wales

In November 2019, we published a joint review with CIW into how we can work together to ensure the healthcare needs of older people living in care homes in North Wales are met.

We investigated how Betsi Cadwaladr UHB met the healthcare needs of older people living in residential and nursing care homes, and gathered the experiences of care home managers in accessing healthcare support for people from the NHS. We also examined how HIW and CIW can work in a more integrated way to improve outcomes for people living in care homes.

Feedback was variable across most of the service areas considered, but some common issues emerged which need to be addressed in order to provide seamless, good quality care, to individual residents and patients. Many of the issues highlighted in the report echo those found during the course of the Older People's Commissioner's review in 2014 and have a direct impact on the well-being of people living in care homes.

The report identified 16 areas for improvement which HIW and CIW are following-up.

Abertawe Bro Morgannwg University Health Board and the employment of Kris Wade

In January 2019, HIW published a review of Abertawe Bro Morgannwg University Health Board's handling of the employment and three allegations of sexual assault made against Kris Wade by patients within their learning disability service.

The review examined staff recruitment and employment, incident reporting, adult safeguarding, governance and culture, an assessment of ABM's desktop review, and learning disability commissioning arrangements between health boards.

The health board's internal desktop review identified areas of concern around safeguarding processes, incident reporting, recruitment practices and governance and culture. It also concluded that Mr Wade's actions could not have been 'predicted or prevented'.

On the limited evidence considered, the health board's own conclusions were not unreasonable, however, we believe that the conclusion that Mr Wade's actions could not have been predicted or prevented is not based on evidence to either support or refute it. What we can say, having considered a wider range of evidence, is that there was nothing in Mr Wade's training, supervision or occupational health records that would have indicated that he was unsuitable to work in a care setting.

The key themes to emerge from this review are:

- An unacceptable delay in the health board recognising and reporting the first allegation as a safeguarding issue
- The health board's investigation and subsequent disciplinary process took too long
- Whilst some improvements have been made to the health board's governance arrangements, progress in addressing these needs to be quicker.

Welsh Government should consider how the renewal of Disclosure and Barring Service (DBS) checks for NHS staff can be facilitated across Wales as an important part of safeguarding patients. As a result of the findings from this review we made 24 recommendations to be addressed by Abertawe Bro Morgannwg University Health Board, Welsh Government and considered by all health boards in Wales.

Community Mental Health Teams

In February 2019, HIW and CIW published a joint review of Community Mental Health Teams (CMHTs) in Wales. This review is primarily a response to a report published by HIW in March 2016: Independent External Reviews of Homicides – An Evaluation of Reviews Undertaken by HIW since 2007.

The purpose of the review was to bring together the key themes to have emerged from HIW and CIW's joint-inspections of CMHTs across Wales in the last two years, as well as engagement with people who use services, carers, and the third sector.

Overall, we found that people receive an acceptable quality of care from hard working and compassionate staff. However, over the course of this review we frequently found disparity and variability in the standards, consistency and availability of treatment, care and support provided by Community Mental Health Teams across Wales. Welsh Government, Health Boards and Local Authorities need to carefully consider and examine the areas we have highlighted and act on our recommendations so that people living with mental illness will receive equitable care wherever they live in Wales.

The key themes to emerge from this review are:

- Access to Services
- Care Planning
- Delivery of Safe and Effective Care
- Governance

23 recommendations were made for improvement for Welsh Government, health boards and local authorities to consider.

Youth Review

In March 2019, HIW published a review of how healthcare services are meeting the needs of young people, including those who need to transition from child to adult services. The purpose of the review was to consider the quality and safety of care young people receive within child and adolescent mental health services (CAMHS), general healthcare services, palliative care services and when transitioning from child to adult services.

This work was part of wider thematic work being undertaken jointly by the four inspectorate organisations that make up Inspection Wales: Healthcare Inspectorate Wales, Care Inspectorate Wales, Estyn and Wales Audit Office.

The review found that overall, young people had predominately good experiences of care within services. We also found staff working hard to provide compassionate, dignified and person-centred care. However, we are concerned about the ability of CAMHS inpatient units in Wales to accommodate people who are high risk. This means that young people are not always able to receive timely care close to where they live and may be placed some distance from their home.

It was also disappointing to find that many of the challenges young people face when moving between child and adult services are well known, but still continue to be seen. More work is needed by health boards and Welsh Government to ensure young people across Wales have smooth and effective transition to support them into adulthood. HIW has made 37 recommendations which we expect Welsh Government, all health boards and independent service providers to address.

National Review of Prevention and Promotion of Independence for Older Adults (over 65) Living in the Community

In March 2019, we published the first of 11 separate local authority area inspections as part of a national review of the independence of older people living in the community. The pilot inspection was conducted in January 2019 and led to the undertaking of a further ten inspections in local authorities in Wales, some of which were completed in 2018 – 2019 and will be published in 2019 – 2020.

CIW and HIW are working together to focus on the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home and we consider the times when people experience, or would benefit from, joint working between local authority services and health board services.

The inspection evaluates the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being (Wales) Act and considers their application in practice at three levels:

- Individual
- Organisational
- Strategic

We have and will continue to consider all expectations outlined in the Social Services and Wellbeing (Wales) Act codes of practice.



Falls Review

We carried out the planning, research and reporting for a review of care pathways surrounding older people and falls in 2018 – 2019. The work aims to provide information on complex, multidisciplinary, integrated models of care involving social care, housing, independent and voluntary sector providers, as well as health. Publication of the review in the reporting year 2019-20.

The review considered the issues currently faced in effective falls prevention, management and recovery, exploring the extent to which services are seamlessly integrated and focussed on person-centred and community-based care. It depicts a picture of a whole-system care pathway so that staff and patients can understand what they should experience and expect to see over the years to come in the context of falls services.

Wider learning about how we approach inspection of these types of models of care will emerge from this in 2019-20.



NHS Hospitals

We conducted 16 hospital inspections across Wales at ten different hospitals in total including three surgical wards. Each inspection considered how the service met the Health and Care Standards under three domains: the quality of the patient experience; the delivery of safe and effective care; and the quality of management and leadership.

Findings

Patients praised the care and treatment of staff in the hospital departments that we inspected. We observed excellent interaction and communication, and a kind compassionate approach being taken with all patients.

Care is excellent - cannot think of a way it can be improved. Very grateful for their kindness and help. Always try to find food the patient likes.

– Patient – Aneurin Bevan



We saw good management and leadership in some settings, and strong examples of multidisciplinary teams working effectively and efficiently.

Our inspectors observed clean and tidy wards and good infection control policies and procedures in some but not all settings. It is positive to note that on two orthopaedic wards at the Royal Glamorgan Hospital, there had been no incidences of hospital acquired MRSA or Clostridium Difficile for the past 600 and 1,000 days.

This suggests that the ward staff are vigilant in compliance with infection prevention and control.

We saw good management and leadership in some settings, and strong examples of multidisciplinary teams working effectively and efficiently.

During my stay on the ward, the staff were really friendly and helpful. The ward was always clean and tidy and the treatment was five star. Staff really attentive and made sure I was comfortable and looked after.

– Patient, Velindre University NHS Trust

The ward team are supportive of one another and work together. The ward manager thrives on providing excellent care to patients and also cares for the staff on the ward, encouraging and supporting all members of staff. I thoroughly enjoy working as part of this team

– Staff member, ABM

There were improvements following our recommendations in some of our follow-up inspections, however, it is disappointing that in some instances improvements had not been made.

Insufficient checks and poor maintenance of resuscitation equipment was an issue in several settings. In addition, in all of our surgical inspections, we identified poor compliance with the risk assessments for venous thromboembolism, in patients requiring trauma or other orthopaedic surgery. This, along with the issues around resuscitation checks, resulted in HIW issuing immediate assurance notifications to the relevant health boards.

The majority of our inspections highlighted issues around staffing, recruitment and retention, and in some health boards it was clear that these issues were leading to low morale and concerns around the potential for patient safety to be compromised.

There is low morale and mood on the ward amongst staff due to the constant threat of moving to other areas that you are not competent to work. Often leaving your own ward short staffed

– Staff, Cwm Taf

We could deliver higher standards of care if we had the right amount of staff to meet all patients individual needs

– Staff, Cwm Taf

It is difficult to provide a good standard of care due to staff: patient ratios, high demand... can compromise care. Everyone works as hard as they can however, patient needs are not always met

– Staff, Cardiff & Vale

Staff are under a lot of pressure but still carry out duties in a professional manner

– Patient, Hywel Dda

The secure storage and administration of medicines is still a problem in many settings in spite of HIW reporting this finding as a concern over a number of years. HIW will be raising this issue with Welsh Government and other relevant bodies to encourage improvement in this area.

In terms of staff training, we saw complete and well documented examples of the delivery of training and continual professional learning in some settings. However, we found scope for improvement in this area in during many of our inspections.

When inspectors considered quality improvement, research and innovation during inspection, the findings were variable across the wards and health boards, where some sites were actively engaged with this, and other were not. During one inspection, we positively identified that on one ward, the ward staff and multidisciplinary team at Withybush General Hospital, were members of a quality improvement group. From this, a training package for the prevention and management of patient falls had been developed and implemented. This resulted in a significant reduction in the incidence of falls, and this was later shared wider across the health board.

GP Practices

This year we undertook 20 inspections of general practices across the seven health boards in Wales. Each GP inspection considered how the practice met the Health and Care Standards.

Findings

Overall, staff were polite and courteous to visitors and patients, and patients were treated with dignity and respect. The majority of practices were clean and well maintained and we observed a welcoming environment at GP surgeries.

Patients told us they were happy with the care they received, but there were numerous complaints about the processes in place for booking appointments. This included poor availability of appointments, particularly at short notice, and long waiting times to see a doctor for routine appointments.

Good practice

One practice was taking part in a trial offering out-of-hours appointments to patients one day over the weekend. This was delivered as part of the cluster where GP practices took turns in offering appointments to patients within their cluster group. This meant that patients had local access to an out-of-hours service, and did not have to travel to one of the three primary care centres across Cardiff and the Vale of Glamorgan. We found this to be of noteworthy practice, and staff told us that patient feedback was positive about the service. The trial was shortly due to end, and it would be evaluated to determine whether to continue with this service in the future.

Great surgery. Difficult to make an appointment.

Waited two weeks

– Patient, Cwm Taf

It is impossible to get an answer at 8:30am and then when the line is clear appointments are very scarce

– Patient, Hywel Dda

It can take 20 mins to answer a phone! [We need a] dedicated phone line. Time keeping on appointments needs looking at

– Patient, Aneurin Bevan

We saw evidence of good leadership in practices with cohesive and inclusive management teams in place. Some examples of good communication between practice teams was evident, and we identified good cluster working including a pilot for out of hours GP access in one health board.

Inadequate staff training records were noted in some practices with improvements required to ensure mandatory training is completed by all staff, and training renewal dates are not missed.

During some inspections, it was identified that not all practices recorded the Hepatitis B immunity status for all clinical staff. This meant that the practice could not produce evidence that all clinical staff had sufficient immunity to the virus.

We observed good examples of patient record keeping in many practices. Where it was necessary to make recommendations in this area, our recommendations generally related to consistency in the level of documentation within clinical records. On a number of occasions we also recommended that audit arrangements be reviewed in order to improve the quality of patient records. We found that improvements were needed to processes for recording and considering concerns and complaints, including displaying information about the NHS Wales Putting Things Right process.

Dental Practices

In 2018-19 we continued our programme of inspections of general dental practices in Wales. This year we inspected 73 practices, including one follow up inspection. We issued immediate assurance or non-compliance notices following seven of these inspections where we identified immediate action was required to address serious patient safety concerns. Overall this is an improvement on the previous year when 13 immediate assurance letters were issued following inspections of 104 practices. We also found that practices responded appropriately when these issues were brought to their attention.

Some practices offer private only dental treatment, some offer a combination of NHS and private dental treatment and others provide NHS only services. During these visits we explored how dental practices met the standards of care set out in relevant legislation and guidance, including the Health and Care Standards and the Private Dentistry (Wales) Regulations.

This year also saw HIW complete the registration of all dental practices offering private dental treatment under the Private Dentistry (Wales) Regulations 2017; in total 485 practices were registered. This was a significant task undertaken with minimal additional resources and at times required the whole organisation to work together.

Overall practices engaged positively with the registration process but the quality of applications and supporting documentation submitted was variable.

There were also some additional benefits of the registration project; by contacting every practice in Wales over a time-limited period we were able to increase our awareness with dental teams.

We are seeing an increase in the number of patients contacting us with dental concerns which suggests that HIW's role is more visible in practices.

Another of HIW's key goals is to increase its follow up activity. During the registration process we were able to request updated improvement plans from all practices that had been inspected prior to their registration being granted, to seek assurance that actions had been taken to address all the recommendations we had made.



Excellent dentist, always compassionate, caring and professional. Practice staff are excellent, particularly the Practice Manager.

- Patient, Aneurin Bevan

Findings

We inspected dental practices in every local health board in Wales and the findings were generally very good. However, where we did identify areas for improvement they were similar to those found in previous years.

Patient experience was once again very good overall, with patients telling us that they are very happy with their care and treatment. Our inspectors often commented in reports that staff are friendly, professional and patient focussed.

We find that most practices are now actively engaging with patients to obtain feedback on the service provided. However, we regularly advise practices to display results of questionnaires or surveys and inform patients of actions taken to respond to their feedback and improve the service provided. Taking such an approach helps demonstrate to patients that their views are listened to.

I have always had complete faith in the dentists that have offered me dental care. I have had proceedings explained in depth & time to reflect on whether I wish to proceed. I have recommended the practice to others

- Patient, Betsi Cadwaladr

The care and service is the best I have ever received compared to other practices I have been with in the past

- Patient, Hywel Dda

In general, practices were well equipped and maintained to high standards of cleanliness. During many inspections, we also observed appropriate arrangements for the safe use of X-rays. However there were a small number of instances where significant improvements needed to be made regarding overall cleanliness, infection control and decontamination of dental instruments.

The quality of patient records was variable with excellent record-keeping in many practices and areas for improvement

elsewhere. Issues arising most often were the need for:

- Correctly recording and updating medical histories and allergies
- Recording patient consent
- Recording of treatment options discussed with the patient and the justification for the treatment performed
- Cancer screening examinations where appropriate
- Secure storage of patient records

We found that many practices demonstrated good leadership and management and had a range of effective policies and procedures in place to support overall practice management. However, the application process for dental practices to register under the Private Dentistry (Wales) Regulations 2017 required the registered manager to sign a declaration that the policies and procedures required by the regulations were in place.

Despite this, at some inspections, we found examples of particular policies not actually being in place. This is very disappointing and does not reflect well on those practices. With the dental registration project now complete this provides a timely and relevant example to remind practices that they have a legal responsibility to comply with the regulations.

Arrangements for training and continued professional development is an area of strength for the vast majority of practices. However, we continue to identify that staff have not always received training in key areas such as, safeguarding, resuscitation training, fire safety and appropriate employment checks (Disclosure and Barring Service).

Overall, compliance with standards and regulations at dental practices is improving year on year. HIW is making fewer recommendations overall and the number of immediate patient safety issues is also reducing.

Mental Health and Learning Disabilities

HIW continues to undertake its responsibilities to monitor the Mental Health Act 1983 on behalf of the Welsh Ministers who have specific duties that they are required to do in law. These duties include formulating a report on how the Act is being implemented in Wales and ensure individual health boards and independent registered providers discharge their duties so that the Act is lawfully and properly administered throughout Wales.



During 2018 - 19 we undertook 17 independent healthcare inspections including one learning disability hospital. Four of these visits were made to the same independent provider due to significant concerns from our inspections, and an additional two visits were made to another independent provider. As part of these visits HIW monitored the use of the Mental Health Act, the Mental Capacity Act, including the Deprivation of Liberty Safeguards (DoLS) and the Mental Health (Wales) Measure 2010.

Findings

During the visits HIW identified many positive areas including; the respectful manner that staff communicated with patients, good team working and a motivated workforce. We also found that some services were working hard to reduce restrictive practices and that a good range of therapies and activities were available.

HIW made a significant number of recommendations to the individual health boards and requirements for the registered independent providers of care. We continued to identify many failings in the maintenance and refurbishment of wards and in some cases this was having a detrimental effect on patient care, privacy and dignity and patient safety. Some of the issues identified included; fire doors being wedged open, a lack of a nurse call system, lack of sanitary bins, lack of maintenance of garden areas, lack of sufficient alarms for staff and environmental issues impacting on patient privacy and dignity.

We also identified out of date policies and procedures and a lack of a comprehensive range of patient information available on the wards. There was also a lack of care and treatment and risk management plans, and a lack of staff training in some key areas, for example basic life support.

Issues with effective medicines management were again identified this year. This included; a lack of policies and procedures, inadequate completion of medicines administration charts, medicines cupboards not locked when not in use and medication on the wards, for patients, that had been discharged.

Other issues included a lack of bed capacity for acutely ill patients in the health boards. In contrast some of our independent health care providers had surplus capacity in some of their wards.

We continued to identify many good practices with the implementation and documentation of the Act and it was apparent that there was a good level of scrutiny and audit. Files were generally well organised and contained the necessary detention information.

We did however identify some issues with the administration of the Act including:

- Section 17 leave forms not being clearly marked where they were no longer valid (which could lead to confusion with the current section 17 leave entitlement of patients)
- Some recording issues in relation to the rights of patients under section 132
- A lack of detention papers in current patient records
- Delays in some reports being submitted for patients' appeals against their detention

Independent Healthcare

Our inspections of independent healthcare settings, other than mental health, seek to ensure that services comply with the Care Standards Act 2000, the requirements of the Independent Health Care (Wales) Regulations 2011 and to establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales. We aim to inspect these services at least every three years, but may visit more often if required as a result of intelligence or service change.

Findings

Independent Hospitals

Overall our inspections of independent hospitals this year have been very positive; on one particular inspection we did not identify any improvements that were required. We have also seen a reduction in the number of immediate patient safety issues identified resulting in the issue of a non-compliance notice. Only one was issued in 2018-19 due to a service not being able to demonstrate Hepatitis B immunity for a single member of staff.

It was also positive that on all inspections:

- Patients told us that they were happy with the service they had received
- We observed staff demonstrating a caring and courteous approach to patients
- We found clear lines of responsibility and accountability on all inspections.

In the main, patient records were maintained to a high standard. However, we did identify some issues with legibility, staff not signing their designation, and care plans needing to be more individualised including ensuring they reflected action to be taken should an emergency arise.

Medicines management was an area where we made a range of recommendations; key issues identified were:

- inconsistent use of pain management tools
- not recording temperatures of medication fridges and rooms in which medication is stored
- regular checks of emergency drugs not being undertaken
- the need to maintain a medication stock list for the whole service.

Leadership and management was an area where very few recommendations were made. However, again this year we had to remind registered providers of their responsibility to undertake regular monitoring visits. Given that this has not improved since last year, we will be reminding providers more formally of their responsibilities.

My husband and I both feel this is a very warm and welcoming place. Staff are knowledgeable and informative. You can tell they all enjoy their roles here.

- Patient, Independent Hospital, Cwm Taf

Hospices

On all five inspections we witnessed staff interactions with patients that were kind, caring and professional. We also observed that the services were well maintained, welcoming and offered a good range of facilities and activities appropriate for the patient group.

Overall, management of the services we inspected was good with positive multidisciplinary team working being evident on all inspections.

In the main, we found care plans to be patient centred, however, we did need to remind registered providers that care plans must be individualised and should be written from the perspective of the patient. In two services this was done particularly well and we could clearly see how the patient and carer had been involved in developing the plans for their care and treatment.

All of the hospices we inspected were conducting an appropriate range of audits. However, we often found that the results of audits were not displayed and actions arising from the audits were not documented.

The prevention and management of pressure ulcers is a key risk that hospices need to address. We made some recommendations in this area around the use of repositioning charts and the need to ensure pressure ulcer risk assessments are undertaken when patients are admitted.

Medicines management was an area where we often made recommendations for improvement; key issues identified were:

- Staff not signing for medication immediately after administering it
- Staff not witnessing patients taking their medication
- Recording of medication fridge temperatures.

We did observe some good practice in this area, for example, where service nurses wore red tabards during medication rounds to discourage other members of staff interrupting them when carrying out this task. This helps the risk of making errors when administering medication by not being distracted.

Independent Clinics

As with other independent services we inspected this year we found that patient satisfaction was high for our registered clinics; this aligned with us observing caring, friendly and professional staff working at them. Overall, we saw that appropriate information was available for patients receiving treatment, however, the actual information provided to patients was not always recorded in their notes.

The use of chaperones was identified as an issue in all but one of our clinic inspections. Registered providers need to be clearer in recording the offer and use of chaperones. The need to make better arrangements for people with hearing difficulties was also raised in 75% of our inspections.

Record keeping was the area under which most recommendations were made; key issues included:

- Records not clearly describing the treatment provided and by which practitioner
- Insufficient detail recorded in patient medical histories
- Verbal consent to examination or treatment not being recorded in patients' notes
- Care records not being signed and dated after each consultation.

In addition we identified that key documents such as the statement of purpose and patients' guide were significantly out of date. Registered providers must ensure that these documents are reviewed regularly and kept up to date at all times.

Class 3b/4 lasers and Intense Pulsed Light

Our findings in these types of inspections are very similar to previous years. On a positive note this means that we continue to see services that:

- Provide comprehensive information before treatment that enables patients to make an informed decision about treatment choices
- Are clean, tidy and well maintained
- Are committed to providing a positive experience for patients including appropriate arrangements for actively seeking feedback
- Store records appropriately
- Have arrangements to uphold the privacy and dignity of people receiving treatment.

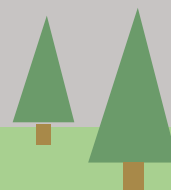


However, rather disappointingly, we continue to find that key documents such as the Patients' Guide and Statement of Purpose are not kept up to date and do not include all information required by the regulations. We regularly find that:

- HIW's contact details are incorrect
- A summary of patient feedback is not included in the Patients' Guide
- The complaints process is not adequately described
- The Patients' guide is not available for people to take away
- Consent to treatment is not consistently recorded, especially when recording consent (verbal or written) at each treatment point within a course of treatment sessions
- Medical histories are not reviewed at each treatment point within a course of treatment
- Safeguarding policies need updating to include details of the local authority safeguarding teams. Also, staff need to undertake training in the protection of vulnerable adults and the protection of children
- Treatment registers do not always contain all of the information required by the National Minimum Standards.

Reassuringly, the number of non-compliance notices we issued this year was very low, but as with our overall findings, the reasons for doing so were similar to last year and related to services not having a contract with a Laser Protection Adviser (LPA). This meant that key policies and procedures such as the local rules and risk assessments had not been reviewed as required by the regulations and the service's conditions of registration.

We also found one registered provider who could not demonstrate that the laser machine had been serviced and maintained as per the manufacturer's instructions. Both the appointment of an LPA, and regular maintenance of equipment, are vital to ensuring laser/IPL equipment is safe to use and registered providers are reminded that cost cutting in these areas is not acceptable and can lead to enforcement action being taken.

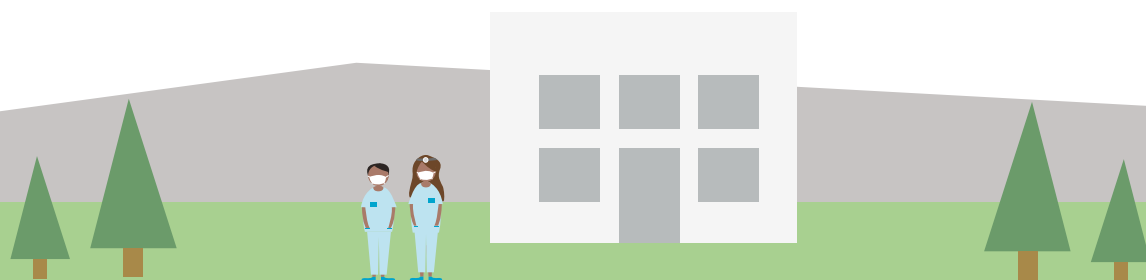


Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

HIW is responsible for monitoring compliance against the Ionising Radiation (Medical Exposure) Regulations 2017. The regulations are intended to protect people from hazards associated with ionising radiation.

During 2018-19 we completed five IR(ME)R inspections including an inspection at an independent hospital. These inspections checked that services were compliant with IR(ME)R and also looked at whether care and treatment was being provided in line with the Welsh Government's Health and Care Standards.

The inspections also covered all three modalities of medical exposures: Radiology, Diagnostic and Interventional Imaging, and Nuclear Medicine.



*The service provided for me today was excellent.
The nurse with me was really lovely. Very helpful"*

– Patient, Hywel Dda University Health Board

Findings

On all of our inspections we asked patients to rate their experience; the vast majority said they would rate their experience as either excellent or very good. When asked what improvements could be made comments were varied. However, the availability of parking was an issue that was raised frequently.

It was also positive to see, on all inspections, staff being kind and respectful to patients. However, we found that improvements were required to the environment in two hospitals we visited to further promote the privacy and dignity of patients.

2018-19 was a year of change for employers with the new IR(ME)R 2017 regulations introduced in February 2018. Overall, employers had responded well to the changes, but we did identify the need to develop employer's procedures in more detail in all of our inspections. In two cases we identified that the employer did not have a procedure for a quality assurance programme for equipment; this after identifying in previous years that ageing and inefficient equipment was impacting on the timeliness of patient care. In addition, we identified that employers needed to do more to make information available for patients to ensure that the risks and benefits of exposure to ionising radiation were made clear.

2018-19 saw HIW issue its first Improvement Notice due to serious concerns identified at Prince Charles Hospital. We identified that National Diagnostic Reference levels were being exceeded and that the establishment of Local Diagnostic Reference Levels was inconsistent. Fundamentally these concerns arose because of a lack of governance and oversight of IR(ME)R by the health board and we would ask all IR(ME)R employers to reflect on whether the profile and focus of IR(ME)R compliance in their organisation is appropriate.

Offender Healthcare

Reviews of deaths in custody

The Prisons and Probation Ombudsman (PPO) is required to undertake an investigation of every death that occurs in a prison setting. HIW contributes to these investigations by undertaking a clinical review of all deaths within a Welsh prison or Approved Premises. This arrangement is defined within a Memorandum of Understanding between the PPO and HIW.

Our reviews critically examine the systems, processes and quality of healthcare services provided to prisoners during their time within a prison or Approved Premises. From 1 April 2018 to 31 March 2019 we were commissioned to complete 19 clinical reviews on behalf of the PPO.

Generally our death in custody reviews concluded that the care provided to prisoners in Wales was equitable with the expected level of care in the community.

We noted good relationships between prison healthcare staff and staff from health boards. We made recommendations for improvement in the standards of documentation of prisoners by health and medical staff including:

- Where care plan templates are used within the electronic clinical record, these should be accompanied by an individualised assessment of the person's needs and accompanied by specific and tailored interventions to meet these identified needs
- Training in relation to record keeping ensuring that there is consistency across all healthcare staff



Prison Inspections

HMI Prison Inspections of prisons in Wales are undertaken by Her Majesty's Inspectorate of Prisons (HMIP). There is a Memorandum of Understanding in place between HMIP and HIW, and we are invited to attend the HMIP inspections of Welsh prisons. These mechanisms enable us to share our learning from clinical reviews of deaths in custody and also to consider the governance of prison healthcare.

During 2018-19, we attended one HMIP inspection at HMP Berwyn near Wrexham. The inspection found good practice in regard to the health assessment of new prisoners, good mental health services, and the positive inclusion of a member of the pharmacy team. The inspection also identified some areas for improvement particularly in the areas of:

- A prison-wide strategy to support health promotion
- Health staff should always see prisoners returning from external hospital appointments to establish any treatment and support needs
- Suitable occupational therapy equipment and adaptations be provided and installed promptly
- There should be a formal and robust procedure to follow up patients who miss medicine doses
- Pharmacists should carry out medicines use reviews with patients
- Prisoners should have access to dental treatment within community-equivalent waiting times

Youth Offending Services

We continue to work in partnership with Her Majesty's Inspectorate of Probation in the review of healthcare provided within Youth Offending Services. These reviews also involve a range of other partner agencies including Estyn and CIW.

In March 2019 HIW participated in an inspection of Western Bay and considered the healthcare that young people received. Several issues were identified with young people not receiving an adequate level of healthcare and we contributed to the final report produced by Her Majesty's Inspectorate of Probation.

We noted that there were very limited health services to meet the physical, sexual, emotional and mental health needs of children and young people, and this was highlighted as an Area for Improvement in the report which can be viewed on HMI Probation's website.

Aneurin Bevan University Health Board

Overall, patient feedback was positive on all inspections. Patients felt they were treated with respect by staff, and the quality of the care they received was of a good standard.

We were pleased to find evidence of effective multidisciplinary working in some of our inspections, particularly in our GP and Mental Health inspections.

Engagement from the health board was good throughout 2018-19, with prompt responses provided to our requests for improvement plans. The health board also responded promptly to any concerns we received through our concerns process.

Unfortunately, we found that action is not always taken as a result of previous HIW inspections, and this has been particularly evident across the two mental health inspections conducted in 2018 - 2019.

Despite raising our concerns regarding the lack of shower facilities at St Cadoc's Hospital during our previous inspection in October 2016, there remained

only two showers for up to 22 patients on the Adferiad ward when we inspected again in November 2018. Both showers had stained flooring and walls, as well as evidence of fungus around the window frames.






In addition, a number of issues identified at our inspection of County Hospital in 2017 were identified again at an inspection in 2018. We found that Care and Treatment Plans (CTP) were still not being fully completed and that the personal alarm system was not fit for purpose.

We issued three immediate assurance letters to the health board in 2018 – 2019 and we received sufficient assurance on the issues raised. This meant that the improvements had either been addressed or progress was being made to ensure patient safety is protected.

There are issues across the health board with regards to training being provided and kept up to date, as well as the overall standard of record keeping.








Hospitals

We inspected two hospitals: Ysbyty Aneurin Bevan (two wards) and Royal Gwent Hospital (surgical)

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|---|--|
|  Patients were highly complementary of the staff involved in their care and treatment |  Issues with staffing levels at both hospitals |
|  Patients were appropriately supported and monitored at mealtimes |  Improvements required relating to training for staff |
|  Strong management and leadership within both hospitals | |







Mental Health

Two mental health inspections in St Cadoc's Hospital and County Hospital

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|--|--|
|  Patients were treated with respect and care |  Issues with Mental Health Act application and documentation |
|  Good access to indoor and outdoor activities | |
|  Effective communication between staff and teams |  Recommendations from previous inspections not actioned |
|  Good use of meetings to plan and handover |  The alarm systems at both hospitals were not fit for purpose and did not provide a safe setting for staff and patients |






Dental

We inspected 14 dental practices

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|  Patients told us they were very happy with their care and treatment |  Patient records are not always maintained correctly and securely stored |
|  Patients being treated with dignity and respect |  Staff are not consistently completing relevant training |
|  Appropriate arrangements for the safe use of X-rays |  Patient information and the distribution of patient leaflets could be improved |







GP

We inspected two GP practices

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|  Positive patient comments about the service |  Improvements to patient records and maintenance of staff training records to ensure renewal dates are not missed |
|  Staff were polite and courteous to patients and visitors | |
|  Good communication between practice teams |  Increased promotion and usage of the chaperone service |










IR(ME)R

We completed one IR(ME)R inspection at the Royal Gwent Hospital

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|  Patients reported a positive view of services provided by the department |  The health board must ensure it maintains the dignity, privacy and safety of patients who are transported to the holding bay of the department's in-patient area |
|  Patients felt involved in any decisions about their care |  Aspects of the employer's (IR(ME)R) procedures need to be updated, developed and formally adopted |
|  Staff had a good awareness of the risks associated with ionising radiation and their responsibilities in this regard |  Staff training and entitlement records need to be completed correctly, signed and dated by the trainee, and countersigned by the trainer for verification purposes |

Community Mental Health

We undertook one Community Mental Health Team inspection – North Monmouthshire

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|  Service user feedback was generally positive about their care and treatment |  The environment for service users |
|  Staff were committed to providing a positive experience for service users in a difficult environment |  Information for service users, including advocacy and complaint processes and procedures |
|  Service user assessments were completed in a timely manner |  Some areas of health and safety, including a ligature point risk assessment |
|  We saw evidence of good team working between professional disciplines. |  Elements of recording in care records, to ensure a consistent high standard is met across the team |
| |  Managerial processes and procedures to improve integrated working |

Abertawe Bro Morgannwg UHB

Following the Bridgend boundary change, Abertawe Bro Morgannwg University Health Board became Swansea Bay University Health Board on 1 April 2019. For the purposes of this report which covers the 2018 – 2019 period we have used the former name of the health board.

In general, our inspections have shown that patients have been treated with dignity and respect and were happy with the healthcare provided. Many service areas have also demonstrated good leadership and management.

There were, however, some areas that required improvement including, record keeping and medicine management in some settings. The management and maintenance of resuscitation equipment must also be up to date, and staff must be appropriately trained in the equipment.

The way serious incidents are investigated is also inconsistent.

Historic governance was scrutinised in detail last year in relation to the health board's handling of the employment and allegations made against Kris Wade. Our review found that the issue of line of sight between the Board and operational services has been a recurrent theme since 2014. The current Board has accepted our recommendations and is maturing with a focus on improvement.

We also made a number of recommendations for all health boards in Wales as noted in our National Reviews section, and in more detail in the full report on our website.

Hospitals

We conducted an inspection at the Neath Port Talbot Minor Injuries Unit and a surgical services inspection at Morriston Hospital

- ✓ Patients were treated with dignity and respect in both hospital inspections
- ✓ Good infection control procedures
- ✓ Good systems in place to promote patient safety
- ✓ Good management of controlled drugs

- ✗ Timely management of trauma and orthopaedic patients
- ✗ Concerns about the management of theatre lists at the unit were expressed by staff
- ✗ Safety checks in theatre need strengthening
- ✗ Concerns over the number of never events
- ✗ Key equipment, resuscitation checks and audit arrangements need to be improved (NPT). These issues have been found in the minor injuries unit on previous visits
- ✗ Risk assessments for blood clots (Morriston)

Mental Health

We inspected the Tawe Clinic at Cefn Coed Hospital

- ✓ Patients were treated with kindness and compassion
- ✓ Information about advocacy was prominently displayed
- ✓ Efforts had been made to make the entrance and outside areas pleasant for patients to use
- ✓ Visible and supportive leadership
- ✓ Good compliance with health board mandatory training
- ✗ No call system for patients in bedrooms
- ✗ Lack of furniture in bedrooms
- ✗ Inadequate checking of emergency equipment
- ✗ Aspects of record keeping need improvement
- ✗ Information about how to raise a concern should be clearly visible
- ✗ Care and treatment plans need to be in line with the Mental Health (Wales) Measure



Dental

We inspected 13 practices

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| ✓ Patients reported a friendly, professional and patient-focused service in 10 out of 13 practices | ✗ Improvements need to be made in clinical record keeping in most practices – recording of medical histories, allergies, health promotion advice, treatment justification, consent and cancer screening. |
| ✓ Good leadership in 8 of the 13 practices visited | |
| ✓ Safe use of x-rays in 5 practices | ✗ Gaps in staff training in safeguarding, resuscitation training, and fire safety. |
| ✓ A good suite of policies and procedures in five practices | ✗ Improvements needed in the management of equipment including emergency equipment |

GP

We inspected three GP surgeries

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| ✓ Patients were treated with dignity and respect | ✗ Provision and checking of emergency equipment in two settings |
| ✓ Surgeries were clean and accessible | ✗ Policies and procedures needed updating in all practices |
| ✓ Evidence of engaged managers and good leadership | ✗ Mandatory training gaps-resuscitation, safeguarding, infection control |
| | ✗ Website requires updating in two practices |
| | ✗ Provision of a working hearing loop at two practices |

Community Mental Health

We inspected the Neath Port Talbot Community Mental Health Team

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|---|---|
| ✓ Dedicated staff | ✗ Environmental risks-such as ligature points (the service received an immediate assurance letter in relation to the environmental risks) |
| ✓ Patients treated with dignity and respect | |
| ✓ Evidence of supportive treatment plans for patients | ✗ Poor culture of incident reporting |
| | ✗ Discord between leaders leading to a poor culture at a senior level |

Betsi Cadwaladr University Health Board

Our inspections of the health board over the past twelve months have been broadly satisfactory. Some of our visits have been a follow-up to previous inspections, and it is positive to report that most of the improvements had been implemented, and importantly, sustained.

One of the key challenges for the health board, noted during our inspection, is in maintaining patient flow through the emergency department at Glan Clwyd Hospital and tackling the prolonged waiting times for patients.

Whilst it was encouraging that none of our mental health inspections resulted in us issuing an immediate assurance letter, and it is clear that much effort is being made to improve services, we remain concerned about overall service capacity.











The health board must ensure that there is sufficient capacity in mental health inpatient services to meet the needs of its population. We are also concerned about the length of time some patients in the community may be waiting for access to psychological services, with some waiting up to two years. This is not acceptable and steps need to be taken to address this.

Whilst the GP inspections were positive overall, we were consistently told by patients of concerns regarding the ability to make appointments at their practice.

Overall, whilst it is positive to note some of the improvement across our inspections last year, it is clearly imperative that these are sustained and built upon by a health board that remains under special measures.








Hospitals

We inspected Bryn Beryl Hospital and Ysbyty Glan Clwyd Emergency Department

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|--|---|
|  Good evidence of person-centred care and staff engagement |  Some issues found at the previous Glan Clwyd inspection were still present, in particular, patient identification arrangements and inconsistent usage of fluid charts |
|  Effective risk assessment, auditing and reporting | |
|  Clean ward environment and good infection control arrangements at Bryn Beryl Hospital |  At Bryn Beryl we noted issues in regards the provision of arranged activities for patients and the fact there was no television, radio, or a lounge for them |
|  Effective multidisciplinary working and a visible management team at Glan Clwyd Hospital |  A more dementia friendly environment is needed at Bryn Beryl |
|  Glan Clwyd was a follow-up to the visit in November 2016, and it was positive to note that the majority of listed improvements had been implemented and sustained |  At Glan Clwyd, patient concerns regarding waiting times and patient flow |
| |  Whilst it was positive to see lots of new staff at Glan Clwyd, recruitment to vacancies is still a challenge |

Mental Health

We inspected the North Wales Adolescent Unit

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|  Staff engage with patients respectfully |  The external and internal environment required attention at the Hergest and Ablett Units |
|  The facilities and environment at the Child and Adolescent Mental Health Service (CAMHS) Unit in Abergele were found to be good |  Systems for maintaining the safety of patients and staff in the North Wales Adolescent Unit required improvements |
|  Established governance arrangements were in place | |
|  Good multidisciplinary working and coordination with community paediatric teams |  The health board faces challenges in ensuring that mental health services have enough capacity to meet the needs of its population |

Dental

We inspected 21 dental practices

- ✓ Patients were able to make informed decisions about their treatment
- ✓ Services were well run and staff were committed to providing a high quality service
- ✓ Surgeries were well equipped and clean, with appropriate arrangements for safe use of x-ray equipment
- ✗ The need to strengthen the implementation of a range of clinical audits was found to be an issue
- ✗ Fire training required improvement at several inspections
- ✗ Wall mounted sharps bins not installed
- ✗ Steps to implement clinical peer review and self-evaluate using the maturity matrix dentistry tool

GP

We inspected six GP surgeries

- ✓ Good record keeping and internal communications in most inspections
- ✓ Professionalism of practice staff and good staff support services
- ✓ Cohesive and inclusive management teams in place
- ✗ Issues with appointment systems in all 6 inspections
- ✗ Inadequate training records were noted at several inspections
- ✗ Audits and data security were in need of improvement across many of the practices

IR(ME)R

We undertook one IR(ME)R at Wrexham Maelor

- ✓ Staff treated patients with dignity, respect and kindness
- ✓ Good compliance with the regulations
- ✓ The health board has been proactive in creating new procedures to meet the requirements of the new regulations
- ✗ Health board to consider how written patient information can be made more accessible and consistent
- ✗ Information on how patients can provide feedback or raise a concern about their care and treatment needs to be clearer
- ✗ Level of detail needs to be improved within the delegated authorisation guidelines for the justification of exposures

Community Mental Health

We conducted one cCommunity Mental Health Team inspection at Nant-y-Glyn

- ✓ Positive feedback from service users and a person-centred approach
- ✓ Auditing, reporting and escalation processes good at the CMHT
- ✓ Team managers to be both accessible and supportive
- ✗ The health board faces significant challenges in ensuring timely access to psychology and psychotherapy services, with delays of up to two years
- ✗ The physical environment of the CMHT required significant attention
- ✗ Problems with integrated ICT and lack of joint access to electronic records



Inspection findings within the health board were generally positive. Where improvement was required, all services have responded constructively and engagement from health board leadership has also been positive.

Re-inspection of services by HIW has revealed improvement in many areas and it is clear that the health board sees external and internal scrutiny as a positive means of learning and improving.

Further work is required in general practices and some hospital settings to ensure that patients are aware of how that can raise a concern about the care they received.

HIW's inspection of the emergency and assessment unit at University Hospital revealed a number of issues which were impacting on the safety and dignity of patients. The health board must reflect on its own assessment of the arrangements that were in place prior to HIW's inspection and why more action was not taken in relation to issues of which it was aware.

Hospital

We carried out two inspections at St David's Hospital and the University Hospital Wales

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|--|---|
| ✓ Broadly positive findings in relation to our follow up inspection of St David's hospital, with action having been taken in relation to previous findings | ✗ A number of immediate patient safety issues following our inspection of the emergency and medical assessment units at University Hospital of Wales |
| ✓ A number of positive findings relating to our inspection of the emergency and medical assessment units at University Hospital of Wales. | ✗ Inadequate arrangements for treating and monitoring patients in the assessment unit and failure to regularly check resuscitation equipment and medicine to ensure that it could be used safely in the event of an emergency |
| ✓ Training and induction provision appeared to be excellent | ✗ Further work is required in relation to the safe administration of medicine (St David's) |
| ✓ We also observed excellent interaction between staff and patients in the emergency and assessment units with a kind compassionate approach being taken with all patients | ✗ Scope for greater involvement of social workers and speech and language and occupational therapy input (St David's) |

Mental Health

We carried out one mental health unit inspection at Hafan y Coed in Llandough Hospital

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|---|---|
| ✓ Peer review checks were being carried out with staff from other areas of the hospital to check the quality of care as a means of driving up standards and sharing good practice | ✗ Whilst the health board has effective arrangements for managing the risk associated with 'patients sleeping out' of the unit this appears to be a common occurrence |
| ✓ HIW's peer reviewers were impressed by the comprehensive needs assessments being carried out to develop patients' care and treatment plans | ✗ Garden areas in the Hafan y Coed mental health unit are dirty and unkempt. The unit relied on the staff to clean and maintain these areas, which they rarely had time to do. As the only outside space available to detained patients, the condition of these facilities has a significant impact on patient experience |
| ✓ Health and safety audits, including ligature audits, were thorough and up to date | |

GP

We carried out three GP inspections this year

- ✓ Patients were positive generally about their experience and in 2 of the 3 practices inspected they found it easy to make appointments
- ✓ There were some examples of good cluster working, including an out of hours pilot
- ✓ All practices were well maintained and clean
- ✓ All practices were considered to be safe and effective, although 2 required improvements to fully meet the health and care standards
- ✓ Practices were generally well led
- ✗ An immediate assurance letter was issued at 1 practice due to issues around checking drug fridge temperatures
- ✗ A range of improvements were required around administration of Putting Things Right, including better recording of complaints and provision of information to patients (all inspections)
- ✗ Scope for improvement in the quality of record keeping, including consistency of recording the reasons for prescribing or significant diagnoses (in 2 practices).

Dental

We inspected 11 dental practices

- ✓ Patients were happy with the care they received in all inspections
- ✓ The standard of record keeping was high or good in 7 of the 11 inspections completed
- ✓ We noted positive management and leadership in most inspections
- ✓ Most practices had appropriate arrangements for use of X-ray
- ✓ In general, practices were clean with few minor environmental issues requiring rectification
- ✗ Issues with frequency of checks, storage or location of emergency equipment in 6 inspections
- ✗ A number of practices should increase the levels of audit and quality improvement activities carried out

Community Mental Health

We inspected the West Vale Community Mental Health in Barry

- ✓ Safe and effective care was being provided with positive feedback from users, improved access and timeliness
- ✓ Consistently high standards of record keeping at the CMHT, including Mental Health (Wales) Act documentation
- ✓ Good, multi-disciplinary, approach in relation to service user assessments, care planning and reviews
- ✗ The CMHT service was in a period of substantial change which impacted upon processes, procedures, meetings and management structures
- ✗ Staff morale was affected as a result and there was a need for clarification with regards to these arrangements

Cwm Taf University Health Board

Following the Bridgend boundary change, Cwm Taf University Health Board became Cwm Taf Morgannwg University Health Board on 1 April 2019. For the purposes of this report which covers the 2018 – 2019 period we have used the former name of the health board.

We noted a somewhat mixed picture from our inspections in 2018-19. Across our inspections, patient feedback was generally positive and we found patients were treated with dignity and respect.

We were pleased to find evidence of effective multi-disciplinary working in some of our hospital and CMHT inspections. We saw truly integrated working between health and social care staff in our CMHT inspection in Merthyr and we believe other CMHTs across Wales could learn from this good practice.

However, we identified significant concerns in a number of our inspections. Of particular concern were the findings from our inspections in maternity services and surgical services in Royal Glamorgan Hospital, follow-up in elderly mental health wards in Royal Glamorgan Hospital, IR(ME)R in Prince Charles Hospital and dental inspection.

Our inspections across Royal Glamorgan Hospital have highlighted concerns around staffing levels, skill mix of staff and low staff morale.

Across our work, we have identified a lack of evidence of organisational learning from previous inspections. For example, during our surgical services inspection we highlighted issues regarding the checking of resuscitation equipment, it was therefore disappointing to find the same issue in our maternity services inspection within the same hospital a few weeks later.

We were particularly disappointed that our follow-up inspection of the elderly mental health wards in Royal Glamorgan Hospital identified that not only were the actions from the last inspection not completed, a number of new issues were identified, including concerns around medicines management.

During last year's mental health inspections we found issues with maintenance and the improvement of service environments. Again this year, we found environmental/estates maintenance issues in Royal Glamorgan Hospital and Tŷ Llidiard.

In our maternity services inspection, we were concerned about the sustainability, resilience and ability of service to provide care and treatment in a safe and effective way. We found significant staffing issues which impacted on delivery of safe and effective care in a number of ways including staff well-being, reviewing of incidents and concerns, mandatory training and clinical audits.

We also found a disconnect between a number of professional groups across the service which impacted on multidisciplinary team working. We continue to closely follow the progress of the health board in responding to these issues.

In our IR(ME)R inspection in Prince Charles Hospital, we found the service was non-compliant in respect of the assessment, monitoring and recording of patient radiation doses and the need to strengthen the employer's response to reports provided by the external radiation protection service. This meant that patients could have received exposures that were not as low as reasonably practicable or consistent with the intended diagnostic or therapeutic purpose.

We will be closely monitoring the findings from our programme of work in 2019-20 to gauge whether we are seeing better evidence of organisational learning and improvements being embedded and sustained across services. As part of this work, Healthcare Inspectorate Wales and the Wales Audit Office will be conducting a joint governance review within the health board.



Hospital

We conducted three hospital inspections: the acute stroke unit at Prince Charles Hospital and maternity and surgical services within the Royal Glamorgan Hospital

- ✓ Patient feedback generally positive and patients were treated with dignity and respect
- ✓ Effective care in relation to preventing pressure sores, falls and nutrition and hydration arrangements (with some areas for improvement)
- ✓ Evidence of effective management at ward level
- ✓ Evidence of effective multidisciplinary team working at 2 of the 3 inspections.
- ✗ We were not always assured that care was safe and effective and issued immediate assurance letters in two of three inspections
- ✗ To a greater or lesser extent each inspection identified issues with staffing
- ✗ Improvements needed to patient and carer information on how they may provide feedback, raise a concern (complaint) and how they may contact the local Community Health Council
- ✗ Of particular concern, we identified the following issues in two of three inspections:
- ✗ Issues with the checking of resuscitation equipment within different areas of the same hospital. HIW issued an immediate assurance letter on each occasion. This showed a lack of learning following inspections
- ✗ Issues with staffing levels and skill mix
- ✗ Staff told us that morale was low amongst the workforce
- ✗ Issues with availability of equipment for staff to carry out their duties
- ✗ Issues with security of medication and the recording of fridge temperatures
- ✗ Issues with pain assessment recording and patient pain monitoring

Mental Health

We conducted two mental health inspections: a CAMHS unit at Ty Llidiard and a follow-up inspection elderly mental health wards in Royal Glamorgan Hospital

- ✓ Patients felt safe and were treated with respect and kindness by the staff team
- ✓ At Ty Llidiard, we found innovative use of technology to engage and encourage patients to provide feedback about their experiences
- ✓ We saw good record keeping practice within the sample of Care and Treatment Plans and observation records we reviewed
- ✓ Some aspects of the environment had been addressed from the last inspection
- ✓ At Royal Glamorgan, we found good compliance in relation to mandatory training and annual appraisals
- ✗ Environmental changes must be completed in a timely way to support the needs of patients
- ✗ At Ty Llidiard, risk assessments had been completed to promote patient safety and wellbeing but no written plans had been developed setting out how these risks would be managed
- ✗ At Royal Glamorgan Hospital, we found the majority of identified improvements identified at HIW's previous inspection in 2017 had not been fully completed. The health board needs to be accountable for ensuring that any improvements identified are reviewed and monitored to ensure the service provides high quality, safe and reliable care
- ✗ At Royal Glamorgan Hospital, we also found significant medicines management concerns which resulted in HIW issuing an immediate assurance letter to the health board

GP

We inspected one GP surgery

- ✓ Patients were treated with dignity and respect and spoke positively about their relationship with staff
- ✓ The practice had its own ultrasound scanner and this had proven valuable in ensuring timely diagnosis of symptoms
- ✓ GPs triage patients for appointments to ensure highest priority need is dealt with on the day
- ✗ Improvements needed to clinical details within patient records, general record keeping and audit arrangements
- ✗ Staff needed recruitment and periodic employment checks, including Disclosure and Barring Service checks
- ✗ Improvements to the arrangements for oversight and accountability for any new medication added or changed to patient records

Dental

We inspected one dental surgery

- ✓ Commitment to providing a positive experience for patients
- ✓ Good range of policies and procedures in place
- ✗ The practice was non-compliant in a number of areas relating to decontamination and infection control, environment, resuscitation equipment and security of patient records and information. This resulted in HIW issuing a non-compliance notice to the practice
- ✗ We did not see evidence of good leadership or support of staff
- ✗ Improvements were needed to ensure all clinical staff receive up to date training relevant to their role and appropriate employment checks (Disclosure and Barring Service checks)

IR(ME)R

We conducted one IR(ME)R inspection at Prince Charles Hospital

- ✓ Staff who spoke with us were happy in their roles. Radiography students and new members of staff said that they felt supported by their colleagues
- ✓ Staff were respectful, professional and kind toward patients throughout our inspection
- ✓ Most patients said that they had received clear information which helped them to understand the risks and benefits of their X-ray procedure/treatment
- ✗ The service was non-compliant in respect of the assessment, monitoring and recording of patient radiation doses and the need to strengthen the employer's response to reports provided by the external radiation protection service
- ✗ A non-compliance notice was issued due to the seriousness of the issues identified
- ✗ Aspects of the content of a large number of employer's IR(ME)R policies and procedures need to be updated and provide more detail for staff to follow
- ✗ Improvements needed to ensure patients are fully aware of their right to raise concerns about their NHS care or treatment

Community Mental Health

We inspected Merthyr Community Mental Health

- ✓ Care was planned in a way that was person centred and response to the needs of service users
- ✓ Care and treatment plans and statutory documentation for service users detained under the Mental Health Act were detailed and completed to a high standard
- ✓ The service was a good example of truly integrated working between health and social care staff
- ✓ We saw effective management and leadership of the service and a positive culture in the team
- ✗ Improvements needed to compliance with mandatory training, including in safeguarding
- ✗ Staff reported the need for better engagement and understanding between GPs and the CMHT
- ✗ There needs to be progress and solutions to ensure the IT systems are fit for purpose and enable the right information to be available to the right staff at the right time



Hywel Dda UHB

We received positive responses from patients regarding their care and treatment in all inspections at Hywel Dda University Health Board in 2018 – 2019.

In three out of the four hospital inspection it was noted that staff undertook their duties in a professional, kind and sensitive manner when delivering care to patients.

However, standards and comprehensive completion of patient documentation was noted as an issue in all of the hospital inspections.

Unfortunately medicines management is still an issue in all of the hospital inspections despite us highlighting similar issues in the previous year. This is disappointing and the health board must address this problem.













The environment of care at the community mental health team inspection and mental health units required maintenance to promote patient, staff and visitor satisfaction.

It is pleasing to note that no immediate assurance letters were issued in regards to dental, CMHT and IR(ME)R inspections.

There were further positive findings in our dental inspections with two of the five dental practices we inspected receiving no recommendations for improvement.










Hospitals

We carried out four hospital inspections; in Glangwili, Withybush, Bronglais and Amman Valley Hospitals

- | | |
|--|--|
|  Staff were professional, kind and sensitive when delivering care to patients (3 out of 4 inspections) |  Medicines management is still an issue in all settings |
|  Ward based management was supportive and enabling (3 out of 4 inspections) |  Improvements needed to care planning, updating and safe storage of patient records |
|  Good staff engagement with inspection and focus on improving standards in all hospitals |  Improvements to mandatory and specialist staff training |
|  Palliative care and treatment was delivered to a high standard (Amman Valley) |  Communication between healthcare professionals and patients or family members required improvement |
|  Good pain management (Withybush) |  Patients unaware of what was going to happen next regarding treatment or discharge in one setting |
|  |  NHS Wales Putting Things Right information was not readily available for patients to read and take away (2 of the 4 inspections) |









Mental Health

We inspected two mental health hospitals; Cwm Seren in St David's Hospital and Bryngofal at Prince Phillip Hospital

- | | |
|---|---|
|  Patients were treated with respect and kindness |  Ward and external environment required some redecoration and maintenance |
|  Patients' nursing records completed to a good standard |  Medical staffing levels need to be improved and more support for newly qualified nurses |
|  Suitable arrangements in place for assessing, meeting and monitoring patients' nutritional needs |  Complete and comprehensive statutory detention documentation |
|  Dementia friendly ward environment at Bryngofal |  Storage of chilled medication and administration of controlled drugs |
| |  Information available for patients, carers and relatives should be consistent |








GP

We inspected three GP practices

- | | |
|---|--|
|  Care and treatment provided in a dignified and courteous manner |  Immunisation status of all staff working at the practice must be collated |
|  Information within patient records was of a good standard (2 out of 3 inspections) |  All staff need to complete mandatory training, and job specific training for staff needs to be identified |
|  A useful system to monitor patient referrals and communication with the out of hours service had been introduced in one of the inspections |  Some improvements needed to security of emergency equipment and drugs |
|  Leadership and support for staff |  Some improvements needed to concerns and complaints arrangements |





Dental

We completed five dental inspections

- | | |
|--|---|
|  Strong management and leadership |  Patient records must always be maintained in accordance with regulatory professional standards for record keeping |
|  Surgeries were maintained to a high standard |  Staff to complete mandatory training |
|  Patients were happy with the service provided |  Equipment must be decontaminated in line with national guidance |
|  Good active engagement with patients to obtain feedback on the service provided | |

IR(ME)R

We completed one IR(ME)R inspection at Bronglais Hospital

- | | |
|---|--|
|  Fully compliant with the regulations |  Improvements to patient awareness of how to provide feedback about their experiences or raise a concern about their care and treatment |
|  Patients received clear information to understand the risks and benefits of their treatment options |  Develop and implement a written procedure for quality assurance of medical exposures equipment |



In 2018 - 2019 we inspected two general practices, an independent dental practice and a community mental health service as part of our national review of Community Mental Health Teams.

Overall we found that patients across primary care services received good quality care and treatment. Patient and staff interactions were good, demonstrating courtesy and dignity at all times. Staff told us they were well supported by colleagues within the practice and the appropriate supportive structures were in place.

Areas that could be improved included, information provision regarding the complaints process and, in a practice recently taken over by the health board, it was found that the sharing and learning from serious incidents or patient safety issues needed to be formalised.

Our only dental inspection here in 2018-2019 was Yvonne Wood Dental Hygiene, an independent practice in Welshpool. This was an outstanding inspection with no areas of improvements identified.

During our inspection at the CMHT building at The Hazels, Llandrindod Wells Service user feedback was very positive about the whole team. Staff were involved in the formulation of care and treatment plans and Service user assessments were conducted in a timely manner. We did, however, find that the building was in a very poor state of repair, and was in need of significant work to ensure it was fit for purpose. We also found that integrated working between the health board and local authority was fragmented which impacted upon the day-to-day working of the CMHT and was in need of improvement.

Community Mental Health

We inspected The Hazels Community Mental Health Team, Llandrindod Wells

- | | |
|--|--|
| ✓ Service user feedback was very positive about the whole team | ✗ The building is in need of refurbishment and repair |
| ✓ Staff were involved in the formulation of care and treatment plans | ✗ Improvements needed for arrangements to transport service users to hospital |
| ✓ Service user assessments were conducted in a timely manner | ✗ Administration of the Mental Health Act documentation |
| ✓ Staff were committed to providing a positive experience for service users in the difficult working environment | ✗ Elements of care documentation can be improved |
| ✓ Staff were able to provide some specialist services to service users therefore reducing the waiting time to receive treatment. | ✗ Integrated working between the health board and local authority could be improved |
| | ✗ Sharing of information regarding complaints, concerns and incidents between the health board, local authority and staff. |

GP

We inspected the Presteigne Medical Practice and the Welshpool Medical Practice

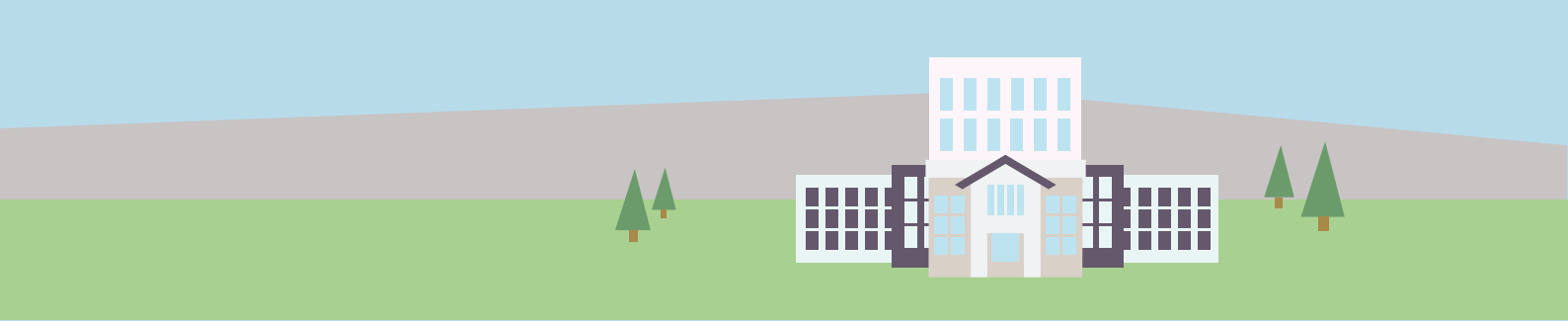
- ✓ No immediate assurance letters issued
- ✓ Positive and friendly interactions between staff and patients
- ✓ Supportive structure for staff
- ✓ Good standard of record keeping overall

- ✗ Better information provision needed regarding the complaints process
- ✗ Improvements to appointments process for patients with long term health conditions and regular clinics must be managed in a timely way
- ✗ Ensure that learning from significant events and safety incidents is appropriately shared and discussed by all staff within the practice

Dental

We inspected one independent dental practice

- ✓ Safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff
- ✓ Patients very happy with the service they received according to our feedback
- ✓ Well run practice and that meets the relevant regulations to ensure the health, safety and welfare of staff and patients
- ✓ Evidence of various maintenance contracts to ensure the environment and facilities were safe and well maintained
- ✓ Infection control procedures were aligned to the relevant guidance and audit tools
- ✓ We found the practice to have good leadership and clear lines of accountability



Trusts – Public Health Wales, Velindre University NHS Trust, Welsh Ambulance Services NHS Trust

Public Health Wales (PHW)

HIW continues to review PHW activity and performance through attendance at their quarterly Quality and Safety committee.

There has been some change within the organisation with Independent Members joining, changes within the Executive Team and a focus on delivery on the first year of a long term plan. Whilst there are some clear challenges around screening services it is clear that there is a strong commitment to quality and improvement and a willingness to engage with HIW on its National Reviews programme.

In July 2018 HIW published its review of substance misuse services. There are a number of recommendations for PHW to consider, particularly around co-occurring mental health needs, complexity of needs and harm prevention.

We have also consulted with PHW and the 1000 lives programme as part of our stakeholder engagement to discuss our research and intelligence functions, and identify mutual areas of interest.

Velindre University NHS Trust

During the year HIW regularly engaged with the organisation through their Quality & Safety Committee, Board meetings and meetings with executive officers.

In 2018/19 HIW conducted one unannounced inspection of Velindre Cancer Centre, within Velindre University NHS Trust. Our inspection team inspected two wards (first floor and chemotherapy inpatient) and explored how the service met Health and Care Standards.

The inspection findings were largely positive, with evidence showing that service provided safe and effective care. We also identified some areas of improvement and have made recommendations to the trust regarding actions required to ensure full compliance with Health and Care Standards.

The Trust are also tackling ICT systems issues that can affect patient safety if not addressed.

Welsh Ambulance Services NHS Trust (WAST)

HIW has continued to develop the relationship with WAST, with regular meetings and communication with executives and staff.

WAST has been a key stakeholder in helping HIW develop the content of new tools for inspecting Emergency Departments. This means that the interface between the Emergency Departments and ambulance service is better considered and tested while undertaking inspections. This work will also allow us to better consider the perspective of paramedics, as well as the hospital staff that work with them.

During 2018/19, HIW staff undertook a visit to the WAST Command and Control Centre in Carmarthen. This helped us to improve our knowledge and understanding of this function and to more fully appreciate the challenges and processes used by call handlers.

HIW continues to review all WAST activity and performance to determine any risk to patient safety and there are clearly some ongoing challenges around response times to patients, and the handover of these patients to health settings.

Annex A - Commitment Matrix

The following table is a list of the objectives HIW set for itself for 2018-19 together with details of how HIW met the objective

What we said	Measured by	Outcome
<p>Deliverable 1 Process applications to register, or changes to registration, in a timely manner.</p> <p>Ensure all applicants can demonstrate they meet relevant regulation and minimum standards.</p>	<p>Registration applications determined within 12 weeks of full and complete submission.</p>	<p>In addition to the project to register dental practices we processed 19 registered manager applications, 17 new provider registrations and 16 variations to existing registrations.</p>
<p>Deliverable 2 Conduct a programme of visits to suspected unregistered providers - as required.</p> <p>Deliver a programme of inspections in independent settings</p> <ul style="list-style-type: none"> • Approximately 22 laser • Approximately 19 non-laser excluding mental health 	<p>Number of visits undertaken</p> <p>Number of inspections undertaken</p> <p>Number of reports published three months following inspection</p>	<p>We were made aware of 18 providers that potentially required registration. Following further investigation, including a visit to two providers, six applied to register, seven did not require registration and five confirmed that they would stop providing the service.</p> <p>We undertook and completed a criminal prosecution against an unregistered provider.</p>
<p>Deliverable 2b</p> <p>Deliver a programme of inspections in independent settings</p> <ul style="list-style-type: none"> • Approximately 22 laser • Approximately 19 non-laser excluding mental health 	<p>Number of inspections undertaken</p> <p>Number of reports published three months following inspection</p>	<p>We carried out inspections of 29 independent settings, excluding mental health settings and private only dental practices. This was less than originally planned due to services de-registering upon notification of inspection and the need to undertake inspections in higher risk areas.</p>

Annex A - Commitment Matrix – Continued

What we said	Measured by	Outcome
<p>Deliverable 3</p> <p>Ensure that concerns and Regulation 30/31 notifications are dealt with in a timely and professional manner</p>	<p>Number of concerns received</p> <p>Number of Reg 30/31 notifications received</p> <p>Analysis of source and action taken</p>	<p>During 2018-19, we received 340 concerns relating to either the NHS or the independent sector.</p> <p>We received 196 concerns regarding NHS settings or services.</p> <p>There was 126 concerns regarding independent healthcare providers registered with HIW</p> <p>We also received 18 concerns relation to unregistered providers or settings that do not require registration with HIW.</p> <p>All concerns are reviewed weekly and inform decisions about our inspection activities and priorities.</p> <p>Independent healthcare providers are required to inform us of significant events and developments in their service.</p> <p>The Regulation 30/31 notifications continue to be managed in line with our process and dealt with effectively. In total we received 580 Regulation 30/31 notifications received.</p> <p>They are as follows: Death in Hospice – 389 Death excluding Hospice –5 Unauthorised absence – 57 Serious injuries – 95 Allegation of staff misconduct - 29 Outbreak of Infectious Disease – 3 Deprivation of Liberty Safeguards (DoLS)</p>
<p>Deliverable 4</p> <p>Support legislative developments including:</p> <p>Continue Implementation of the Private Dentistry (Wales) Regulations 2017</p> <p>Contribute to further policy development on regulation and inspection arising from the 'Services Fit for the Future' White Paper</p>	<p>Delivery of implementation plan following new dental regulations</p> <p>Future decisions on potential changes to the legislation</p>	<p>During the year we completed the project to register all dental practices offering private dental treatment. This resulted in the registration of 485 dental practices</p>

Annex A - Commitment Matrix

What we said	Measured by	Outcome
<p>Deliverable 5</p> <p>Undertake a broad inspection programme in the NHS informed by intelligence and an assessment of risk including approximately:</p> <ul style="list-style-type: none"> - 15 focussed inspections across the acute sector - 5 specific follow-up inspections - 28 GP inspections - 100 dental inspections - 5 IR(ME)R inspections - 5 surgical services inspections 	<p>Number of inspections undertaken</p>	<p>We carried out 132 inspections</p> <p>Hospitals - 13 NHS mental health units - 11 CMHT- 7 GP - 20 Dental - 73 IR(ME)R - 5 Surgical - 3</p> <p>Follow-up – 6 (included in above figures)</p>
<p>Deliverable 6</p> <p>Conclude our programme of ongoing thematic work including:</p> <ul style="list-style-type: none"> - Patient Discharge - Community Mental Health - Youth Transition <p>And commence a new thematic review towards the end of 2018</p>	<p>Publication of terms of reference of each project</p> <p>Publication of thematic review</p>	<p>During the year we published five thematic reviews relating to:</p> <ul style="list-style-type: none"> - Patient Discharge - Substance Misuse Services - Community Mental Health Teams - Healthcare services for young people - Healthcare support for older people living in North Wales care homes <p>We began work on our national review of care pathways surrounding older people and falls in 2018 – 2019. During 2019-20 we will commence national reviews into maternity services, and crisis care in mental health.</p>
<p>Deliverable 7</p> <p>Continue our joint inspection work with UK agencies</p> <p>Approximately 16 death in custody reviews with the Prison and Probation Ombudsman</p> <p>Up to three joint reviews with HMI Prisons and HMI Probation</p>	<p>Number of inspections undertaken</p>	<p>We carried out 18 death in custody investigations.</p> <p>We undertook one joint inspection with HMI Prisons and HMI Probation.</p>

Annex A - Commitment Matrix – Continued

What we said	Measured by	Outcome
<p>Deliverable 8</p> <p>Conduct a high level review of each NHS body through</p> <ul style="list-style-type: none"> - Further development of the Relationship Management function - Producing an Annual Statement for each Health Board and NHS Trust 	<p>Publication of health board and NHS trust annual statements</p>	<p>2018-19 annual findings were presented at board meetings and board development days for Health Boards and NHS Trusts by Relationship Managers.</p>
<p>Deliverable 9</p> <p>Publish annual reports summarising the themes and issues arising from our work. In particular:</p> <ul style="list-style-type: none"> - Hospital Inspections - GP Practices Annual Report - Dental Practices Annual Report - Mental Health Act Annual - Monitoring Report - Deprivation of Liberty - Safeguards (DOLS) Annual Report - IR(ME)R - Laser Annual Report - HIW Annual Report 	<p>Publication of reports</p>	<p>NHS Hospital Inspections</p> <p>– an overall summary of our hospital inspection programme was not published due to the disparate functions and purposes of different hospital wards and settings inspected.</p> <p>General Medical Practice (GP) inspections</p> <ul style="list-style-type: none"> - Annual Report 2017-18 – published 29 March 2019 <p>General Dental Practice Inspections Annual Report 2017-18 – published 29 March 2019</p> <p>Mental Health Act Annual Monitoring Report – published 16 July 2019</p> <p>Deprivation of Liberty Safeguards (DOLS) Annual Report 2017-18 – published 2 May 2019.</p> <p>Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Annual Report 2017-18 – published 5 April 2019</p> <p>HIW overarching Annual Report 2017-18 – published 19 July 2018</p>

Annex A - Commitment Matrix

What we said	Measured by	Outcome
<p>Deliverable 10</p> <p>Undertake a programme of inspections in NHS and independent mental health settings including approximately:</p> <ul style="list-style-type: none"> - 15 NHS mental health units - 19 independent mental health units <p>Mental Health Unit inspections include:</p> <p>reviewing the application of the Mental Health Act</p> <p>7 inspections of Community Mental Health Teams</p>	<p>Number of inspections undertaken</p>	<p>We carried out 29 inspections of mental health and learning disability units:</p> <ul style="list-style-type: none"> - 11 NHS mental health units - 17 independent mental health units - 1 independent learning disability units <p>Follow up – 6 (included in above figures)</p> <p>We carried out 7 Community Mental Health Team inspections.</p>
<p>Deliverable 11</p> <p>Provide a Second Opinion Appointed Doctor service for about 750 SOAD requests</p>	<p>Publication of Key Performance Indicators</p>	<p>Key performance indicators have been formulated and shared with the health boards and independent healthcare providers. We are currently working on our systems to measure our performance more effectively.</p>
<p>Deliverable 12</p> <p>Investigate homicides as commissioned by Welsh Government</p>	<p>Publication of Terms of Reference</p> <p>Publication of final report</p>	<p>We were not commissioned to undertake any new homicide investigations during 2018-19. We undertook a Special Review of ABMU Health Board's handling of its employment of Kris Wade during 2018-19. This review was published in January 2019</p>
<p>Deliverable 13</p> <p>Hold two Healthcare Summits during 2018 -19</p>	<p>Clear audit trail of healthcare summits</p>	<p>We held two Healthcare Summits during 2018-19, chaired by HIW and attended by ten external bodies.</p>

Annex A - Commitment Matrix – Continued

What we said	Measured by	Outcome
Deliverable 14 Publish reports from all our inspection and review activity in accordance with our performance standards.	Publication of reports Publication Schedule Publication of HIW performance against targets	Publication dates of all our reports are published on our website. The publication schedule can be found here: hiw.org.uk/publication-schedule
Deliverable 15 Continue our joint work with other UK and international agencies on joint inspections and influencing best practice	Participation in joint work Progression of joint thematic review of youth healthcare with Inspection Wales	HIW attended the European Partnership for Supervisory Organisations in Health Services and Social Care Conference. The purpose of the partnership is to help improve the quality of health and social care in Europe through connecting supervisory organisations in order to improve exchange of ideas, outcome of research, information and good practice. Two visits were undertaken by the Intelligence and Methodology teams to explore approaches and tools used by colleagues in Healthcare Improvement Scotland and the Regulation and Quality Improvement Authority in Northern Ireland. Senior staff attended the International Conference on Quality in Healthcare in Glasgow in order to learn from emerging and best practice elsewhere.
Deliverable 16 Evaluate the use of voluntary lay reviewers	Evaluation with recommendations for future action	Initial evaluation has begun with recommendations for future action being considered in 19/20

Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

www.hiw.org.uk

agc
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Healthcare Inspectorate Wales

AROLYGIAETH GOFAL IECHYD

Adroddiad Blynyddol
2018-19

Nodyn Pwysig am Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg a Bwrdd Iechyd Prifysgol Bae Abertaw

Mae'r Adroddiad Blynyddol hwn yn cwmpasu'r cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019, a newidiodd ffiniau ac enwau dau o fyrdau iechyd Cymru ar 1 Ebrill 2019.

Yn sgil y newidiadau i ffiniau Pen-y-bont ar Ogwr, daeth Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg yn Fwrdd Iechyd Prifysgol Bae Abertawe; a daeth Bwrdd Iechyd Prifysgol Cwm Taf yn Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar 1 Ebrill 2019.

At ddibenion yr adroddiad hwn, rydym wedi defnyddio enwau cywir y byrdau iechyd yn ystod cyfnod adrodd 2018-2019.

I gael rhagor o fanylion am y ffiniau newydd, ewch i wefannau'r byrdau iechyd perthnasol: www.cwmtaf.wales a www.sbuhb.nhs.wales

Yn Ysgrifenedig

Rheolwr Cyfathrebu
Arolygiaeth Gofal Iechyd Cymru
Llywodraeth Cymru
Parc Busnes Rhyd-y-car
Merthyr Tudfil
CF48 1UZ
Ffôn: 0300 062 8163

Neu Drwy

E-bost: hiw@gov.wales
Gwefan: www.agic.org.uk

Cynnwys

5	Rhagair
6	AGIC mewn niferoedd
8	Beth a ddywedodd cleifion wrthym?
10	Ein gwaith
12	Ein Hadnoddau
14	Gweithio gydag eraill
15	Cynnydd yn erbyn ein Cynllun Strategol
20	Adolygiadau Cenedlaethol a Lleol
26	Canfyddiadau Arolygu
42	Crynodebau o Fyrddau Iechyd Lleol ac Ymddiriedolaethau yng Nghymru
60	Atodiad A - Matrics Ymrwymïadau

Y talfyriadau a ddefnyddir:

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg – ABM
Bwrdd Iechyd Prifysgol Aneurin Bevan – Aneurin Bevan
Bwrdd Iechyd Prifysgol Betsi Cadwaladr – Betsi Cadwaladr
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro – Caerdydd a'r Fro
Bwrdd Iechyd Prifysgol Cwm Taf – Cwm Taf
Bwrdd Iechyd Prifysgol Hywel Dda – Hywel Dda
Bwrdd Iechyd Addysgu Powys – Powys

Arolygiaeth Gofal Iechyd Cymru (AGIC) yw arolygiaeth a rheoleiddiwr annibynnol gofal iechyd yng Nghymru



Ein diben

Gwneud yn siŵr bod pobl yng Nghymru yn derbyn gofal iechyd o ansawdd da.

Ein gwerthoedd

Rydym yn rhoi cleifion wrth wraidd yr hyn a wnawn.

Rydym yn:

- Annibynnol
- Gwrthrychol
- Gofalu
- Cydweithredol
- Awdurdodol

Drwy ein gwaith, ein nod yw:

Rhoi sicrwydd:

Cynnig barn annibynnol ar ansawdd gofal.

Hybu gwelliant:

Annog gwelliant trwy lunio adroddiadau a rhannu arfer da.

Dylanwadu ar bolisi a safonau:

Defnyddio'r hyn rydym yn ei ganfod i ddylanwadu ar bolisi, safonau ac arfer.



Rhagair

Y llynedd dathlwyd 70 mlynedd ers sefydlu'r GIG a hynny gan y gŵr o Dredegar, Aneurin Bevan, sy'n dal i ennyn balchder ymhlith cynifer o bobl yng Nghymru. Mae gwasanaethau gofal iechyd wedi newid yn sylweddol ers hynny gyda datblygiadau meddygol, pwysau ariannol parhaus ac anghenion gofal iechyd cynyddol ymhlith poblogaeth sy'n heneiddio sydd â chyflyrau cymhleth.

Mae cydbwysu'r pwysau hyn yn heriol i bawb sy'n gweithio mewn lleoliadau iechyd modern, ac mae angen i gleifion wybod bod y gofal iechyd a gânt yn ddiogel ac yn effeithiol. Ni fu rôl Arolygiaeth Gofal Iechyd Cymru erioed mor bwysig.

Ym mis Mehefin 2018, gwnaethom lansio ein cynllun strategol tair blynedd Gwneud Gwahaniaeth a nododd ein gwledigaeth a'n blaenoriaethau er mwyn gwella iechyd a llesiant pobl yng Nghymru, ynghyd â mandad clir o ran ein rôl yn y gwaith o wella safonau gofal iechyd yng Nghymru. Wrth i mi fwrw golwg yn ôl ar flwyddyn gyntaf ein cynllun strategol, rwy'n falch o'r hyn a gyflawnwyd hyd yn hyn wrth i ni geisio cynyddu ein heffaith, cymryd camau gweithredu os na chyrhaeddir safonau, bod yn fwy gweladwy a sicrhau bod y sefydliad y gorau a all fod.

Eleni gwnaethom gynnal 179 o arolygiadau, gan gynnwys arolygiadau dilynol o ysbytai, deintyddion, meddygfeydd, darparwyr iechyd meddwl, gofal iechyd annibynnol a lleoliadau sy'n defnyddio ymbelydredd ïoneiddio.

Ar y cyfan gwelsom safon uchel o ofal iechyd yn cael ei ddarparu i gleifion, ond mae rhai themâu cyffredin y mae'n rhaid mynd i'r afael â nhw.

Roedd yn amlwg o'n harolygiadau o ysbytai fod gwasanaethau yn parhau i wynebu heriau sylweddol o ran lefelau staffio.

Ar lefel fwy lleol, roedd systemau trefnu apwyntiadau mewn meddygfeydd yn broblem ym mron pob arolygiad o feddygfeydd y llynedd, gyda chleifion yn nodi amseroedd aros hir a'r ffaith ei bod hi'n anodd cael apwyntiad i weld meddyg ar yr un diwrnod.

Roedd ein harolygiadau o ddeintyddfeydd yn dda ar y cyfan gyda rhai ohonynt yn cael adroddiadau ardderchog heb fod angen awgrymu unrhyw welliannau o gwbl. Fodd bynnag, mewn deintyddfeydd eraill, ac yn wir yn y rhan fwyaf o'n harolygiadau o bob lleoliad, mae'r broses o storio a rhoi meddyginiaethau'n ddiogel yn dal i fod yn broblem. Roedd y gwaith o gynllunio gofal a thriniaethau yn wael yn ein harolygiadau o iechyd meddwl, ac roedd angen gwneud gwelliannau i systemau rheoli risg mewn lleoliadau annibynnol.

Yn dilyn dyrannu rhai adnoddau ychwanegol, rydym mewn sefyllfa i gynyddu ein gweithgarwch craidd yn y GIG, gwella ein gwaith dilynol, cynnal mwy o adolygiadau cenedlaethol a lleol, ac ymateb yn well i wybodaeth sy'n dod i'r amlwg yn ystod y flwyddyn.

Rydym hefyd wedi cynnwys y dechnoleg ddigidol ddiweddaraf yn ein gwaith wrth gyflwyno arolygiadau electronig newydd a system symlach o dalu ffioedd cofrestru ar-lein.

Wrth i ni dyfu a datblygu fel sefydliad, rydym yn parhau i ganolbwyntio ar gyflawni gwasanaeth effeithiol gan gadw llygad ar ansawdd y gofal a gaiff pobl ledled Cymru a chymryd camau os na chyrhaeddir safonau i gefnogi gwelliannau.

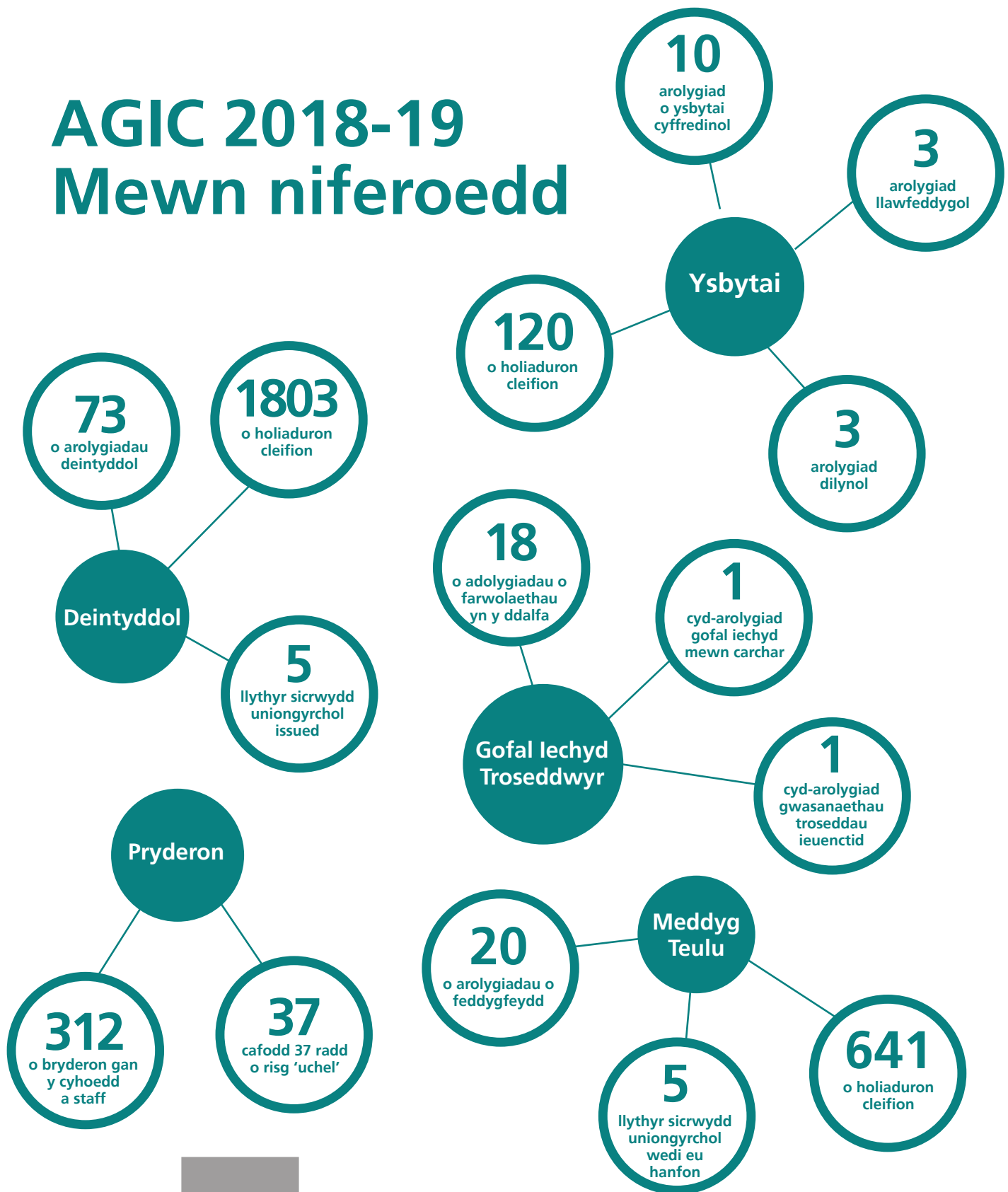
Os bydd gennych unrhyw sylwadau am yr adroddiad hwn, ein gwaith neu eich profiad o wasanaethau gofal iechyd yng Nghymru, cysylltwch â ni.

Dr Kate Chamberlain, Prif Weithredwr



AGIC 2018-19

Mewn niferoedd





Beth a ddywedodd cleifion wrthym?

Fel rhan o'r broses arolygu rydym yn gofyn i gleifion a fyddent yn hoffi sôn am eu gofal drwy gymryd rhan mewn holiadur.

Y llynedd cawsom 3106 o holiaduron cleifion wedi'u cwblhau; cynnydd bach o gymharu â chyfanswm nifer yr ymatebion o'r flwyddyn flaenorol (3060).

Gwnaethom hefyd wahodd staff mewn ysbytai a hosbisau i gwblhau holiadur a chawsom 327 o holiaduron wedi'u cwblhau gan weithwyr.

Beth a ddywedodd cleifion wrthym?

Rydym wedi gwahanu'r ffigurau i ddangos sgoriau cleifion yn 2018-19 yn ôl y math o leoliad (er enghraifft ysbyty, meddygfa, deintyddfa ac ati).

Sgôr gyffredinol

Ar y cyfan nododd cleifion fod eu gofal yn dda.

- Ar gyfartaledd, rhoddodd cleifion ysbytai sgôr o 9 allan o 10 i ysbytai.
- Nododd 99% o gleifion deintyddfeydd fod eu deintydd yn dda, yn dda iawn neu'n ardderchog
- Nododd 88% o gleifion meddygfeydd fod eu profiad yn dda, yn dda iawn neu'n ardderchog
- Nododd 97% o gleifion a gafodd ymbelydredd ïoneiddio fel rhan o driniaeth ddiagnostig fod eu profiad yn dda, yn dda iawn neu'n ardderchog
- Nododd 98% o gleifion laser fod eu profiad yn dda, yn dda iawn neu'n ardderchog

Glendid

Gwnaethom hefyd ofyn i gleifion sgorio glendid a thaclusrwydd cyfleusterau.

- Cytunodd 96% o gleifion ysbytai fod y ward yn lân ac yn daclus
- Cytunodd 99.6% o gleifion deintyddfeydd fod y ddeintyddfa yn weddol lân neu'n lân iawn
- Cytunodd 99% o gleifion meddygfeydd fod yr amgylchedd yn weddol lân neu'n lân iawn
- Cytunodd 99% o gleifion clinigau annibynnol fod yr amgylchedd yn lân ac yn daclus

Gofal gydag Urddas

Mae gofal ag urddas yn cynnwys staff cwrtais sy'n diwallu anghenion cleifion.

- Cytunodd 97% o gleifion ysbytai fod staff bob amser yn gwrtais ac yn garedig ac yn sensitif
- Cytunodd 91% o gleifion ysbytai fod staff yn eu cynorthwyo, mewn ffordd sensitif, fel eu bod yn gallu defnyddio'r toiled
- Cytunodd 89% o gleifion ysbytai pan fyddent yn seinio'r larwm y byddai staff yn dod
- Roedd 94% o gleifion meddygfeydd o'r farn bod staff yn eu trin ag urddas a pharch

Cyfathrebu'n Effeithiol

Mae hyn yn cynnwys y ffordd mae cleifion yn cyfathrebu â staff a'r ffordd mae staff yn cyfathrebu â chleifion.

- Dywedodd 84% o gleifion ysbytai eu bod yn gallu cyfathrebu yn eu dewis iaith
- Dywedodd 92% o gleifion meddygfeydd eu bod yn gallu cyfathrebu yn eu dewis iaith
- Dywedodd 96% o gleifion deintyddfeydd eu bod yn gallu cyfathrebu yn eu dewis iaith
- Dywedodd 89% o gleifion ysbytai eu bod o'r farn bod staff bob amser yn gwrando arnynt
- Dywedodd 90% o gleifion TIMC eu bod o'r farn bod staff bob amser yn gwrando arnynt
- Cytunodd 81% o gleifion ysbytai fod staff wedi siarad â nhw am eu cyflyrau meddygol ac wedi eu helpu i'w deall
- Credai 87% o gleifion TIMC fod gan staff ddigon o amser i drafod eu hanghenion

Opsiynau triniaeth

Mae'r adran hon yn ystyried pa mor dda y caiff triniaethau eu hegluro i gleifion a'u dealltwriaeth a'u cyfranogiad yn y broses cael triniaeth.

- Dywedodd 96% o gleifion meddygfeydd fod pethau bob amser yn cael eu hegluro wrthynt mewn ffordd roddent yn ei deall a dywedodd 91% eu bod yn teimlo'n rhan o benderfyniadau am eu gofal
- Dywedodd 95% o gleifion deintyddfeydd fod opsiynau triniaeth wedi'u hegluro wrthynt yn llawn a dywedodd 96% eu bod yn teimlo'n rhan o benderfyniadau am eu triniaeth
- Dywedodd 96% o gleifion y Rheoliadau Ymbelydredd ïoneiddio (Amlygiad Meddygol) eu bod yn teimlo'n rhan o benderfyniadau am eu triniaeth a dywedodd 96% eu bod wedi cael digon o wybodaeth i ddeall risgiau'r driniaeth
- Dywedodd 98% o gleifion triniaeth laser eu bod yn teimlo'n rhan o benderfyniadau am eu triniaeth a dywedodd 90% eu bod wedi cael digon o wybodaeth i ddeall risgiau'r driniaeth



Cost triniaeth

Sôn am driniaeth nad yw am ddim o dan y GIG yn unig a wna'r adran hon.

- Dywedodd 96% o gleifion deintyddfeydd fod cost y driniaeth yn glir
- Dywedodd 98% o gleifion laser fod cost y driniaeth yn glir

Mynediad

Mae'r adran hon yn ystyried pa mor hawdd yw hi i drefnu apwyntiad.

- Dywedodd 98% o gleifion deintyddfeydd ei bod hi'n weddol hawdd neu'n hawdd iawn i drefnu apwyntiad
- Dywedodd 63% o gleifion meddygfeydd ei bod hi'n weddol hawdd neu'n hawdd iawn i drefnu apwyntiad

Gofal y tu allan i oriau

Mae'r adran hon yn ystyried ymwybyddiaeth o wasanaethau y tu allan i oriau.

- Dywedodd 76% o gleifion deintyddfeydd eu bod yn gwybod sut i gael gafael ar wasanaeth y tu allan i oriau
- Dywedodd 79% o gleifion meddygfeydd eu bod yn gwybod sut i gael gafael ar wasanaeth y tu allan i oriau

Ein gwaith

Gwneud yn siŵr bod pobl yng Nghymru yn derbyn gofal iechyd o ansawdd da. Rydym yn rhoi'r claf wrth wraidd popeth a wnawn, ac rydym yn gwneud yn siŵr bod ein gwaith yn hyrwyddo ac yn diogelu cydraddoldeb a hawliau dynol i bawb. Mae ein gwaith wedi'i lywio gan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Wrth wneud penderfyniadau am y gwaith a wnawn, cydbwyswn anghenion byrdymor a hirdymor cleifion, gan gydweithio â phartneriaid, cleifion a'r gymuned er mwyn cefnogi gwelliannau.

Darparu Sicrwydd

Rydym yn arolygu'r GIG yng Nghymru. Mae ein hymdriniaeth â'r GIG yn amrywio o feddygfeydd i ysbytai mawr. Yn 2018-19, gwnaethom gynnal 144 o arolygiadau o fewn y GIG.

Rydym hefyd yn rheoleiddio ac yn arolygu gofal iechyd annibynnol. Mae gofal iechyd annibynnol yn cynnwys amrywiaeth eang o ddarparwyr o ysbytai preifat llawn i salonau harddwch sy'n defnyddio laserau. Yn 2018-19, gwnaethom gynnal 29 o arolygiadau yn y sector annibynnol.

Mae angen i ddeintyddfeydd, yn hytrach na deintyddion unigol sy'n gwneud gwaith preifat, gofrestru ag AGIC o ganlyniad i newidiadau yn Rheoliadau Deintyddiaeth Breifat (Cymru) 2017. O ganlyniad, cyflwynwyd rhaglen gofrestru ddeintyddol lle cofrestrwyd deintyddfeydd yn hytrach na deintyddion preifat ac, erbyn diwedd 2018-19, roeddem wedi cwblhau'r gwaith o gofrestru pob deintyddfa; 485 i gyd. Gwnaethom hefyd barhau i gyflawni ein rhaglen arolygu deintyddfeydd gan gwblhau 73 o arolygiadau.

Mae gennym gyfrifoldeb penodol i sicrhau bod pobl agored i niwed yn derbyn gofal da mewn gwasanaethau iechyd meddwl, ac arolygwn leoliadau iechyd meddwl ac anabledau dysgu o fewn y GIG ac yn y sector annibynnol. Mae AGIC yn ystyried i ba raddau y mae gwasanaethau'n cydymffurfio â Deddf Iechyd Meddwl (1983), Mesur Iechyd Meddwl (Cymru) (2010), Deddf Galluedd

Meddyliol (2005) a Threfniadau Diogelu wrth Amddifadu o Ryddid.

Rydym hefyd yn asesu cydymffurfiaeth â Deddf Safonau Gofal 2000, Rheoliadau Gofal Iechyd Annibynnol (Cymru) 2011 a'r Safonau Gofynnol Cenedlaethol ar gyfer Gwasanaethau Gofal Iechyd Annibynnol yng Nghymru.

Gwnaethom gwblhau 29 o arolygiadau iechyd meddwl yn 2018-19.

Mae ein rhaglen waith yn sicrhau ein bod yn bodloni ein gofynion statudol ac yn adolygu meysydd o bryder a nodwyd yn ôl gwybodaeth a risg. Mae ein Pwyllgor Risg ac Uwchgyfeirio yn asesu'r dystiolaeth a'r wybodaeth sydd ar gael yn rheolaidd, ynghyd ag adolygu a mireinio ein rhaglen waith. Defnyddiwn yr hyn a wyddom am wasanaethau er mwyn pennu ein blaenoriaethau.

Yn ogystal â'n harolygiadau seiliedig ar risg o'r GIG a'r sector annibynnol, mae AGIC hefyd yn cynnal adolygiadau cenedlaethol. Yn ystod 2018-19 gwnaethom gyhoeddi adroddiadau ym meysydd gwasanaethau gofal iechyd pobl ifanc, camddefnyddio sylweddau, rhyddhau cleifion, iechyd meddwl cymunedol ac atal a hyrwyddo annibyniaeth ar gyfer oedolion hŷn sy'n byw yn y gymuned.

Perfformiad

Blwyddyn	deuddydd wedi'i fodloni	deuddydd wedi'i fethu	tri mis wedi'i fodloni	tri mis wedi'i fethu
2018 - 19	94%	6%	92%	8%
2017 - 18	100%	0%	92%	8%
2016 - 17	91%	9%	82%	18%
2015 - 16	71%	29%	75%	25%

Safonau Perfformiad

Mae ein safonau gwasanaeth yn amlwg iawn.

- Lle bo angen sicrwydd ar unwaith yn dilyn arolygiad y GIG, caiff llythyrau eu cyhoeddi i Brif Weithredwr y sefydliad o fewn dau ddiwrnod
- Lle bo angen gweithredu ar unwaith yn dilyn arolygiad yn y sector annibynnol, caiff y gwasanaeth hysbysiad diffyg cydymffurfio o fewn dau ddiwrnod
- Rydym yn cyhoeddi pob adroddiad o fewn tri mis i arolygiad fel y nodir yn ein polisi cyhoeddi

Yn 2018-19 gwnaethom gyhoeddi 92% o'n hadroddiadau o fewn tri mis i'r arolygiad.

Adroddwyd ar 94% o'r materion a oedd yn peri pryder uniongyrchol o fewn deuddydd.

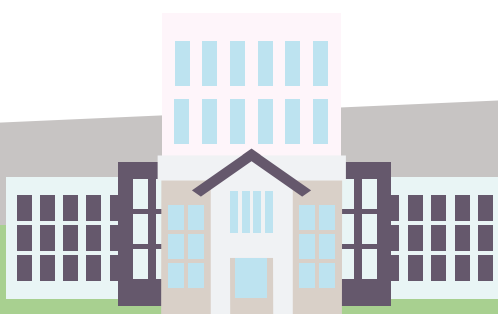
Hybu gwelliant

Mae llawer o'n hadroddiadau arolygu ac adolygu yn cynnwys argymhellion sydd â'r nod o sicrhau gwelliannau yn ansawdd gofal iechyd gwasanaethau gofal iechyd. Mae ein hargymhellion yn cael effaith uniongyrchol ar weithredoedd darparwyr gwasanaeth a byrddau iechyd, ac maent wedi arwain at wella'r gwasanaeth a ddarperir i gleifion. Rydym wedi gweld hyn yn y rhan fwyaf o'r deg arolygiad dilynol a gynhaliwyd gennym yn 2018-19.

Pan nodwn na chaiff safonau eu cyrraedd, gwnawn argymhellion ar gyfer gwella.

Mae'r canfyddiadau o'n harolygiadau a'n hadolygiadau o'r GIG yn bwydo i mewn i Drefniadau Dwysáu ac Ymyrryd GIG Cymru gan gynnwys y meysydd hynny lle na chredwn fod digon o gynnydd yn cael ei wneud. Os na chawn ddigon o sicrwydd bod camau wedi'u cymryd i fynd i'r afael â'r materion a nodwyd yn y sector annibynnol cymerwn gamau gorfodi.

Ym mis Hydref 2018 gwnaethom lwyddo yn ein herlyniad cyntaf am ddarparu gwasanaethau, lle'r oedd angen cofrestru o dan Ddeddf Safonau Gofal 2000, yn anghyfreithlon.



Ein Hadnoddau

Ein pobl

Mae'r tabl isod yn dangos nifer y swyddi ym mhob tîm o fewn AGIC yn ystod 2018-19.

Tîm	Swyddi llawn amser
Uwch-swyddogion Gweithredol	3
Arolygu, Rheoleiddio a Phryderon	32
Gwybodaeth, partneriaeth a methodoleg	8
Strategaeth, Polisi a Chyfathrebu	5
Cyngor clinigol (gan gynnwys gwasanaeth SOAD)	4
Cymorth busnes (gan gynnwys recriwtio, dyrannu a chymorth adolygwyr panel)	16
Cyfanswm	68

Tuag at ddiwedd 2018 gwnaethom gael rhagor o gyllid er mwyn meithrin gallu sefydliadol ar draws ein swyddogaethau craidd. Cynhaliwyd ymarfer recriwtio gennym i gynyddu cyfanswm y swyddi yn AGIC i 78.

Oherwydd amseriad y broses recriwtio ni chafodd y rhan fwyaf o'r swyddi ychwanegol eu llenwi tan 2019. Cyfrannodd hyn at danwariant yn ein cyllideb ar gyfer 2018-2019.

Rydym yn dibynnu ar gyfraniad adolygwyr cymheiriaid a lleyg er mwyn helpu i gyflawni ein rhaglen arolygu ac adolygu. Ar hyn o bryd mae gennym banel o dros 200 o adolygwyr cymheiriaid ac adolygwyr lleyg gwirfoddol a byddwn yn cynyddu'r nifer hon yn ystod 2019-20 er mwyn ateb y galw yn sgil ein rhaglen gynyddol o arolygiadau ac adolygiadau cenedlaethol.

Mae ein panel o adolygwyr cymheiriaid yn cynnwys nyrsys, bydwragedd, meddygon teulu, deintyddion, anesthetegwyr, llawfeddygon a rheolwyr meddygfeydd.

Mae hefyd yn cynnwys arbenigwyr ym maes Gweinyddu'r Ddeddf Iechyd Meddwl a phanel o seiciatryddion sy'n darparu ein gwasanaeth meddyg a benodwyd i roi ail farn (SOAD).

Mae dwy fantais i ddefnyddio adolygwyr cymheiriaid; caiff AGIC fewnbwn clinigol arbenigol ar gyfer arolygiadau ac adolygiadau, a chaiff adolygwyr fudd o'r hyn a ddysgir yn sgil cymryd rhan yn ein gwaith a gallant rannu'r gwersi hyn â'u gweithleoedd eu hunain.

Hefyd, mae gennym gronfa o wirfoddolwyr ar ein panel o adolygwyr lleyg sy'n chwarae'r rôl hanfodol o asesu profiad y claf drwy siarad â chleifion a'u gwahodd i gwblhau holiaduron.

Cyllid

Mae'r tabl canlynol yn dangos sut y gwnaethom ddefnyddio ein hadnoddau ariannol yn y flwyddyn ariannol ddiwethaf er mwyn cyflawni Cynllun Gweithredol 2018-19.

	£000au
Cyfanswm Cyllideb AGIC	3,934
Gwariant	
Costau staff	3,161
Teithio a Chynhaliaeth	84
Dysgu a Datblygu	17
Costau nad ydynt yn ymwneud â staff	304
Cyfieithu	114
Costau adolygu	519
Costau TGCh cyfalaf	55
Cyfanswm gwariant (a)	4068
Incwm	
Gofal Iechyd Annibynnol	277
Cofrestru deintyddfeydd preifat	123
Cyfanswm incwm (b)	400
Cyfanswm Gwariant Net (ab)	3,668



Gweithio gydag eraill

Er mwyn cadarnhau bod pobl yng Nghymru yn cael gofal iechyd o ansawdd da rydym yn gweithio'n agos gyda nifer o sefydliadau eraill.

Mae rhannu gwybodaeth yn effeithiol rhwng sefydliadau yn hollbwysig wrth asesu ansawdd y gofal iechyd a ddarperir ledled Cymru. Yn ystod 2018-19 gwnaethom gynnal dwy uwchgynhadledd gofal iechyd gan ddwyn ynghyd gyrff archwilio, arolygu, rheoleiddio a gwella allanol er mwyn rhannu gwybodaeth am sefydliadau'r GIG. Cytunwyd ar y themâu a ddeilliodd o'r trafodaethau hyn a chawsant eu cyfleu i Lywodraeth Cymru.

Rydym wedi atgyfnerthu ein trefniadau gweithio gyda'r Cynghorau Iechyd Cymuned sydd wedi arwain at ffordd fwy systematig o rannu cynlluniau gwaith, materion sy'n dod i'r amlwg a nodi cyfleoedd i gydweithio yn gynnar.

Rydym yn parhau i weithio'n agos gydag Arolygiaeth Gofal Cymru, Swyddfa Archwilio Cymru ac Estyn ar feysydd o gyd-ddiddordeb drwy gydol y flwyddyn. Drwy gyd-bresenoldeb Arolygu Cymru yn Sioe Frenhinol Cymru, rydym yn ymgysylltu â'r cyhoedd ac yn cyflwyno ein priod ganfyddiadau.

Rydym wedi gweithio'n agos gyda Llywodraeth Cymru ar bolisiau a deddfwriaeth newydd a rhai sy'n datblygu. Drwy ein gweithgareddau, gwelwn sut mae deddfwriaeth, polisiau a safonau yn gweithio'n ymarferol. Rhannwn ein canfyddiadau a'n safbwyntiau pan fo cyfleoedd perthnasol yn codi, er enghraifft drwy ymgynghoriadau ffurfiol, tystiolaeth i Bwyllgorau Cynulliad Cenedlaethol Cymru ac yn uniongyrchol â Llywodraeth Cymru. Gwnaethom roi tystiolaeth yn ysgrifenedig ac ar lafar ar gyfer sesiwn tystiolaeth graffu gyffredinol ar waith AGIC ym Mhwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon Cynulliad Cenedlaethol Cymru ym mis Chwefror 2019.

Rydym hefyd wedi gweithio gyda chyrff eraill i archwilio gofal iechyd mewn lleoliadau eraill megis yr adolygiad clinigol o farwolaethau mewn carchardai a gynhaliwyd gydag Ombwdsmon Carchardai a Phrofiannaeth (PPO), carchardai yng Nghymru a gynhaliwyd gan Arolygiaeth Carchardai Ei Mawrhydi (HMIP) ac adolygiadau o Dimau Troseddau Ieuenctid dan arweiniad Arolygiaeth Prawf Ei Mawrhydi.



Cynnydd yn erbyn ein Cynllun Strategol 2018-2021

Sicrhau bod ein gwaith yn cael yr effaith orau bosibl er mwyn cefnogi'r gwaith o wella gofal iechyd

Nod AGIC yw annog gwelliant ym maes gofal iechyd drwy wneud y gwaith iawn ar yr adeg iawn yn y lle iawn. Er mwyn cael yr effaith fwyaf, mae angen i AGIC weithio gydag eraill yn y system iechyd a gofal ehangach a rhannu ei chanfyddiadau'n effeithiol.

Dros y flwyddyn ddiwethaf, mae AGIC wedi parhau i gydweithio'n agos â sefydliadau partner; gan gynnal uwchgynadleddau a chyfarfodydd rheolaidd â chydweithwyr mewn Cyngorau Iechyd Cymuned bob chwe mis. Mae'r cyfarfodydd hyn wedi ein galluogi i rannu gwybodaeth a chalibradu ein barn ar y risgiau a'r problemau a geir ledled Cymru. Mae gwaith partneriaeth agos hefyd wedi ein galluogi i osgoi dyblygu ymdrechion, gan gydweithio lle bo'n briodol.

Rydym wedi parhau i fireinio ein prosesau cynllunio, gan ddefnyddio'r wybodaeth sydd ar gael er mwyn sicrhau ein bod yn defnyddio ein hadnoddau'n effeithiol. Mae ein Rheolwyr Perthynas GIG wedi gweithredu fel pwynt cyswllt cyntaf ar gyfer byrddau ac ymddiriedolaethau iechyd, gan asesu gwybodaeth a risgiau er mwyn diffinio ein rhaglenni gwaith arolygu ac adolygu.

Mae ein Bwrdd Llywio Thematig yn cefnogi ein nod o wneud y gwaith iawn ar yr adeg iawn, drwy ein helpu i werthuso tystiolaeth o amrywiaeth o ffynonellau er mwyn blaenoriaethu'r gwaith o ddatblygu a chynnal yr adolygiadau mwyaf priodol.

Gan ganolbwyntio ar yr heriau a bennir yn yr Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol yng Nghymru (2018), mae AGIC wedi parhau i weithio gydag Arolygiaeth Gofal Cymru (AGC) ar adolygiadau ac arolygiadau sy'n croesi ffin iechyd a gofal cymdeithasol). Yn 2018/19, gwnaethom gydweithio'n agos ar gyhoeddi adroddiad cenedlaethol ar Dimau Iechyd Meddwl Cymunedol ac rydym yn parhau i gynnal arolygiadau lleol ar y cyd yn y maes hwn. Ar ddechrau 2019, rydym yn helpu AGC i gynnal adolygiad cenedlaethol o atal a hyrwyddo annibyniaeth ar gyfer oedolion hŷn (dros 65 oed) sy'n byw yn y gymuned. Mae AGC hefyd yn rhanddeiliad allweddol yng ngwaith parhaus AGIC ar y ffordd y caiff gofal a thriniaeth ei darparu i bobl hŷn sydd wedi cwmpo, a sut y gellir osgoi cwmpadau.

Cymryd camau lle na chyrhaeddir safonau

Anela AGIC at gymryd camau pendant pan na chyrhaeddir safonau ac, i'r perwyl hwn, mae'n hanfodol sicrhau bod ein gwaith o ansawdd uchel a'i fod wedi'i ategu gan brosesau effeithiol a fframweithiau cyfreithiol

Gwnaethom greu Panel Methodoleg yn 2018/19 er mwyn sicrhau ein bod yn adolygu, diweddarau a datblygu ein dulliau o weithio, ac yn eu rheoli a'u blaenoriaethu. Mae hyn wedi ein helpu i barhau i asesu'r gwaith o ddarparu gofal iechyd yn erbyn safonau perthnasol yn effeithiol a chymryd camau pan na lwyddir i gyrraedd y safonau hynny.

Yn 2018/19, gwnaethom atgyfnerthu ein dull o orfodi yn y sector annibynnol, gan gynnwys ein proses Gwasanaeth sy'n Peri Pryder. Gwnaethom atal darparwr annibynnol a chyflawni nifer o arolygiadau â phwyslais brys. Llwyddodd AGIC i erlyn darparwr anghofrestredig ym mis Hydref 2018 a bu'r achos hwn yn gyfle i ni fyfyrio ar y camau rydym yn eu cymryd pan fyddwn yn cael gwybodaeth am ddarparwyr o'r fath. Rydym yn gweithio i wella'r canllawiau a gyhoeddwyd ar ein gwefan fel bod y rheini sy'n darparu gwasanaethau gofal iechyd annibynnol yng Nghymru, neu'r rheini sy'n ystyried gwneud hynny, yn deall eu cyfrifoldebau cyfreithiol.

Yn 2018, gwnaethom barhau i ddatblygu'r ffordd rydym yn dilyn hynt argymhellion a wnaed yn ystod ein harolygiadau a'n hadolygiadau, gan gyhoeddi polisi yn nodi ein dull gweithredu, Bydd hyn yn paratoi'r ffordd ar gyfer mwy o weithgarwch yn y maes hwn yn y dyfodol.

Mae AGIC yn parhau i weithio gyda Llywodraeth Cymru ar ddatblygiadau polisi a datblygiadau deddfwriaethol uniongyrchol megis cyflwyno dyletswydd gonestrwydd a dyletswydd ansawdd, yn ogystal â threfniadau llywodraethu bwrdd newydd a chyflwyno corff llais dinasyddion .



Bod yn fwy gweladwy

Er mwyn cyflawni ein nod strategol, mae angen i ni adeiladu ar ein gwaith i wella dealltwriaeth y cyhoedd a rhanddeiliaid o rôl AGIC a'r gwaith a wnawn.

Yn ystod y flwyddyn, rydym wedi gweithio i wella'r ffordd rydym yn defnyddio cyfryngau digidol a thraddodiadol i gyfathrebu am ein rôl, ein diben a'n canfyddiadau. Rydym wedi cydweithio â'r cyfryngau ac wedi cael sylw da i'n canfyddiadau o nifer o'n hadroddiadau a thrwy eitem nodwedd ar BBC Cymru ar rôl yr arolygiaeth.

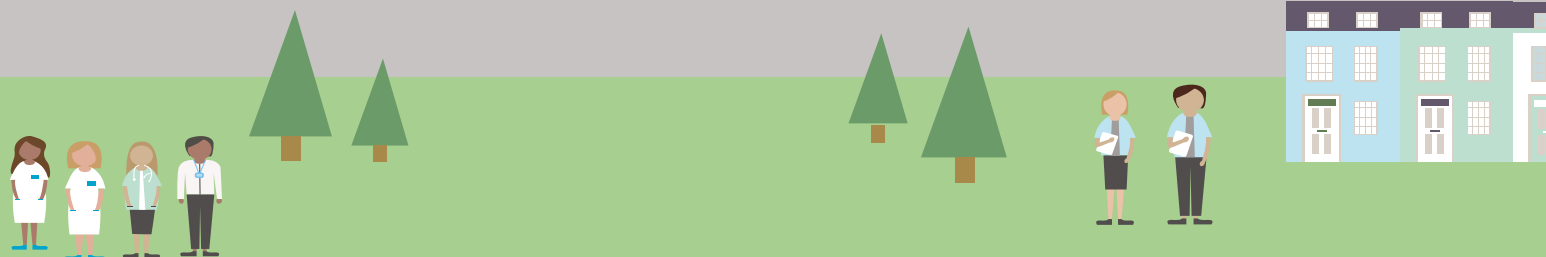
Rydym wedi ailwampio dogfennau cyhoeddus i'w gwneud yn fwy perthnasol i'r cyhoedd, wedi cynyddu nifer ein dilynwyd ar y cyfryngau cymdeithasol ac wedi mynychu digwyddiadau uchel eu proffil er mwyn cyfleu ein diben a chanfyddiadau ein gwaith.

Yn ystod Sioe Frenhinol Cymru yn 2018, cymerodd dros 300 o bobl ran mewn arolwg am waith a chanfyddiadau AGIC, a gwnaethom siarad â bron 200 o aelodau'r cyhoedd am eu profiadau am ofal iechyd.

Rydym hefyd wedi diweddarau dogfennau cyhoeddus, wedi ehangu ein cynulleidfarn ar y cyfryngau cymdeithasol ac wedi mynychu digwyddiadau uchel eu proffil er mwyn cyfleu ein diben a chanfyddiadau ein gwaith.

Rydym wedi dechrau datblygu dulliau digidol newydd o geisio barn a safbwyntiau gan gleifion yn uniongyrchol, a hynny cyn ac yn ystod arolygiadau. Bydd hyn yn ein helpu i ehangu ar y 3106 o holiaduron cleifion a gwblhawyd yn ystod y flwyddyn.

Rydym wedi gweithio'n agos gyda'n grwpiau rhanddeiliaid ar feysydd newydd o waith a, thrwy ein Huwchgynadleddau Gofal Iechyd gwell, rydym wedi chwarae rhan amlwg iawn fel canolbwynt ar gyfer rhannu gwybodaeth a chynrychioli safbwyntiau y sawl sy'n craffu ar ofal iechyd ledled Cymru



Datblygu ein pobl a'n sefydliad i wneud y gwaith gorau posibl

Ased gorau AGIC yw ei phobl. Yn ystod y flwyddyn ddiwethaf, mae'r sefydliad wedi cymryd camau breision wrth ddatblygu fel sefydliad. Mae ein harolwg staff diweddaraf yn dangos gwelliannau ym mhob maes.

Drwy ein rhaglen newid TGCh rydym wedi cyflwyno ffyrdd newydd o weithio sy'n ein gwneud yn fwy effeithlon fel sefydliad ond sydd hefyd yn gwella ein systemau rheoli a diogelu gwybodaeth. Erbyn hyn mae ein harolygwyr yn gweithio'n ddigidol yn y maes ac yn rhannu gwybodaeth â lleoliadau drwy galedwedd, systemau a phrosesau newydd a gwell.

Gall y sawl sydd angen talu am gofrestru wneud hynny'n gyflym ac yn hawdd ar-lein a, lle bo modd, rydym wedi aildefnyddio systemau'r llywodraeth sy'n bodoli eisoes ac sydd wedi'u profi er mwyn lleihau costau gweithredu a chymorth yn y dyfodol. AGIC oedd y sefydliad cyntaf yng Nghymru i fabwysiadu system dalu GOV.UK a, thrwy wneud hynny, gwnaeth sicrhau bod y system ar gael yng Nghymru gan baratoi'r ffordd i sefydliadau eraill y llywodraeth yng Nghymru ei defnyddio.

Rydym wedi lansio strategaeth dysgu a datblygu tair blynedd ar gyfer y sefydliad sydd wedi gwella'r cyfleoedd dysgu sydd ar gael i bob aelod o'n staff a'n hadolygwyr. Rydym hefyd wedi annog ystyried cyfleoedd dysgu unigol yn unol â gofynion datblygu personol a phroffesiynol.

Rydym wedi cyflwyno ac ymgorffori system lywodraethu newydd mewn perthynas â'n swyddogaethau adolygu, methodoleg, gweithlu a chyllid gan wella ein gallu i gynllunio a rheoli ein hadnoddau, a sicrhau eu bod yn gyson â blaenoriaethau'r sefydliad.

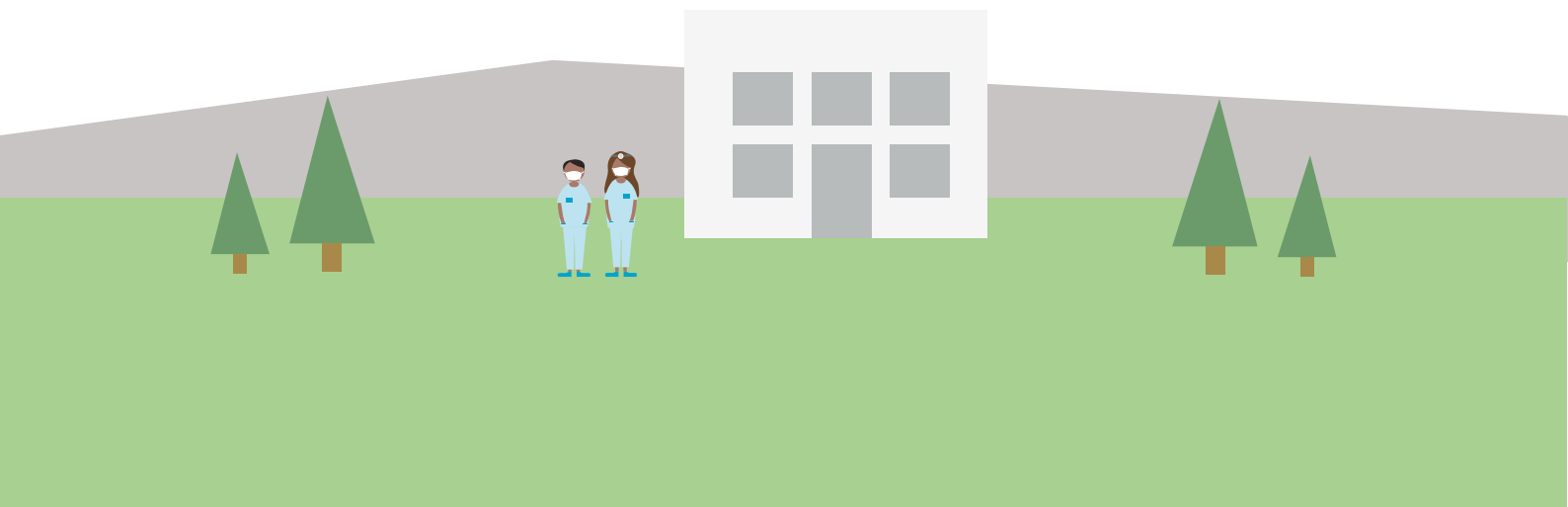
Yn dilyn dyrannu adnoddau newydd yn ystod y flwyddyn er mwyn cynyddu ein gweithgarwch ledled Cymru, rydym wedi cynnal ymgyrch recriwtio a rhaglen sefydlu yn llwyddiannus er mwyn cynyddu nifer y bobl yn ein sefydliad fwy na 10%.

Adolygiadau Cenedlaethol a Lleol

Mae AGIC yn cynnal adolygiadau cenedlaethol sy'n ein galluogi i archwilio'r modd y darperir gwasanaethau ledled Cymru. Rydym hefyd yn cael ein comisiynu i gynnal adolygiadau annibynnol o faterion sydd o bwys cenedlaethol.

Rydym yn annog pobl i roi sylwadau i ni ar yr hyn y dylem eu hystyried ac mae gennym ffurflen awgrymiadau ar ein gwefan y gall unrhyw un sydd â phryder ei chwblhau.

Mae gan AGIC gydberthynas waith agos â'r arolygiaethau eraill yng Nghymru ac rydym yn gynyddol yn chwilio am gyfleoedd i gydweithio â hwy; yn enwedig ag Arolygiaeth Gofal Cymru.



Camddefnyddio Sylweddau

Ym mis Gorffennaf 2018, cyhoeddodd AGIC ac AGC adolygiad ar y cyd o wasanaethau camddefnyddio sylweddau yng Nghymru. Diben ein hadolygiad oedd asesu ansawdd ac effeithiolrwydd y gofal a ddarperir gan wasanaethau camddefnyddio sylweddau ledled Cymru.

Ar y cyfan, gwnaethom nodi bod pobl yn derbyn gofal da gan staff gofalgar a brwdfrydig, ond roedd mynediad i wasanaethau yn gyfyngedig mewn ardaloedd gwledig ac yn anghyson yn gyffredinol ledled Cymru.

Yn benodol, roedd pobl yn ei chael hi'n anodd i gael y driniaeth roedd ei hangen arnynt gan wasanaethau rhagnodi amnewidion (e.e. methadon), dadwenwyno, adsefydlu a chwnsela, oherwydd amseroedd aros hir a phrinder capasiti gan wasanaethau.

Hefyd, nododd yr adolygiad wendidau o ran goruchwyllo a rheoleiddio ansawdd a diogelwch gwasanaethau. Fel y cyfryw, efallai na fydd Byrddau Cynllunio Ardal yn gallu nodi, monitro na gweithredu ar themâu a materion sy'n dod i'r amlwg ar draws pob gwasanaeth er mwyn amddiffyn diogelwch pobl. Mae angen i Lywodraeth Cymru a Byrddau Cynllunio Ardal ailystyried y ffordd maent yn ceisio sicrwydd ynghylch perfformiad gwasanaethau.

Yn siomedig, er bod rhywfaint o gynnydd wedi'i wneud, roedd llawer o'r materion a nodwyd yn yr adroddiad yn debyg i'r rhai a nodwyd gan AGIC yn ei hadroddiad blaenorol ar gamddefnyddio sylweddau yn 2012.

Cafodd 34 o argymhellion eu gwneud i Fyrddau Cynllunio Ardal a/neu Lywodraeth Cymru eu hystyried.

Rhyddhau Cleifion

Ym mis Awst 2018, cyhoeddodd AGIC adolygiad o'r trefniadau ar gyfer rhyddhau cleifion o'r ysbyty i bractis cyffredinol. Mae'r ffordd y caiff cleifion eu rhyddhau o'r ysbyty yn hollbwysig i ba mor effeithiol yw eu gofal parhaus yn y gymuned. Diben yr adolygiad oedd ystyried ansawdd ac amseroldeb gwybodaeth am ryddhau cleifion a ddarperir gan ysbytai.

Ar y cyfan, canfuom fod ansawdd ac amseroldeb gwybodaeth am ryddhau cleifion yn amrywio ledled Cymru, a bod angen rhoi cryn dipyn o sylw i'r maes hwn o'r GIG er mwyn sicrhau y darperir gofal iechyd diogel ac effeithiol.

Mae'n amlwg bod rhai rhannau o'r GIG yng Nghymru yn gwneud cynnydd ym maes rhyddhau cleifion, ond mae'r cynnydd yn amrywio gormod ledled Cymru. Lle y gwelsom gynnydd yn y defnydd o systemau rhyddhau electronig, roedd ansawdd ac amseroldeb gwybodaeth a gaiff meddygon teulu yn amlwg yn gwella.

Canfuom fod gan bob bwrdd iechyd bolisiau priodol mewn perthynas â rhyddhau cleifion. Fodd bynnag, ymddengys fod diffyg ymwybyddiaeth a dealltwriaeth o'r prosesau hyn ymhlith staff ar rai wardiau a gall y diffyg eglurder hwn, ynghyd â seilwaith TG gwael a methiant gweithwyr proffesiynol i gymryd cyfrifoldeb am gyfathrebu effeithiol, beryglu cleifion.

Cafodd 13 o argymhellion eu gwneud i sefydliadau gofal iechyd GIG Cymru a GIG Cymru eu hystyried o ganlyniad i'r canfyddiadau.

Adolygiad o gymorth gofal iechyd i bobl hŷn sy'n byw mewn cartrefi gofal yng Ngogledd Cymru

Ym mis Tachwedd 2019, gwnaethom gyhoeddi adolygiad ar y cyd ag AGC o'r ffordd y gallwn gydweithio i sicrhau bod anghenion gofal iechyd pobl hŷn sy'n byw mewn cartrefi gofal yn y gogledd yn cael eu diwallu.

Gwnaethom archwilio'r ffordd yr oedd Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn diwallu anghenion gofal iechyd pobl hŷn sy'n byw mewn cartrefi preswyl a chartrefi gofal nyrsio, a chasglu profiadau rheolwyr cartrefi gofal wrth gael gafael ar gymorth gofal iechyd i bobl gan y GIG. Gwnaethom hefyd archwilio'r modd y gall AGIC ac AGC weithio mewn ffordd fwy integredig i wella canlyniadau i bobl sy'n byw mewn cartrefi gofal.

Roedd yr adborth yn amrywiol yn y rhan fwyaf o'r meysydd gwasanaeth a ystyriwyd, ond roedd angen mynd i'r afael â rhai materion cyffredin er mwyn darparu gofal di-dor ac o ansawdd da i breswylwyr a chleifion unigol. Mae llawer o'r materion y mae'r adroddiad yn eu trafod yn adlewyrchu'r rheini a nodwyd yn adolygiad Comisiynydd Pobl Hŷn Cymru yn 2014 ac maent yn effeithio'n uniongyrchol ar lesiant pobl sy'n byw mewn cartrefi gofal.

Nododd yr adroddiad 16 o feysydd i'w gwella y mae AGIC ac AGC yn gwneud gwaith dilynol arnynt.

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg a chyflogaeth Kris Wade

Ym mis Ionawr 2019, cyhoeddodd AGIC adolygiad o'r ffordd yr ymdriniodd Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg â chyflogaeth Kris Wade a'r tri honiad o ymosodiad rhywiol a wnaed yn ei erbyn gan gleifion yng ngwasanaeth anableddau dysgu'r Bwrdd.

Edrychodd yr adolygiad hwn ar arferion recriwtio a chyflogi staff, trefniadau rhoi gwybod am ddigwyddiadau, prosesau diogelu oedolion, trefniadau llywodraethu a diwylliant, asesiad o adolygiad bwrdd gwaith y Bwrdd Iechyd, a threfniadau comisiynu anableddau dysgu rhwng byrddau iechyd.

Nododd adolygiad bwrdd gwaith mewnol y bwrdd iechyd feysydd pryder ynghylch prosesau diogelu, trefniadau rhoi gwybod am ddigwyddiadau, arferion recriwtio a threfniadau llywodraethu a diwylliant. Casglodd yr adolygiad hefyd na ellid bod wedi rhagweld nac atal gweithrediadau Mr Wade.

Ar sail y dystiolaeth gyfyngedig a ystyriwyd, nid oedd casgliadau'r bwrdd iechyd ei hun yn afresymol, ond credwn nad yw'r casgliad na ellid bod wedi rhagweld nac atal gweithrediadau Mr Wadwe yn seiliedig ar dystiolaeth i'w gefnogi na'i wrthbrofi.

Yr hyn y gallwn ei ddweud, ar ôl ystyried ystod ehangach o dystiolaeth, yw nad oedd unrhyw beth yng nghofnodion hyfforddiant, goruchwyliaeth nac iechyd galwedigaethol Mr Wade a fyddai wedi awgrymu ei fod yn anaddas i weithio mewn lleoliad gofal.

Y themâu allweddol a wnaeth ddeillio o'r adolygiad hwn yw:

- Oedi annerbyniol o fewn y bwrdd iechyd cyn i'r honiad cyntaf gael ei gydnabod fel mater diogelu a chyn y rhoddwyd gwybod amdano
- Cymerodd ymchwiliad y bwrdd iechyd a'r broses ddisgyblu ddilynol ormod o amser
- Er i rai gwelliannau gael eu gwneud i drefniadau llywodraethu'r bwrdd iechyd, mae angen diwallu'r anghenion hyn yn gyflymach.

Dylai Llywodraeth Cymru ystyried sut y gellir hwyluso system i adnewyddu gwiriadau'r Gwasanaeth Datgelu a Gwahardd (DBS) ar gyfer staff y GIG ledled Cymru fel rhan bwysig o ddiogelu cleifion.

O ganlyniad i ganfyddiadau'r adolygiad hwn, rydym wedi gwneud 24 o argymhellion y dylai Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg a Llywodraeth Cymru ymdrin â nhw ac y dylai pob bwrdd iechyd yng Nghymru eu hystyried.

Timau Iechyd Meddwl Cymunedol

Ym mis Chwefror 2019, cyhoeddodd AGIC ac AGC adolygiad ar y cyd o Dimau Iechyd Meddwl Cymunedol (TIMCau) yng Nghymru. Mae'r adolygiad hwn yn ymateb yn bennaf i adroddiad a gyhoeddwyd gan AGIC ym mis Mawrth 2016: Adolygiadau Allanol Annibynnol o Achosion o Ddynladdiad – Gwerthusiad o adolygiadau a gynhaliwyd gan Arolygiaeth Gofal Iechyd Cymru ers 2007.

Diben yr adolygiad oedd dwyn ynghyd y themâu allweddol a oedd wedi deillio o arolygiadau ar y cyd AGIC ac AGC o Dimau Iechyd Meddwl Cymunedol ledled Cymru dros y ddwy flynedd ddiwethaf, ynghyd ag ymgysylltu â phobl sy'n defnyddio gwasanaethau, gofalwyr, a'r trydydd sector. Yn gyffredinol, nodwyd bod pobl yn derbyn gofal o ansawdd derbyniol gan staff tosturiol sy'n gweithio'n galed. Fodd bynnag, yn ystod yr adolygiad hwn nodwyd gwahaniaethau ac amrywioldeb yn fynych o ran safonau, cysondeb ac argaeledd triniaeth, gofal a chymorth a ddarperir gan Dimau Iechyd Meddwl Cymunedol ledled Cymru. Mae angen i Lywodraeth Cymru, Byrddau Iechyd ac Awdurdodau Lleol ystyried ac archwilio'n ofalus y meysydd a nodwyd gennym a gweithredu ar ein hargymhellion fel bod pobl sy'n byw gyda salwch meddwl yn cael yr un gofal ble bynnag y maent yn byw yng Nghymru.

Y themâu allweddol a wnaeth ddeillio o'r adolygiad hwn yw:

- Mynediad at Wasanaethau
- Cynllunio Gofal
- Darparu Gofal Diogel ac Effeithiol
- Llywodraethu

Cafodd 23 o argymhellion eu gwneud ar gyfer gwella i Lywodraeth Cymru, byrddau iechyd ac awdurdodau lleol eu hystyried.

Adolygiad Pobl Ifanc

Ym mis Mawrth 2019, cyhoeddodd AGIC adolygiad o'r ffordd y mae gwasanaethau gofal iechyd yn diwallu anghenion pobl ifanc, gan gynnwys y rheini sydd angen trosglwyddo o wasanaethau plant i wasanaethau oedolion. Diben yr adolygiad oedd ystyried ansawdd a diogelwch y gofal a gaiff pobl ifanc mewn gwasanaethau iechyd meddwl i'r plant a'r glasod (CAMHS), gwasanaethau gofal iechyd cyffredinol, gwasanaethau gofal lliniarol ac wrth drosglwyddo o wasanaethau plant i wasanaethau oedolion.

Mae'r gwaith hwn yn rhan o waith thematig ehangach a wneir ar y cyd gan y pedwar sefydliad arolygu sy'n creu Arolygu Cymru: Arolygiaeth Gofal Iechyd Cymru, Arolygiaeth Gofal Cymru, Estyn a Swyddfa Archwilio Cymru.

Ar y cyfan, canfu'r adolygiad fod pobl ifanc at ei gilydd yn cael profiadau da o ofal yn y gwasanaethau. Gwelsom hefyd fod y staff yn gweithio'n galed i ddarparu gofal tosturiol ac urddasol, sy'n canolbwyntio ar yr unigolyn. Fodd bynnag, rydym yn poeni am allu unedau cleifion mewnol CAMHS yng Nghymru i letya pobl risg uchel. Golyga hyn nad yw pobl ifanc bob amser yn gallu cael gofal amserol yn agos at eu cartrefi ac y gallant gael eu lleoli gryn bellter o'u cartrefi.

Roedd hefyd yn siomedig bod llawer o'r heriau y mae pobl ifanc yn eu hwynebu wrth symud rhwng gwasanaethau plant ac oedolion yn dra hysbys ond yn parhau i gael eu gweld.

Mae angen i'r byrddau iechyd a Llywodraeth Cymru wneud mwy o waith i sicrhau trefniadau trosglwyddo didrafferth ac effeithiol i bobl ifanc ledled Cymru i'w helpu wrth iddynt ddod yn oedolion.

Gwnaeth AGIC 37 o argymhellion rydym yn disgwyl i Lywodraeth Cymru, pob bwrdd iechyd a darparwyr gwasanaethau annibynnol fynd i'r afael â nhw.

Adolygiad Cenedlaethol o Atal a Hyrwyddo Annibyniaeth ar gyfer Oedolion Hŷn (dros 65 oed) sy'n Byw yn y Gymuned

Ym mis Mawrth 2019, gwnaethom gyhoeddi'r cyntaf o 11 arolygiad ardal awdurdod lleol ar wahân fel rhan o adolygiad cenedlaethol o annibyniaeth pobl hŷn sy'n byw yn y gymuned. Cafodd yr arolygiad peilot ei gynnal ym mis Ionawr 2019 a arweiniodd at gynnal deg arolygiad arall o fewn awdurdodau lleol yng Nghymru, gyda rhai yn cael eu cwblhau yn 2018-19 a rhai yn cael eu cyhoeddi yn 2019-20.

Mae AGC ac AGIC yn cydweithio i ganolbwyntio ar brofiad oedolion hŷn wrth iddynt ddod i gysylltiad â gwasanaethau gofal cymdeithasol a symud drwyddynt hyd nes y gall fod angen iddynt fynd i mewn i gartref gofal, ac ystyriwn yr adegau pan fydd pobl yn profi cydweithio rhwng gwasanaethau awdurdodau lleol a gwasanaethau byrddau iechyd, neu y byddent yn cael budd ohonynt.

Mae'r arolygiad yn gwerthuso ansawdd y gwasanaeth ar sail pedair egwyddor sylfaenol y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) ac mae'n ystyried sut y'u rhoddir ar waith ar dair lefel:

- Unigol
- Sefydliadol
- Strategol

Rydym wedi bod yn ystyried yr holl ddisgwyliadau a amlinellir yng nghodau ymarfer y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) a byddwn yn parhau i wneud hynny.



Adolygiad o Gwympiadau

Gwnaethom gynnal y gwaith cynllunio, ymchwilio ac adrodd ar gyfer adolygiad o lwybrau gofal ynghylch pobl hŷn a chwympiadau yn 2018 - 2019. Nod y gwaith yw rhoi gwybodaeth am fodelau gofal cymhleth, amlddisgyblaethol ac integredig sy'n ymwneud â gofal cymdeithasol, tai, darparwyr y sector annibynnol a'r sector gwirfoddol, yn ogystal ag iechyd. Cyhoeddi'r adolygiad ym mlwyddyn adrodd 2019-20.

Ystyriodd yr adolygiad y materion a wynebir ar hyn o bryd o ran gwaith atal cwympiadau, eu rheoli a gwella ohonynt yn effeithiol, gan ystyried y graddau y caiff gwasanaethau eu hintegreiddio'n ddi-dor a lle mae'r ffocws ar ofal sy'n canolbwyntio ar yr unigolyn ac sy'n fwy cymunedol. Mae'n creu darlun o lwybr gofal system gyfan fel y gall staff a chleifion ddeall yr hyn y dylent ei brofi a'r hyn y dylent ddisgwyl ei weld dros y blynyddoedd i ddod yng nghyd-destun gwasanaethau cwympiadau.

Bydd dysgu ehangach ynghylch sut rydym yn ymdrin â'r mathau hyn o fodelau gofal yn deillio o hyn yn 2019-20.



Ysbytai'r GIG

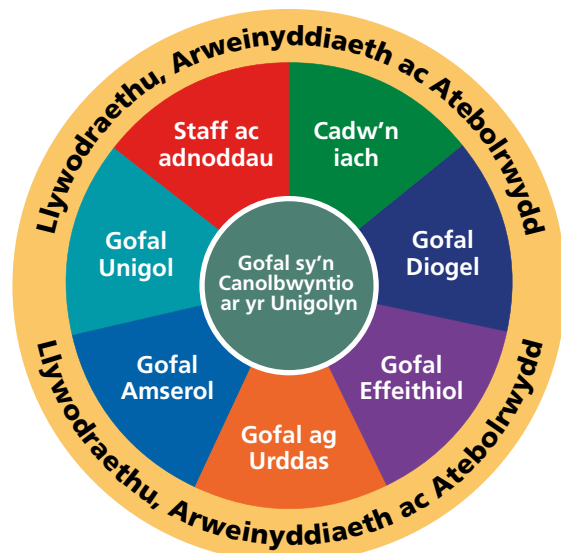
Gwnaethom gynnal 16 o arolygiadau o ysbytai ledled Cymru mewn deg ysbyty gwahanol i gyd, gan gynnwys tair ward lawfeddygol. Ystyriodd pob arolygiad sut roedd y gwasanaeth yn cyrraedd y Safonau Iechyd a Gofal mewn tri maes: ansawdd profiad y claf; darparu gofal diogel ac effeithiol; ac ansawdd rheolaeth ac arweinyddiaeth.

Canfyddiadau

Canmolodd cleifion ofal a thriniaeth staff yn yr adrannau ysbyty a arolygwyd gennym. Gwnaethom arsylwi rhyngweithio a chyfathrebu rhagorol, a dull caredig a thosturiol o ymdrin â phob claf.

Mae'r gofal yn wych – ni allaf feddwl am ffordd o'i wella. Rwy'n ddiolchgar iawn am eu caredigrwydd a'u cymorth. Bob amser yn ceisio dod o hyd i fwyd mae'r claf yn ei hoffi.

– Claf – Aneurin Bevan



Gwelsom drefniadau rheoli ac arwain da mewn rhai lleoliadau, ac enghreifftiau cryf o dimau amlddisgyblaethol yn gweithio'n effeithiol ac yn effeithlon.

Gwelodd ein harolygwyr wardiau glân a thaclus ynghyd â pholisïau a gweithdrefnau rheoli heintiau da mewn rhai lleoliadau, ond nid ym mhob un. Mae'n gadarnhaol nodi nad oes unrhyw achosion o MRSA na Clostridium Difficile a gaffaelwyd mewn ysbyty wedi bod ar ddwy ward orthopedig yn Ysbyty Brenhinol Morgannwg dros y 600 a'r 1,000 o ddiwrnodau diwethaf.

Mae'r data hyn yn awgrymu bod y staff yn wyliadwrus o ran cydymffurfio â mesurau atal a rheoli heintiau.

Gwelsom drefniadau rheoli ac arwain da mewn rhai lleoliadau, ac enghreifftiau cryf o dimau amlddisgyblaethol yn gweithio'n effeithiol ac yn effeithlon.

Yn ystod fy arhosiad ar y ward, roedd y staff yn gyfeillgar ac yn gymwynasgar iawn. Roedd y ward yn lân ac yn daclus bob amser ac roedd y driniaeth o safon pum seren. Roedd y staff yn rhoi llawer o sylw i mi ac yn gwneud yn siŵr fy mod yn gyfforddus ac yn cael gofal.

– Claf, Ymddiriedolaeth GIG Prifysgol Felindre

Mae tîm y ward yn cefnogi ei gilydd ac yn gweithio gyda'i gilydd. Mae rheolwr y ward yn rhoi pwyslais mawr ar ddarparu gofal o'r radd flaenaf i gleifion ac mae hefyd yn gofalu am y staff ar y ward, gan eu hannog a'u cefnogi. Dwi wrth fy modd yn gweithio fel rhan o'r tîm hwn

– Aelod o staff, ABM

Cafwyd gwelliannau yn dilyn ein hargymhellion mewn rhai o'n harolygiadau dilynol. Fodd bynnag, mae'n siomedig na wnaed gwelliannau mewn rhai achosion.

Roedd archwiliadau annigonol a lefel wael o gynnal a chadw cyfarpar dadebru yn broblem mewn sawl lleoliad. Yn ogystal, ym mhob un o'n harolygiadau llawfeddygol, nodwyd cydymffurfiaeth wael â'r asesiadau risg ar gyfer thromboemboledd gwythiennol, mewn cleifion yr oedd angen llawfeddygaeth trawma neu orthopedig arall arnynt. Arweiniodd hyn, ynghyd â phroblemau ynghylch archwiliadau dadebru, at AGIC yn anfon hysbysiadau sicrwydd uniongyrchol i'r byrddau iechyd perthnasol.

Tanlinellodd y rhan fwyaf o'n harolygiadau broblemau'n ymwneud â staffio, recriwtio a chadw, ac mewn rhai byrddau iechyd roedd yn amlwg bod y rhain yn peri lefel isel o forâl a phryderon ynghylch y posibilrwydd o beryglu diogelwch cleifion.

Mae morâl ac ysbryd y staff ar y ward yn isel oherwydd y bygythiad cyson o gael eich symud i rannau eraill nad ydych yn gymwys i weithio ynddynt. Yn aml gadewir eich ward eich hun heb ddigon o staff

– Staff, Cwm Taf

Gallem ddarparu gofal o safon uwch petai gennym y nifer gywir o staff i ddiwallu holl anghenion unigol cleifion

– Staff, Cwm Taf

Mae'n anodd darparu gofal o safon dda oherwydd cymarebau staff: cleifion, gall galw uchel beryglu gofal. Mae pawb yn gweithio mor galed ag y gallant, ond nid yw anghenion cleifion bob amser yn cael eu diwallu

– Staff, Caerdydd a'r Fro

Mae'r staff o dan lawer o bwysau ond maent yn dal i gyflawni eu dyletswyddau mewn ffordd broffesiynol

– Claf, Hywel Dda

Mae llawer o leoliadau yn dal i wynebu problemau o ran storio a rhoi meddyginiaethau'n ddiogel, er bod AGIC wedi nodi bod hyn yn bryder ers sawl blwyddyn. Bydd AGIC yn codi'r mater hwn gyda Llywodraeth Cymru a chyrrff perthnasol eraill er mwyn annog gwelliant yn y maes hwn.

O ran hyfforddiant staff, gwelsom enghreifftiau cyflawn, wedi'u dogfennu'n dda, o ddarparu hyfforddiant a chyfleodd dysgu proffesiynol parhaus mewn rhai lleoliadau. Fodd bynnag, nodwyd bod lle i wella yn y maes hwn yn ystod llawer o'n harolygiadau.

Pan ystyriodd yr arolygwyr welliant o ran ansawdd, ymchwil ac arloesedd yn ystod arolygiadau, roedd y canfyddiadau yn amrywio o ward i ward ac o fwrdd iechyd i fwrdd iechyd, lle roedd rhai safleoedd yn mynd ati'n weithredol i wneud hyn, ond nid eraill. Yn ystod un arolygiad, gwnaethom nodi'n gadarnhaol bod staff ar un ward a'r tîm amlddisgyblaethol yn Ysbyty Cyffredinol Llwynhelyg yn aelodau o grŵp gwella ansawdd. Yn sgîl hyn, mae pecyn hyfforddi ar gyfer atal a rheoli cwmpïadau ymhlith cleifion wedi cael ei ddatblygu a'i roi ar waith. Mae hyn wedi arwain at leihad sylweddol yn nifer y cwmpïadau, a rhannwyd hyn yn ddiweddarach yn ehangach ar draws y bwrdd iechyd.

Practisau Meddygon Teulu

Eleni gwnaethom gynnal 20 o arolygiadau o feddygfeydd o fewn y saith bwrdd iechyd yng Nghymru. Ystyriodd pob arolygiad o feddygfeydd sut roeddent yn cyrraedd y Safonau Iechyd a Gofal.

Canfyddiadau

Ar y cyfan, roedd y staff yn gwrtais i ymwelwyr a chleifion, ac roedd cleifion yn cael eu trin ag urddas a pharch. Roedd y rhan fwyaf o feddygfeydd yn lân ac mewn cyflwr da, a gwelsom amgylchedd croesawgar mewn meddygfeydd.

Dywedodd y cleifion wrthym eu bod yn fodlon ar y gofal roeddent yn ei gael, ond cafwyd sawl cwyn am y prosesau sydd ar waith i drefnu apwyntiadau. Roedd hyn yn cynnwys argaeledd gwael o ran apwyntiadau, yn enwedig rhai ar fyr rybudd, ac amseroedd aros hir i weld meddyg ar gyfer apwyntiad cyffredin.

Arfer da

Roedd un feddygfa yn cymryd rhan mewn cynllun peilot gan gynnig apwyntiadau y tu allan i oriau i gleifion ar un diwrnod yn ystod y penwythnos. Gwnaed hyn fel rhan o'r clwstwr, gyda meddygfeydd yn eu tro yn cynnig apwyntiadau i gleifion yn eu grŵp clwstwr. Golygai hyn fod gan gleifion fynediad lleol at wasanaeth y tu allan i oriau, ac nad oedd yn rhaid iddynt deithio i un o'r tair canolfan gofal sylfaenol yng Nghaerdydd a Bro Morgannwg. Roeddem o'r farn bod hwn yn arfer y mae'n werth tynnu sylw ato, a dywedodd y staff wrthym fod y cleifion bob amser yn rhoi adborth cadarnhaol ar y gwasanaeth. Roedd y cynllun peilot ar fin dod i ben, a byddai'n cael ei werthuso i benderfynu p'un a ddylai'r gwasanaeth hwn barhau yn y dyfodol.

Meddygfa wych. Mae'n anodd trefnu apwyntiad. Wedi aros am bythefnos

– Claf, Cwm Taf

Mae'n amhosibl cael ateb am 8:30am ac yna pan fydd ateb mae apwyntiadau yn brin iawn

– Claf, Hywel Dda

Gall gymryd 20 munud i ateb y ffôn! Mae angen llinell ffôn ddynodedig. Mae angen edrych ar ba mor brydlon yw apwyntiadau

– Claf, Aneurin Bevan

Gwelsom dystiolaeth o arweinyddiaeth dda mewn meddygfeydd gyda thimau rheoli cydlynol a chynhwysol ar waith. Roedd enghreifftiau o gyfathrebu da rhwng timau meddygfeydd a gwelsom waith clwstwr da gan gynnwys cynllun peilot y tu allan i oriau ar gyfer gwasanaeth meddyg teulu mewn un bwrdd iechyd.

Nodwyd bod cofnodion hyfforddiant staff annigonol mewn rhai meddygfeydd, ac roedd angen gwneud gwelliannau er mwyn sicrhau bod hyfforddiant gorfodol yn cael ei gwblhau gan bob aelod o staff a bod dyddiadau adnewyddu hyfforddiant yn cael eu bodloni.

Yn ystod rhai arolygiadau, nodwyd nad oedd pob meddygfa yn cofnodi statws imiwnedd Hepatitis B pob aelod o'r staff clinigol. Roedd hyn yn golygu na allai'r feddygfa ddangos bod gan bob aelod o'r staff clinigol ddigon o imiwnedd i'r feirws.

Gwelsom enghreifftiau da o gadw cofnodion cleifion mewn sawl meddygfa.

Lle bu angen gwneud argymhellion yn y maes hwn, roedd ein hargymhellion yn ymwneud yn gyffredinol â diffyg cysondeb yn lefel y manylion a ddogfennwyd mewn cofnodion clinigol. Ar sawl achlysur, gwnaethom hefyd argymhell y dylai trefniadau archwilio gael eu hadolygu er mwyn gwella ansawdd cofnodion y cleifion.

Nodwyd bod angen gwneud gwelliannau i brosesau cofnodi ac ystyried pryderon a chwynion, gan gynnwys arddangos gwybodaeth am broses Gweithio i Wella GIG Cymru.

Deintyddfeydd

Yn 2018-19 gwnaethom barhau â'n rhaglen arolygu ar gyfer deintyddfeydd cyffredinol yng Nghymru. Eleni arolygwyd 73 o ddeintyddfeydd, gan gynnwys un arolygiad dilynol. Gwnaethom gyflwyno hysbysiadau sicrwydd uniongyrchol neu ddiffyg cydymffurfio yn dilyn saith o'r arolygiadau hyn lle nodwyd bod angen cymryd camau dybryd er mwyn ymdrin â phryderon difrifol ynghylch diogelwch cleifion. Ar y cyfan mae hyn yn welliant o gymharu â'r flwyddyn flaenorol pan gyflwynwyd 13 o lythyrau sicrwydd uniongyrchol yn dilyn arolygiadau o 104 o ddeintyddfeydd. Gwnaethom hefyd nodi bod deintyddfeydd yn ymateb yn briodol pan ddônt yn ymwybodol o'r problemau hyn.

Mae rhai deintyddfeydd yn cynnig triniaeth ddeintyddol breifat yn unig, mae rhai yn cynnig cyfuniad o driniaeth ddeintyddol y GIG a phreifat ac mae eraill ond yn darparu gwasanaethau'r GIG. Yn ystod yr ymweliadau hyn, gwnaethom ystyried sut roedd deintyddfeydd yn cyrraedd y safonau gofal a nodir mewn deddfwriaeth a chanllawiau perthnasol, gan gynnwys y Safonau Iechyd a Gofal a'r Rheoliadau Deintyddiaeth Breifat (Cymru).

Eleni hefyd gwelwyd AGIC yn cwblhau'r gwaith o gofrestru'r holl ddeintyddfeydd sy'n cynnig triniaeth ddeintyddol breifat o dan Reoliadau Deintyddiaeth Breifat (Cymru) 2017; cofrestrwyd 485 o ddeintyddfeydd i gyd. Roedd hon yn dasg sylweddol a gynhaliwyd heb fawr ddim adnoddau ychwanegol ac ar adegau roedd angen i'r sefydliad cyfan gydweithio.

Yn gyffredinol, roedd deintyddfeydd yn ymwneud yn gadarnhaol â'r broses gofrestru ond roedd ansawdd y ceisiadau a'r ddogfennaeth ategol a gyflwynwyd yn amrywio.

Roedd rhai buddiannau ychwanegol i'r prosiect cofrestru hefyd; drwy gysylltu â phob practis yng Nghymru dros gyfnod cyfyngedig o amser roeddem yn gallu cynyddu ein hymwybyddiaeth â thimau deintyddol.

Rydym yn gweld cynnydd yn nifer y cleifion sy'n cysylltu â ni am fod ganddynt bryderon deintyddol sy'n awgrymu bod rôl AGIC yn fwy gweladwy mewn deintyddfeydd.

Un arall o nodau allweddol AGIC yw cynyddu ei gweithgarwch dilynol. Yn ystod y broses gofrestru roeddem yn gallu gofyn i bob deintyddfa am eu cynlluniau gwella diweddaraf a oedd wedi cael eu harolygu cyn i'w cofrestrriad gael ei roi, er mwyn ceisio sicrwydd bod camau gweithredu wedi cael eu cymryd i fynd i'r afael â'r holl argymhellion a wnaed gennym.



Deintydd arbennig, bob amser yn broffesiynol, gofalgar a thosturiol. Mae staff y ddeintyddfa yn rhagorol, yn enwedig Rheolwr y Ddeintyddfa.

- Claf, Aneurin Bevan

Canfyddiadau

Gwnaethom arolygu deintyddfeydd ym mhob bwrdd iechyd lleol yng Nghymru ac roedd y canfyddiadau'n dda iawn ar y cyfan. Fodd bynnag, lle nodwyd meysydd i'w gwella roeddent yn debyg i'r rheini mewn blynyddoedd blaenorol.

Unwaith eto roedd profiad cleifion yn dda iawn ar y cyfan, gyda chleifion yn dweud wrthym eu bod yn fodlon iawn ar eu gofal a'u triniaeth.

Yn aml nododd ein harolygwyr mewn adroddiadau fod staff yn gyfeillgar, yn broffesiynol ac yn canolbwyntio ar y claf.

Nodwn fod y rhan fwyaf o ddeintyddfeydd bellach yn ymgysylltu â chleifion er mwyn cael adborth ar y gwasanaeth a ddarperir. Fodd bynnag, cynghorwn ddeintyddfeydd yn rheolaidd i arddangos canlyniadau holiaduron neu arolygon a hysbysu cleifion o'r camau a gymerwyd mewn ymateb i'w hadborth er mwyn gwella'r gwasanaeth a ddarperir. Drwy wneud hyn gellir dangos i gleifion fod eu barn yn cyfrif.

Rwyf bob amser wedi ymddiried yn llwyr yn y deintyddion sydd wedi gofalu amdanaf. Mae triniaethau wedi'u hegluro'n fanwl ac rwyf wedi cael amser i benderfynu p'un a wyf am eu cael. Rwyf wedi argymhell y ddeintyddfa i eraill

- Claf, Betsi Cadwaladr

Mae'r gofal a'r gwasanaeth yn well nag unrhyw ddeintyddfa arall rwyf wedi'i defnyddio yn y gorffennol

- Claf, Hywel Dda

Yn gyffredinol, roedd deintyddfeydd yn cynnwys digon o adnoddau a chyfarpar, ac roeddent yn cyrraedd y safonau uchaf o ran glendid. Yn ystod llawer o arolygiadau, gwelsom drefniadau priodol hefyd ar gyfer defnyddio pelydrau-x yn ddiogel Fodd bynnag, cafwyd nifer fach o achosion lle'r oedd angen gwneud nifer fawr o welliannau o ran glendid cyffredinol, rheoli heintiau a dihalogi cyfarpar deintyddol.

Roedd ansawdd cofnodion cleifion yn amrywio, gyda llawer o ddeintyddfeydd yn cyrraedd safon ardderchog ond meysydd eraill lle'r oedd angen gwella.

Y materion a oedd yn codi amlaf oedd yr angen i wneud y canlynol:

- Cofnodi a diweddarau hanesion meddygol ac alergeddau'n gywir
- Cofnodi cydsyniad cleifion
- Cofnodi'r opsiynau o ran triniaeth a drafodwyd gyda'r claf, a chyfiawnhau'r driniaeth a roddwyd
- Cynnal archwiliadau sgrinio am ganser lle y bo'n briodol
- Storio cofnodion cleifion yn ddiogel

Nodwyd bod gan lawer o ddeintyddfeydd systemau rheoli ac arwain da, ynghyd ag amrywiaeth o bolisiau a gweithdrefnau effeithiol i gefnogi'r gwaith o reoli'r ddeintyddfa'n gyffredinol. Fodd bynnag, roedd y broses gwneud cais i ddeintyddfeydd gofrestru o dan Reoliadau Deintyddiaeth Breifat (Cymru) 2017 yn ei gwneud yn ofynnol i'r rheolwr cofrestredig lofnodi datganiad i ddangos bod yr holl bolisiau a gweithdrefnau sy'n ofynnol o dan y rheoliadau ar waith.

Er gwaethaf hyn, mewn rhai arolygiadau, gwelsom enghreifftiau lle nad oedd polisiau penodol ar waith. Mae hyn yn siomedig iawn ac mae'n adlewyrchu'n wael ar y deintyddfeydd hynny. Gan fod y prosiect i gofrestru deintyddfeydd wedi dod i ben bellach, mae hyn yn darparu enghraifft amserol a pherthnasol i atgoffa deintyddfeydd bod ganddynt gyfrifoldeb cyfreithiol i gydymffurfio â'r rheoliadau.

Mae trefniadau hyfforddiant a datblygu proffesiynol parhaus yn gryfder yn y rhan helaeth o ddeintyddfeydd. Fodd bynnag, rydym yn parhau i nodi nad yw staff bob amser wedi cael hyfforddiant mewn meysydd allweddol fel diogelu, dadebru, diogelwch tân nac wedi cael gwiriadau cyflogaeth priodol (y Gwasanaeth Datgelu a Gwahardd).

Ar y cyfan, mae lefelau cydymffurfio â safonau a rheoliadau mewn deintyddfeydd yn gwella o un flwyddyn i'r llall. Mae AGIC yn gwneud llai o argymhellion yn gyffredinol ac mae nifer y materion diogelwch sy'n effeithio ar gleifion yn uniongyrchol yn lleihau hefyd.

Iechyd Meddwl ac Anableddau Dysgu

Mae AGIC yn parhau i gyflawni ei chyfrifoldebau i fonitro Deddf Iechyd Meddwl 1983 ar ran Gweinidogion Cymru sydd â dyletswyddau penodol y mae'n ofynnol iddynt eu cyflawni o dan y gyfraith. Ymhlith y dyletswyddau hyn mae llunio adroddiad ar y ffordd y caiff y Ddeddf ei gweithredu yng Nghymru a sicrhau bod byrddau iechyd unigol a darparwyr cofrestredig annibynnol yn cyflawni eu dyletswyddau fel bod y Ddeddf yn cael ei gweinyddu'n gyfreithlon ac yn briodol ledled Cymru.



Yn ystod 2018-19 gwnaethom gynnal 17 o arolygiadau gofal iechyd annibynnol yn cynnwys un ysbyty anabledau dysgu.

Roedd pedwar o'r ymweliadau hyn i'r un darparwr annibynnol oherwydd pryderon sylweddol a gododd o'n harolygiadau, a gwnaed dau ymweliad arall â darparwr annibynnol arall.

Fel rhan o'r ymweliadau hyn gwnaeth AGIC fonitro'r defnydd o'r Ddeddf Iechyd Meddwl, y Ddeddf Galluedd Meddyliol, gan gynnwys Trefniadau Diogelu wrth Amddifadu o Ryddid (DoLS), a Mesur Iechyd Meddwl (Cymru) 2010.

Canfyddiadau

Yn ystod yr ymweliadau nododd AGIC lawer o feysydd cadarnhaol gan gynnwys: y parch a ddangoswyd gan staff wrth gyfathrebu â chleifion, gwaith tîm da a gweithlu llawn cymhelliant. Hefyd nodwyd bod rhai gwasanaethau yn gweithio'n galed i leihau arferion cyfyngol a bod ystod dda o therapïau a gweithgareddau ar gael.

Gwnaeth AGIC nifer sylweddol o argymhellion i'r byrddau iechyd unigol, ynghyd â nodi gofynion ar gyfer y darparwyr gofal annibynnol cofrestredig.

Rydym wedi parhau i nodi llawer o fethiannau wrth gynnal a chadw ac adnewyddu wardiau ac, mewn rhai achosion, roedd hyn yn cael effaith andwyol ar ofal cleifion, eu preifatrwydd a'u hurddas, a'u diogelwch. Ymhlith rhai o'r problemau a nodwyd roedd: drysau tân yn cael eu cadw ar agor, diffyg system i alw nyrsys, diffyg biniau i waredu cynhyrchion mislif, diffyg cynnal a chadw gerddi, diffyg larymau digonol ar gyfer staff a materion amgylcheddol yn effeithio ar breifatrwydd ac urddas cleifion.

Hefyd nodwyd polisïau a gweithdrefnau a oedd wedi dyddio a diffyg ystod gynhwysfawr o wybodaeth i gleifion ar y wardiau. Hefyd roedd diffyg cynlluniau gofal a thriniaeth a rheoli risg, a diffyg hyfforddiant staff mewn rhai meysydd allweddol, er enghraifft cynnal bywyd sylfaenol.

Unwaith eto eleni nodwyd problemau o ran rheoli meddyginiaethau'n effeithiol. Roedd hyn yn cynnwys: diffyg polisïau a gweithdrefnau, methu â chwblhau siartiau gweinyddu meddyginiaethau yn ddigonol, cypyrddau meddyginiaethau heb eu cloi pan fyddent yn segur a meddyginiaeth ar y wardiau, i gleifion, a oedd wedi'u rhyddhau.

Roedd a wnelo problemau eraill â phrinder gwelyau i gleifion â salwch aciwt yn y byrddau iechyd. I'r gwrthwyneb, roedd rhai o'n darparwyr gofal iechyd annibynnol yn cau wardiau am nad oedd digon o gleifion.

Parhawyd i nodi llawer o arferion da wrth weithredu a dogfennu'r Ddeddf ac roedd yn amlwg bod lefel dda o waith craffu ac archwilio ar waith. Roedd ffeiliau wedi'u trefnu'n dda ar y cyfan ac yn cynnwys y wybodaeth gadw angenrheidiol.

Fodd bynnag, gwnaethom nodi rhai problemau wrth weinyddu'r Ddeddf gan gynnwys:

- Ffurflenni absenoldeb Adran 17 oedd heb eu marcio'n glir lle nad oeddent yn ddilys mwyach (a allai beri dryswch o ran hawl i absenoldeb bresennol cleifion o dan adran 17)
- Rhai problemau cofnodi o ran hawliau cleifion o dan adran 132
- Diffyg papurau cadw yng nghofnodion cyfredol cleifion
- Oedi wrth gyflwyno rhai adroddiadau ar gyfer apeliadau cleifion yn erbyn eu cadw

Gofal Iechyd Annibynnol

Mae ein harolygiadau o leoliadau gofal iechyd annibynnol, heblaw iechyd meddwl, yn ceisio sicrhau bod gwasanaethau yn cydymffurfio â Deddf Safonau Gofal 2000, gofynion Rheoliadau Gofal Iechyd Annibynnol (Cymru) 2011 a chadarnhau sut mae gwasanaethau'n cyrraedd y Safonau Gofynnol Cenedlaethol ar gyfer Gwasanaethau Gofal Iechyd Annibynnol yng Nghymru. Anelwn at arolygu'r gwasanaethau hyn bob tair blynedd o leiaf, ond gallwn gynnal ymweliadau yn amlach os oes angen o ganlyniad i wybodaeth a ddaw i law neu newid gwasanaeth.

Canfyddiadau

Ysbytai Annibynnol

Yn gyffredinol mae ein harolygiadau o ysbytai annibynnol eleni wedi bod yn gadarnhaol iawn; yn ystod un arolygiad penodol ni nodwyd unrhyw welliannau yr oedd angen eu gwneud. Rydym hefyd wedi gweld lleihad yn nifer y problemau uniongyrchol sy'n ymwneud â diogelwch cleifion sy'n arwain at hysbysiad diffyg cydymffurfio. Dim ond un a gyhoeddwyd yn 2018-19 am na allai gwasanaeth ddangos bod gan aelod o staff imiwnedd rhag Hepatitis B.

Roedd hefyd yn gadarnhaol nodi'r canlynol, mewn perthynas â phob arolygiad:

- Dywedodd cleifion wrthym eu bod yn fodlon ar y gwasanaeth roeddent wedi'i gael
- Gwelsom staff yn ymddwyn mewn ffordd ofalgar a chwrtais gyda chleifion
- Nodwyd bod llinellau cyfrifoldeb ac atebolrwydd clir ym mhob arolygiad.

Ar y cyfan, roedd cofnodion cleifion yn cael eu cynnal i safon uchel. Fodd bynnag, gwnaethom nodi rhai problemau o ran eu darllen, staff ddim yn llofnodi eu henw/teitl swydd, a'r angen i gynlluniau gofal fod yn fwy unigol gan gynnwys sicrhau eu bod yn adlewyrchu'r camau i'w cymryd mewn argyfwng.

Roedd rheoli meddyginiaethau yn faes lle gwnaethom amrywiaeth o argymhellion, a'r prif faterion a nodwyd oedd:

- defnydd anghyson o adnoddau rheoli poen
- ddim yn cofnodi tymheredd oergelloedd meddyginiaethau na'r ystafelloedd lle'r oeddent yn cael eu storio
- ddim yn archwilio cyffuriau brys yn rheolaidd
- yr angen i gadw rhestr o holl feddyginiaethau'r gwasanaeth cyfan.

Ychydig iawn o argymhellion a wnaed ym maes arwain a rheoli. Fodd bynnag, unwaith eto eleni bu'n rhaid i ni atgoffa darparwyr cofrestredig am eu cyfrifoldeb i gynnal ymweliadau monitro rheolaidd. O ystyried nad yw hyn wedi gwella ers y llynedd, byddwn yn atgoffa darparwyr yn fwy ffurfiol o'u cyfrifoldebau.

Mae fy ngŵr a minnau'n teimlo bod hwn yn lle cynnes a chroesawgar iawn. Mae'r staff yn gyfeillgar a gwybodus iawn. Gallwch ddweud bod pawb yn mwynhau eu rolau yma.

- Claf, Ysbyty Annibynnol, Cwm Taff

Hosbisau

Yn ystod pob un o'r pum arolygiad gwelsom staff yn rhyngweithio â chleifion mewn ffordd garedig, ofalgar a phroffesiynol.

Hefyd nodwyd bod y gwasanaethau wedi'u cynnal a'u cadw'n dda, eu bod yn groesawgar ac yn cynnig amrywiaeth dda o gyfleusterau a gweithgareddau a oedd yn briodol i'r grŵp o gleifion.

Ar y cyfan roedd y gwaith o reoli'r gwasanaethau a arolygwyd gennym yn dda ac roedd gwaith tîm amlddisgyblaethol cadarnhaol i'w weld yn ystod pob arolygiad.

Ar y cyfan, nodwyd bod cynlluniau gofal yn canolbwyntio ar y claf, ond bu angen i ni atgoffa darparwyr cofrestredig bod angen i gynlluniau gofal fod yn unigol ac y dylid eu hysgrifennu o safbwynt y claf. Mewn dau wasanaeth gwnaed hyn yn arbennig o dda a gallem weld yn amlwg sut roedd y claf a'r gofalwr wedi'u cynnwys wrth ddatblygu eu cynlluniau gofal a thriniaeth.

Roedd yr holl hosbisau a arolygwyd gennym yn cynnal ystod briodol o archwiliadau. Fodd bynnag, nodwyd yn aml nad oedd canlyniadau archwiliadau i'w gweld ac nad oedd camau gweithredu yn deillio o'r archwiliadau yn cael eu dogfennu.

Mae atal a rheoli wlserau pwyso yn risg allweddol y mae angen i hosbisau ei rheoli. Gwnaethom rai argymhellion yn y maes hwn ynghylch defnyddio siartiau ail-leoli a'r angen i sicrhau bod asesiadau o'r risg o wlserau pwyso yn cael eu cynnal pan gaiff claf ei dderbyn.

Roedd rheoli meddyginiaethau yn faes lle gwnaethom argymhellion ar gyfer gwella yn aml; a'r prif faterion a nodwyd oedd:

- Staff ddim yn llofnodi am feddyginiaeth yn syth ar ôl ei rhoi
- Staff ddim yn aros i weld cleifion yn cymryd eu meddyginiaeth
- Cofnodi tymereddau oergelloedd meddyginiaethau.

Gwelsom rywffaint o arfer da yn y maes hwn, er enghraifft, lle roedd nyrsys yn gwisgo tabardiau coch wrth roi meddyginiaeth er mwyn atal aelodau eraill o staff rhag amharu arnynt wrth gyflawni'r dasg hon. Mae hyn yn helpu i leihau'r risg o wneud camgymeriadau wrth roi meddyginiaeth drwy sicrhau nad oes dim yn tarfu arnynt.

Clinigau Annibynnol

Fel gyda gwasanaethau annibynnol eraill a arolygwyd gennym eleni, roedd boddhad cleifion yn uchel yn ein clinigau cofrestredig; roedd hyn yn cyd-fynd â gweld staff gofalgarg, cyfeillgar a phroffesiynol yn gweithio ynddynt. Ar y cyfan, gwelsom fod gwybodaeth briodol ar gael i gleifion a oedd yn cael triniaeth. Fodd bynnag, nid oedd yr union wybodaeth a roddwyd i gleifion bob amser yn cael ei chofnodi yn eu nodiadau.

Cafodd y defnydd o hebryngwyr ei nodi'n broblem ym mhob un o'n harolygiadau o glinigau namyn un. Mae angen i ddarparwyr cofrestredig fod yn gliriach wrth gofnodi cynnig a defnyddio hebryngwyr.

Cafodd yr angen i wneud gwell trefniadau ar gyfer pobl â nam ar y clyw ei godi hefyd mewn 75% o'n harolygiadau.

Cadw cofnodion oedd y maes lle gwnaed y rhan fwyaf o argymhellion ynddo; ac roedd y prif faterion a nodwyd yn cynnwys:

- Cofnodion ddim yn nodi'n glir y driniaeth a ddarparwyd na'r ymarferydd dan sylw
- Ddim digon o fanylion yn hanesion meddygol cleifion
- Ddim yn cofnodi cydsyniad ar lafar i driniaeth nac archwiliad yn nodiadau cleifion
- Cofnodion gofal ddim yn cael eu llofnodi na'u dyddio ar ôl pob ymgynghoriad.

Hefyd, nodwyd bod dogfennau allweddol fel y datganiad o ddiben a'r canllaw i gleifion wedi dyddio'n sylweddol. Rhaid i ddarparwyr cofrestredig sicrhau bod y dogfennau hyn yn cael eu hadolygu'n rheolaidd a'u diweddarau bob amser.

Laserau Dosbarth 3b/4 a Goleuni Pwls Dwys (IPL)

Mae ein canfyddiadau yn y mathau hyn o arolygiadau yn debyg iawn i flynyddoedd blaenorol. Ar nodyn cadarnhaol, mae hyn yn golygu ein bod yn parhau i weld gwasanaethau sydd:

- Yn darparu gwybodaeth gynhwysfawr cyn unrhyw driniaeth sy'n galluogi cleifion i wneud penderfyniad gwybodus am eu hopsiynau
- Yn lân, yn daclus ac yn cael eu cynnal a'u cadw'n dda
- Yn ymrwymedig i gynnig profiad cadarnhaol i gleifion, gan gynnwys trefniadau priodol i geisio adborth
- Yn storio cofnodion yn briodol
- Yn meddu ar drefniadau i sicrhau preifatrwydd ac urddas pobl sy'n cael triniaeth.

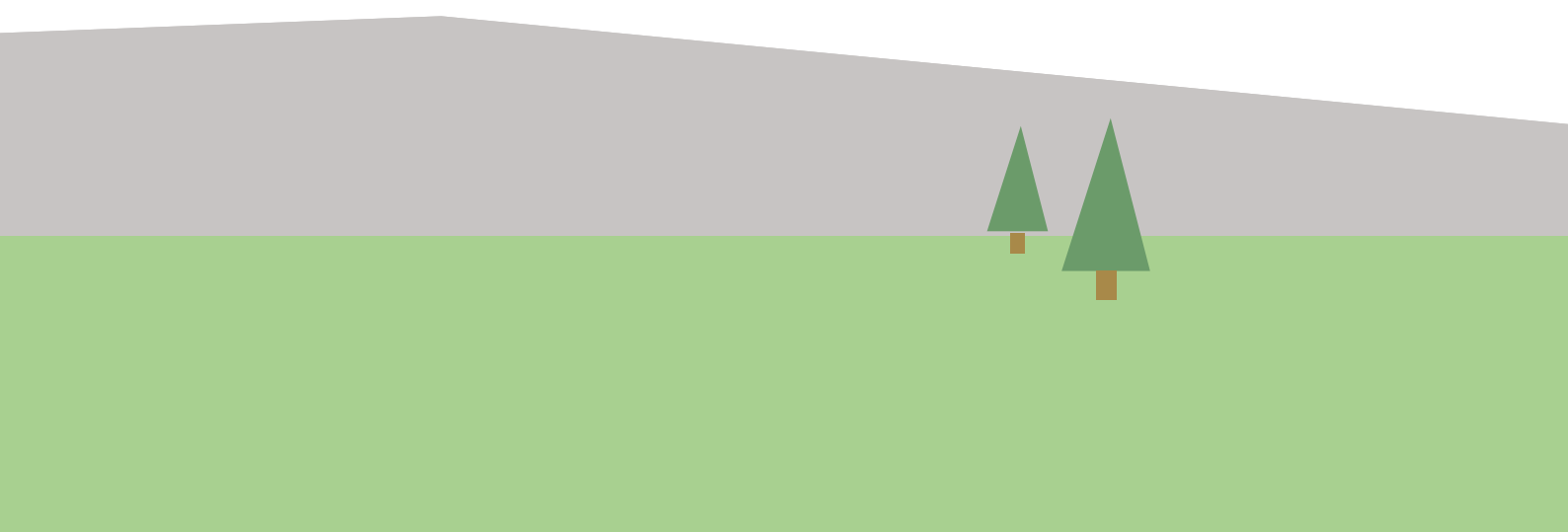


Fodd bynnag, mae braidd yn siomedig ein bod yn parhau i weld nad yw dogfennau allweddol fel y Canllaw i Gleifion a'r Datganiad o Ddiben yn cael eu diwedddaru, ac nad ydynt yn cynnwys yr holl wybodaeth sydd ei hangen o dan y rheoliadau. Nodwn y canlynol yn rheolaidd:

- Mae manylion cyswllt AGIC yn anghywir
- Ni chaiff crynodeb o adborth cleifion ei gynnwys yn y Canllaw i Gleifion
- Nid yw'r broses gwyno wedi'i disgrifio'n ddigonol
- Nid oes copïau o'r Canllaw i Gleifion ar gael i fynd â nhw
- Ni chaiff cydsyniad i driniaeth ei gofnodi'n gyson, yn enwedig cofnodi cydsyniad (llafar neu ysgrifenedig) ar bob pwynt triniaeth fel rhan o gyfres o sesiynau triniaeth
- Ni chaiff hanesion meddygol eu hadolygu ar bob pwynt triniaeth fel rhan o gyfres o driniaethau
- Mae angen diwedddaru polisiâu diogelu i gynnwys manylion y timau diogelu mewn awdurdodau lleol. Hefyd, mae angen i staff gwblhau hyfforddiant ym maes amddiffyn oedolion sy'n agored i niwed ac amddiffyn plant
- Nid yw cofrestrau triniaeth bob amser yn cynnwys yr holl wybodaeth sydd ei hangen o dan y Safonau Gofynnol Cenedlaethol.

Mae'n galonogol nodi bod nifer yr hysbysiadau diffyg cydymffurfio a gyflwynwyd eleni yn isel iawn. Fodd bynnag, fel gyda'n canfyddiadau cyffredinol, roedd y rhesymau dros wneud hynny yn debyg i'r llynedd ac yn ymwneud â'r ffaith nad oedd gan wasanaethau gontract â Chynghorydd Diogelu rhag Laserau. Roedd hyn yn golygu nad oedd polisiâu na gweithdrefnau allweddol fel yr asesiadau risg a rheolau lleol wedi'u hadolygu fel sy'n ofynnol gan y rheoliadau ac amodau cofrestru'r gwasanaeth.

Hefyd, cafwyd un darparwr cofrestredig na allai ddangos bod y peiriant laserau wedi'i wasanaethu a'i gynnal a'i gadw yn unol â chyfarwyddiadau'r gwneuthurwr. Rhaid penodi Cynghorydd Diogelu rhag Laserau, a chynnal a chadw cyfarpar yn rheolaidd, er mwyn sicrhau bod cyfarpar laser/IPL yn ddiogel i'w ddefnyddio, a chaiff darparwyr cofrestredig eu hatgoffa nad yw'n dderbyniol torri corneli yn hyn o beth, ac y gall hynny arwain at gymryd camau gorfodi.



Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) (IR(ME)R)

AGIC sy'n gyfrifol am fonitro cydymffurfiaeth yn erbyn Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) 2017. Bwriedir i'r rheoliadau amddiffyn pobl rhag peryglon sy'n gysylltiedig ag ymbelydredd Ïoneiddio.

Yn ystod 2018-19 gwnaethom gwblhau pum arolygiad o dan y Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol), gan gynnwys un mewn ysbyty annibynnol. Edrychodd yr arolygiadau hyn i weld a oedd gwasanaethau'n cydymffurfio â'r Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) ynghyd â ph'un a oedd gofal a thriniaeth yn cael eu darparu yn unol â Safonau Iechyd a Gofal Llywodraeth Cymru

Hefyd ystyriodd yr arolygiadau'r tri math o amlygiad meddygol: Radioleg, Delweddu Diagnostig ac Ymyriadol, a Meddygaeth Niwclear.



Roedd y gwasanaeth a gefais heddiw yn rhagorol. Roedd y nyrs a oedd gyda fi yn hyfryd iawn. Cymwynasgar iawn
- Claf, Bwrdd Iechyd Prifysgol Hywel Dda

Canfyddiadau

Gwnaethom ofyn i gleifion raddio eu profiad fel rhan o bob un o'n harolygiadau; nododd y mwyafrif helaeth fod eu profiad yn ardderchog neu'n dda iawn. Pan ofynnwyd iddynt am unrhyw welliannau posibl roedd y sylwadau'n amrywio. Fodd bynnag, roedd argaeledd mannau parcio yn broblem gyffredin.

Roedd hefyd yn gadarnhaol gweld cyfeiriadau at staff caredig a pharchus ym mhob arolygiad. Fodd bynnag, nodwyd bod angen gwneud gwelliannau i'r amgylchedd mewn dau ysbyty er mwyn hybu preifatrwydd ac urddas cleifion ymhellach.

Bu 2018-19 yn flwyddyn o newid i gyflogwyr yn sgil cyflwyno Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) newydd 2017 ym mis Chwefror 2018. Ar y cyfan, ymatebodd cyflogwyr yn dda i'r newidiadau, ond gwnaethom nodi bod angen datblygu gweithdrefnau cyflogwyr yn fanylach yn ein holl arolygiadau. Mewn dau achos nodwyd nad oedd gan y cyflogwr weithdrefn i sicrhau ansawdd cyfarpar; digwyddodd hyn ar ôl nodi mewn blynyddoedd blaenorol fod cyfarpar hen ac aneffeithlon yn effeithio ar amseroldeb gofal cleifion. Hefyd, gwnaethom nodi bod angen i gyflogwyr wneud mwy i sicrhau bod gwybodaeth ar gael i gleifion er mwyn sicrhau bod risgiau a manteision amlygiad i ymbelydredd Ïoneiddio yn glir.

Yn 2018-19 cyflwynodd AGIC ei Hysbysiad Gwella cyntaf yn dilyn pryderon difrifol a godwyd yn Ysbyty'r Tywysog Siarl. Nodwyd bod lefelau Cyfeirio Diagnostig Cenedlaethol yn cael eu torri ac nad oedd y broses o sefydlu Lefelau Cyfeirio Diagnostig Lleol yn gyson. Yn y bôn deilliodd y pryderon hyn o ddiffyg llywodraethu a goruchwyllo'r Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) gan y bwrdd iechyd a byddem yn gofyn i bob cyflogwr sy'n gweithredu o dan y Rheoliadau hyn ystyried p'un a yw proffil a ffocws cydymffurfiaeth â'r Rheoliadau yn eu sefydliad yn briodol.

Gofal Iechyd Troseddwy

Adolygiadau o farwolaethau yn y ddalfa

Mae'n ofynnol i'r Ombwdsmon Carchardai a Phrofiannaeth ymchwilio i bob marwolaeth sy'n digwydd mewn carchar.

Mae AGIC yn cyfrannu at yr ymchwiliadau hyn drwy gynnal adolygiad clinigol o bob marwolaeth mewn carchar neu Sefydliad Cymeradwy yng Nghymru. Caiff y trefniant hwn ei ddiffinio mewn Memorandwm Cyddalltwriaeth rhwng yr Ombwdsmon ac AGIC.

Mae ein hadolygiadau yn archwilio systemau, prosesau ac ansawdd gwasanaethau gofal iechyd a ddarperir i garcharorion yn ystod eu hamser mewn carchar neu Sefydliad Cymeradwy, a hynny mewn ffordd feirniadol. Rhwng 1 Ebrill 2018 a 31 Mawrth 2019 cawsom ein comisiynu i gwblhau 19 o adolygiadau clinigol ar ran yr Ombwdsmon.

Yn gyffredinol, daeth ein hadolygiadau o farwolaethau yn y ddalfa i'r casgliad bod y gofal a gaiff carcharorion yng Nghymru yn cyfateb i'r hyn a fyddai'n ddisgwyliedig yn y gymuned.

Nodwyd bod cydberthnasau da rhwng staff gofal iechyd carchardai a staff byrddau iechyd. Gwnaethom argymhellion i wella safonau dogfennaeth carcharorion gan staff iechyd a meddygol gan gynnwys:

- Lle caiff templedi cynllun gofal eu defnyddio o fewn y cofnod clinigol electronig, dylai'r rhain gael eu hategu gan asesiad unigol o anghenion yr unigolyn ac ymyriadau penodol, sydd wedi'u teilwra, er mwyn diwallu'r anghenion hyn
- Hyfforddiant ar gadw cofnodion er mwyn sicrhau bod pob aelod o staff ym maes gofal iechyd yn gwneud yr un peth



Arolygiadau o Garchardai

Arolygiaeth Carchardai Ei Mawrhydi sy'n cynnal arolygiadau o garchardai yng Nghymru. Mae Memorandwm Cyd-ddealltwriaeth ar waith rhwng yr Arolygiaeth ac AGIC, a chawn ein gwahodd i fynychu ei harolygiadau o garchardai yng Nghymru. Mae'r dulliau hyn o weithredu yn ein galluogi i rannu'r hyn a ddysgwn o adolygiadau clinigol o farwolaethau yn y ddalfa a hefyd ystyried y ffordd y caiff gofal iechyd carchardai ei lywodraethu.

Yn ystod 2018-19, gwnaethom fynychu un o arolygiadau'r Arolygiaeth, yng Ngharchar Berwyn, ger Wrecsam. Canfu'r arolygiad arfer da o ran asesu iechyd carcharorion newydd, gwasanaethau iechyd meddwl da, a chynnwys aelod o'r tîm fferylliaeth mewn ffordd gadarnhaol. Nododd yr arolygiad hefyd rai meysydd i'w gwella yn enwedig ym meysydd:

- Strategaeth ar draws y carchar i gefnogi'r gwaith o hybu iechyd
- Dylai staff iechyd bob amser weld carcharorion sy'n dychwelyd o apwyntiadau ysbyty allanol er mwyn pennu unrhyw anghenion o ran triniaeth a chymorth
- Dylai cyfarpar ac addasiadau therapi galwedigaethol addas gael eu darparu a'u gosod yn brydlon
- Dylai fod gweithdrefn ffurfiol a chadarn ar waith i ymdrin â chleifion nad ydynt yn cymryd eu meddyginiaeth
- Dylai fferyllwyr gynnal adolygiadau o'r defnydd o feddyginiaeth gyda chleifion
- Dylai carcharorion gael triniaeth ddeintyddol o fewn amseroedd aros sy'n cyfateb i'r hyn a welir yn y gymuned

Gwasanaethau Troseddwy'r Ifanc

Rydym yn parhau i weithio mewn partneriaeth ag Arolygiaeth Prawf Ei Mawrhydi wrth adolygu'r gofal iechyd a ddarperir o fewn Gwasanaethau Troseddwy'r Ifanc. Mae'r adolygiadau hyn hefyd yn cynnwys amrywiaeth o asiantaethau partner eraill gan gynnwys Estyn ac AGC.

Ym mis Mawrth 2019 cymerodd AGIC ran mewn arolygiad o Western Bay gan ystyried y gofal iechyd roedd pobl ifanc yn ei gael. Nodwyd sawl problem lle nad oedd pobl ifanc yn cael lefel ddigonol o ofal iechyd a gwnaethom gyfrannu at adroddiad terfynol Arolygiaeth Prawf Ei Mawrhydi.

Nodwyd mai prin iawn oedd y gwasanaethau iechyd oedd ar gael i ddiwallu anghenion corfforol, rhywiol, emosiynol ac iechyd meddwl plant a phobl ifanc, a thynnwyd sylw at hyn fel Maes i'w wella yn yr adroddiad y gellir ei weld ar wefan Arolygiaeth Prawf Ei Mawrhydi.

Bwrdd Iechyd Prifysgol Aneurin Bevan

Roedd yr adborth gan gleifion yn gadarnhaol ar y cyfan ym mhob arolygiad. Teimlai cleifion eu bod yn cael eu trin â pharch gan staff, ac roedd ansawdd y gofal a gafwyd yn dda.

Roeddem yn falch o weld tystiolaeth o waith amlddisgyblaethol effeithiol yn rhai o'n harolygiadau, yn enwedig yn ystod ein harolygiadau o feddygfeydd a gwasanaethau iechyd meddwl.

Bu lefelau ymgysylltu'r bwrdd iechyd yn dda drwy gydol 2018-19, gan ymateb yn brydlon i'n ceisiadau am gynlluniau gwella. Gwnaeth y bwrdd iechyd hefyd ymateb yn brydlon i unrhyw bryderon a gawsom drwy ein proses pryderon.

Yn anffodus, nodwyd nad oedd camau gweithredu bob amser yn cael eu cymryd yn dilyn arolygiadau blaenorol AGIC, ac mae hyn wedi bod yn arbennig o amlwg yn y ddau arolygiad o wasanaethau iechyd meddwl yn 2018-19.

Er i ni fynegi pryder nad oedd digon o gawodydd yn Ysbyty St Cadoc yn ystod ein harolygiad blaenorol ym mis Hydref 2016, dim ond dwy gawod oedd ar gael o hyd ar ward Adferiad pan wnaethom gynnal arolygiad arall ym mis Tachwedd 2018. Roedd llawr a waliau'r ddwy gawod wedi eu staenio, ac roedd ffwngws i'w weld o amgylch y ffenestri.






Hefyd, cafodd nifer o'r materion a godwyd yn ein harolygiad o Ysbyty'r Sir, Pont-y-pŵl yn 2017 eu codi eto mewn arolygiad yn 2018. Nodwyd nad oedd Cynlluniau Gofal a Thriniaeth yn cael eu cwblhau'n llawn o hyd, ac nid oedd y system larwm bersonol yn addas at y diben.

Cyflwynwyd tri llythyr sicrwydd uniongyrchol i'r bwrdd iechyd yn 2018-19 a chawsom ddigon o sicrwydd ynghylch y materion a godwyd. Golygai hyn fod gwelliannau wedi cael eu gwneud neu fod cynnydd yn cael ei wneud i sicrhau diogelwch cleifion.

Mae problemau ar draws y bwrdd iechyd o ran darparu hyfforddiant a sicrhau ei fod yn gyfredol, yn ogystal â safon gyffredinol cadw cofnodion.








Ysbytai

Gwnaethom arolygu dau ysbyty: Ysbyty Aneurin Bevan (dwy ward) ac Ysbyty Brenhinol Gwent (llawfeddygol)

- | | |
|---|--|
|  Roedd y cleifion yn canu clodydd y staff oedd ynghlwm wrth ddarparu eu gofal a'u triniaeth |  Roedd problemau o ran lefelau staffio yn y ddau ysbyty |
|  Roedd y cleifion yn cael cymorth priodol ac yn cael eu monitro adeg prydau bwyd |  Roedd angen gwella hyfforddiant staff |
|  Roedd systemau arwain a rheoli cryf ar waith yn y ddau ysbyty | |







Iechyd Meddwl

Cynhaliwyd dau arolygiad o wasanaethau iechyd meddwl yn 2018-19, yn Ysbyty St Cadoc ac Ysbyty Sirol

- | | |
|---|---|
|  Cawsai'r cleifion eu trin â pharch a gofal |  Problemau o ran ceisiadau a dogfennaeth o dan y Ddeddf Iechyd Meddwl |
|  Roedd mynediad da i weithgareddau dan do ac yn yr awyr agored |  Heb weithredu argymhellion o arolygiadau blaenorol |
|  Cyfathrebu effeithiol rhwng staff a thimau |  Nid oedd systemau larwm y naill ysbyty na'r llall yn addas at y diben ac nid oedd hyn yn creu lleoliad diogel i'r staff na'r cleifion |
|  Defnydd da o gyfarfodydd i gynllunio a throsglwyddo dyletswyddau | |






Deintyddfeydd

Gwnaethom arolygu 14 o ddeintyddfeydd

- | | |
|--|---|
|  Dywedodd y cleifion wrthym eu bod yn hapus iawn â'u gofal a'u triniaeth. |  Cofnodion cleifion ddim bob amser yn cael eu cadw'n gywir na'u storio'n ddiogel |
|  Cawsai'r cleifion eu trin ag urddas a pharch |  Staff ddim yn cwblhau hyfforddiant perthnasol yn gyson |
|  Trefniadau priodol ar gyfer y defnydd diogel o belydrau-x |  Gellid gwella gwybodaeth i gleifion a dosbarthu taflenni i gleifion. |







Meddygfeydd

Gwnaethom arolygu dwy feddygfa

- | | |
|---|--|
|  Sylwadau cadarnhaol gan y cleifion am y gwasanaeth a ddarparwyd |  Gwelliannau i gofnodion cleifion a chadw cofnodion hyfforddiant staff er mwyn sicrhau na chaiff dyddiadau adnewyddu eu methu |
|  Roedd y staff yn gwrtais wrth ymdrin â chleifion ac ymwelwyr |  Hyrwyddo a defnyddio'r gwasanaeth hebryngwr yn fwy. |
|  Cyfathrebu da rhwng timau'r meddygfeydd | |










Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol)

Gwnaethom gwblhau un arolygiad o'r fath yn Ysbyty Brenhinol Gwent

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|  Gwnaeth y cleifion sylwadau cadarnhaol am y gwasanaethau a ddarparwyd gan yr adran |  Mae'n rhaid i'r bwrdd iechyd sicrhau ei fod yn cynnal urddas, preifatrwydd a diogelwch cleifion a gaiff eu cludo i gilfach ddal ardal cleifion mewnol yr adran |
|  Roedd y cleifion yn teimlo'n rhan o unrhyw benderfyniadau ynghylch eu gofal |  Mae angen diweddarau agweddau ar weithdrefnau y cyflogwr dan y rheoliadau a sicrhau eu bod yn cael eu datblygu a'u mabwysiadu'n ffurfiol |
|  Dangosodd y staff ymwybyddiaeth dda o'r risgiau sy'n gysylltiedig ag ymbelydredd Ïoneiddio a'u cyfrifoldebau yn hyn o beth |  Mae angen i gofnodion hyfforddi a hawliau staff gael eu cwblhau'n gywir, eu llofnodi a'u dyddio gan yr hyfforddai, a'u gwrthlofnodi gan yr hyfforddwr at ddibenion dilysu. |

Iechyd Meddwl Cymunedol

Gwnaethom arolygu Tîm Iechyd Meddwl Cymunedol Gogledd Sir Fynwy

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|--|---|
|  Roedd yr adborth gan ddefnyddwyr y gwasanaeth am eu gofal a'u triniaeth yn gadarnhaol ar y cyfan |  Amgylchedd defnyddwyr y gwasanaeth |
|  Roedd y staff yn ymrwymedig i gynnig profiad cadarnhaol i ddefnyddwyr y gwasanaeth mewn amgylchedd anodd |  Gwybodaeth i ddefnyddwyr y gwasanaeth, gan gynnwys gwasanaethau eirioli a phrosesau a gweithdrefnau cwyno |
|  Cynhaliwyd asesiadau o ddefnyddwyr y gwasanaeth mewn modd amserol |  Rhai agweddau ar iechyd a diogelwch, gan gynnwys asesiadau risg o bwyntiau clymu |
|  Gwelsom dystiolaeth o waith tîm da rhwng disgyblaethau proffesiynol. |  Elfennau o'r hyn a gofnodir mewn cofnodion gofal, er mwyn sicrhau bod y tîm i gyd yn cyrraedd safon uchel gyson |
| |  Prosesau a gweithdrefnau rheoli er mwyn gwella gwaith integredig. |

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg

Yn sgil y newid i ffiniau Pen-y-bont ar Ogwr, daeth Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg yn Fwrdd Iechyd Prifysgol Bae Abertawe ar 1 Ebrill 2019. At ddibenion yr adroddiad hwn sy'n cwmpasu'r cyfnod 2018-19 rydym wedi defnyddio hen enw'r bwrdd iechyd.

Yn gyffredinol, mae ein harolygiadau wedi dangos bod cleifion wedi cael eu trin ag urddas a pharch a'u bod yn fodlon ar y gofal iechyd a ddarparwyd. Mae llawer o feysydd gwasanaeth hefyd wedi dangos systemau arwain a rheoli da.

Fodd bynnag, roedd angen gwneud gwelliannau mewn rhai meysydd gan gynnwys cadw cofnodion a rheoli meddyginiaethau mewn rhai lleoliadau. Rhaid i'r gwaith o reoli a chynnal a chadw cyfarpar dadebru fod yn gyfredol hefyd, a rhaid i staff gael eu hyfforddi'n briodol i ddefnyddio'r cyfarpar.

Mae'r ffordd yr ymchwiliir i ddigwyddiadau difrifol hefyd yn anghyson.

Craffwyd ar systemau llywodraethu hanesyddol yn fanwl y llynedd mewn perthynas â'r ffordd yr ymdriniodd y bwrdd iechyd â chyflogaeth Kris Wade a'r honiadau a wnaed yn ei erbyn. Nododd ein hadolygiad fod y llinell olwg rhwng y Bwrdd a'r gwasanaethau gweithredol wedi bod yn thema sydd wedi codi droeon ers 2014. Mae'r Bwrdd presennol wedi derbyn ein hargymhellion ac mae'n aeddfedu gyda ffocws ar wella.

Hefyd, gwnaethom nifer o argymhellion ar gyfer pob bwrdd iechyd yng Nghymru fel y'u nodir yn ein hadran Adolygiadau Cenedlaethol, ac yn fanylach yn yr adroddiad llawn ar ein gwefan.

Ysbytai

Gwnaethom gynnal arolygiad yn Uned Mân Anafiadau Castell-nedd Port Talbot ynghyd ag arolygiad o wasanaethau llawfeddygol yn Ysbyty Treforys

- ✓ Gwelsom fod cleifion yn cael eu trin ag urddas a pharch yn y ddau arolygiad hyn
- ✓ Gweithdrefnau rheoli heintiau da
- ✓ Systemau da ar waith i hybu diogelwch y cleifion
- ✓ Rheolaeth dda o gyffuriau a reolir

- ✗ Rheoli cleifion trawma ac orthopedig yn amserol
- ✗ Cododd staff bryderon am reoli rhestrau theatrau yn yr uned
- ✗ Mae angen atgyfnerthu gwiriadau diogelwch yn y theatr (Treforys)
- ✗ Pryderon ynghylch nifer y digwyddiadau byth
- ✗ Angen gwella cyfarpar allweddol, gwiriadau dadebru a threfniadau archwilio (Castell-nedd Port Talbot) Nodwyd y problemau hyn yn yr uned mân anafiadau mewn ymweliadau blaenorol.
- ✗ Asesiadau risg ar gyfer clotiau gwaed (Treforys)

Iechyd Meddwl

Gwnaethom arolygu Clinig Tawe yn Ysbyty Cefn Coed

- ✓ Cawsai'r cleifion eu trin mewn ffordd garedig a thosturiol
- ✓ Roedd gwybodaeth am wasanaethau eirioli yn cael ei harddangos yn glir
- ✓ Gwnaed ymdrechion i sicrhau bod y fynedfa a'r ardaloedd y tu allan yn ddymunol i'r cleifion eu defnyddio
- ✓ Arweinyddiaeth weladwy a chefnogol
- ✓ Cydymffurfiaeth dda â hyfforddiant gorfodol y bwrdd iechyd
- ✗ Dim system alw i gleifion mewn ystafelloedd gwely
- ✗ Prinder dodrefn mewn ystafelloedd gwely
- ✗ Archwilio cyfarpar brys i raddau annigonol
- ✗ Angen gwella agweddau ar gadw cofnodion
- ✗ Dylai gwybodaeth am sut i godi pryderon fod mewn man amlwg
- ✗ Mae angen i gynlluniau gofal a thriniaeth fod yn unol â'r Mesur Iechyd Meddwl (Cymru)



Deintyddfeydd

Gwnaethom arolygu 13 o ddeintyddfeydd

- ✓ Nododd y cleifion eu bod yn derbyn gwasanaeth cyfeillgar a phroffesiynol a oedd yn canolbwyntio ar y claf mewn 10 o'r 13 o ddeintyddfeydd
- ✓ Arweinyddiaeth dda mewn 8 o'r 13 o ddeintyddfeydd yr ymwelwyd â nhw
- ✓ Defnydd diogel o belydrau-x mewn 5 deintyddfa
- ✓ Amrywiaeth dda o bolisïau a gweithdrefnau mewn pum deintyddfa
- ✗ Angen gwneud gwelliannau i systemau cadw cofnodion clinigol yn y rhan fwyaf o ddeintyddfeydd – cofnodi hanesion meddygol, alergeddau, cyngor hybu iechyd, cyfiawnhau triniaeth, cydsyniad a sgrinio am ganser.
- ✗ Bylchau mewn hyfforddiant staff ym meysydd diogelu, hyfforddiant dadebru, a diogelwch tân.
- ✗ Angen gwneud gwelliannau i'r broses o reoli cyfarpar gan gynnwys cyfarpar brys

Meddygfeydd

Gwnaethom arolygu tair meddygfa

- ✓ Gwelsom fod cleifion yn cael eu trin ag urddas a pharch
- ✓ Roedd y meddygfeydd yn lân ac yn hygyrch
- ✓ Roedd tystiolaeth o reolwyr ymgysylltiedig ac arweinyddiaeth dda.
- ✗ Darparu ac archwilio cyfarpar brys mewn dau leoliad
- ✗ Angen diweddarau polisïau a gweithdrefnau ym mhob meddygfa
- ✗ Bylchau mewn hyfforddiant gorfodol – dadebru, diogelu, rheoli heintiau
- ✗ Angen i wefannau dwy feddygfa gael eu diweddarau
- ✗ Darparu dolen sain sy'n gweithio mewn dwy feddygfa

Timau Iechyd Meddwl Cymunedol

Gwnaethom arolygu Tîm Iechyd Meddwl Cymunedol Castell-nedd Port Talbot

- ✓ Staff ymroddedig
- ✓ Cleifion yn cael eu trin ag urddas a pharch
- ✓ Tystiolaeth o gynlluniau triniaeth cefnogol i gleifion
- ✗ Risgiau amgylcheddol fel pwyntiau clymu (cafodd y gwasanaeth lythyr sicrwydd uniongyrchol mewn perthynas â'r risgiau amgylcheddol)
- ✗ Diwylliant gwael o gofnodi digwyddiadau
- ✗ Anghytuno rhwng arweinwyr yn arwain at ddiwylliant gwael ar lefel uwch

Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Mae ein harolygiadau o'r bwrdd iechyd dros y 12 mis diwethaf wedi bod yn foddhaol ar y cyfan. Mae rhai o'n hymweliadau wedi dilyn arolygiadau blaenorol, ac mae'n gadarnhaol nodi i'r rhan fwyaf o welliannau gael eu gweithredu ac, yn bwysig, eu cynnal. Fodd bynnag, roedd yn bryder bod rhai o'r problemau a nodwyd yn flaenorol yn dal i fod yn amlwg mewn rhai arolygiadau.

Un o'r heriau allweddol sy'n wynebu'r bwrdd iechyd, a nodwyd yn ystod ein harolygiad, yw cynnal llif cleifion drwy adran achosion brys Ysbyty Glan Clwyd a mynd i'r afael â'r amseroedd aros hir a brofir gan gleifion.

Er ei bod hi'n galonogol na wnaeth yr un o'n harolygiadau iechyd meddwl arwain at lythyr sicrwydd uniongyrchol, ac mae'n amlwg bod cryn ymdrech i wella gwasanaethau, rydym yn dal i boeni am gapasiti cyffredinol gwasanaethau. Rhaid i'r bwrdd iechyd











sicrhau bod digon o gapasiti o fewn gwasanaethau iechyd meddwl cleifion mewnol er mwyn diwallu anghenion ei boblogaeth. Rydym hefyd yn pryderu am faint o amser y gall rhai cleifion yn y gymuned fod yn aros i ddefnyddio gwasanaethau seicolegol, gyda rhai yn aros hyd at ddwy flynedd. Nid yw hyn yn dderbyniol ac mae angen cymryd camau i fynd i'r afael â'r sefyllfa.

Er bod yr arolygiadau o feddygfeydd yn gadarnhaol ar y cyfan, codai cleifion bryderon ynghylch y gallu i wneud apwyntiadau yn fynych.

Ar y cyfan, er ei bod yn gadarnhaol nodi rhai o'r gwelliannau ar draws ein harolygiadau'r llynedd, mae'n amlwg yn hollbwysig bod y rhain yn cael eu cynnal a'u datblygu gan fwrdd iechyd sy'n dal i fod yn destun mesurau arbennig.








Ysbytai

Gwnaethom arolygu Ysbyty Bryn Beryl ac Adran Achosion Brys Ysbyty Glan Clwyd

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|  Tystiolaeth dda o ofal sy'n canolbwyntio ar yr unigolyn ac ymgysylltu gan staff |  Roedd rhai o'r problemau a nodwyd yn yr arolygiad blaenorol o Ysbyty Glan Clwyd yn dal i fodoli, yn enwedig trefniadau adnabod cleifion a'r defnydd anghyson o siartiau hylif |
|  Asesiadau risg, archwiliadau ac adroddiadau effeithiol |  Yn Ysbyty Bryn Beryl gwnaethom nodi problemau o ran darparu gweithgareddau wedi'u trefnu i gleifion a'r ffaith nad oedd teledu, radio na lolfia iddynt |
|  Wardiau glân a threfniadau rheoli heintiau da yn Ysbyty Bryn Beryl |  Mae angen gwneud mwy er mwyn i'r amgylchedd yno fod yn fwy ystyriol o gleifion â dementia ym Mryn Beryl |
|  Gwaith amlddisgyblaethol effeithiol a thîm rheoli gweladwy yn Ysbyty Glan Clwyd |  Yn Ysbyty Glan Clwyd, roedd pryderon cleifion ynghylch amseroedd aros a llifau cleifion yn amlwg yn broblem |
|  Roedd yr arolygiad o Ysbyty Glan Clwyd yn un dilynol ar ôl yr ymweliad ym mis Tachwedd 2016. Roedd yn gadarnhaol nodi i'r rhan fwyaf o'r gwelliannau a restrwyd gael eu cyflwyno a'u cynnal |  Mae lefelau staffio yn her yn Ysbyty Glan Clwyd ac er ei bod hi'n gadarnhaol gweld llawer o staff newydd, mae llenwi swyddi gwag yn dal i fod yn heriol |

Iechyd Meddwl

Gwnaethom arolygu Uned y Glasoed Gogledd Cymru yn Abergele, Uned Hergest ym Mangor ac Uned Ablett yn Ysbyty Glan Clwyd

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|--|---|
|  Mae'r staff yn ymgysylltu â'r cleifion mewn ffordd barchus |  Roedd y staff yn gadarnhaol ynghylch y ffordd roedd Uned Ablett yn cael ei rhedeg yn Ysbyty Glan Clwyd Roedd angen rhoi sylw i'r amgylchedd mewnol ac allanol yn Unedau Hergest ac Ablett |
|  Nodwyd bod cyfleusterau ac amgylchedd Uned Gwasanaeth Iechyd Meddwl Plant a'r Glasoed Abergele yn dda |  Roedd angen gwella systemau i gadw cleifion a staff yn ddiogel yn Uned y Glasoed Gogledd Cymru |
|  Roedd trefniadau llywodraethu sefydledig ar waith |  Mae'r bwrdd iechyd yn wynebu heriau o ran sicrhau bod gan wasanaethau iechyd meddwl ddigon o gapasiti i ddiwallu anghenion ei boblogaeth |
|  Gwaith amlddisgyblaethol a chydlynu da gyda thimau pediatriig cymunedol yn yr uned CAMHS | |

Deintyddfeydd

Gwnaethom arolygu 21 o ddeintyddfeydd yn 2018-19

- ✓ Gallai cleifion wneud penderfyniadau gwybodus am eu triniaeth
- ✓ Cawsai gwasanaethau eu rhedeg yn dda ac roedd staff yn ymrwymedig i ddarparu gwasanaeth o ansawdd uchel
- ✓ Roedd y deintyddfeydd yn lân ac wedi'u cyflenwi'n dda, gyda threfniadau priodol i ddefnyddio offer pelydr-x yn ddiogel

- ✗ Roedd yr angen i atgyfnerthu'r broses o gynnal amrywiaeth o archwiliadau clinigol yn broblem
- ✗ Roedd angen gwella hyfforddiant tân mewn sawl arolygiad
- ✗ Ni osodwyd biniau offer miniog ar y waliau
- ✗ Camau i gynnal adolygiadau cymheiriaid clinigol a hunanwerthuso gan ddefnyddio adnodd matrices aeddfedrwydd deintyddiaeth

Meddygfeydd

Gwnaethom arolygu chwe meddygfa

- ✓ Roedd prosesau cadw cofnodion a chyfathrebu mewnol da yn y rhan fwyaf o arolygiadau
- ✓ Proffesiynoldeb staff meddygfeydd a gwasanaethau cymorth staff da
- ✓ Timau rheoli cydlynus a chynhwysol ar waith

- ✗ Problemau gyda systemau apwyntiadau yn y chwe arolygiad
- ✗ Nodwyd cofnodion hyfforddiant annigonol mewn sawl arolygiad
- ✗ Roedd angen gwella archwiliadau a diogelwch data mewn llawer o'r meddygfeydd

Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol)

Gwnaethom gynnal un arolygiad o dan y Rheoliadau yn Ysbyty Wrecsam Maelor yn 2018-19

- ✓ Roedd y staff yn trin cleifion ag urddas, parch a charedigrwydd
- ✓ Cydymffurfiaeth dda â'r rheoliadau
- ✓ Mae'r bwrdd iechyd wedi mynd ati'n rhagweithiol i greu gweithdrefnau newydd i fodloni gofynion y rheoliadau newydd

- ✗ Bwrdd iechyd i ystyried sut y gellir gwneud gwybodaeth ysgrifenedig y cleifion yn fwy hygyrch a chyson
- ✗ Gwybodaeth am sut y gall cleifion ddarparu adborth neu godi pryder ynghylch eu hanghenion gofal a thriniaeth i fod yn gliriach
- ✗ Angen gwella'r manylion yn y canllawiau awdurdodiad dirprwyedig ar gyfer cyfiawnhau amlygiadau

Timau Iechyd Meddwl Cymunedol

Gwnaethom gynnal un arolygiad iechyd meddwl cymunedol yn 2018-19 yn Nant-y-Glyn

- ✓ Adborth cadarnhaol gan ddefnyddwyr gwasanaeth a dull gweithredu sy'n canolbwyntio ar yr unigolyn
- ✓ Prosesau archwilio, adrodd ac uwchgyfeirio yn dda yn y TIMC
- ✓ Rheolwyr tîm i fod yn hygyrch ac yn gefnogol

- ✗ Mae'r bwrdd iechyd yn wynebu heriau sylweddol o ran sicrhau mynediad amserol i wasanaethau seicoleg a seicotherapi, gydag oedi o hyd at ddwy flynedd
- ✗ Roedd angen rhoi sylw mawr i amgylchedd ffisegol y TIMC
- ✗ Problemau gyda TGCh integredig a diffyg mynediad ar y cyd i gofnodion electronig

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Roedd canfyddiadau'r arolygiadau o fewn y bwrdd iechyd yn gadarnhaol ar y cyfan. Lle bu angen gwella, mae pob gwasanaeth wedi ymateb yn adeiladol a bu'r ymgysylltiad gan arweinwyr y bwrdd iechyd yn gadarnhaol hefyd.

Mae'r broses o ail-arolygu gwasanaethau gan AGIC wedi datgelu gwelliant mewn sawl maes ac mae'n amlwg bod y bwrdd iechyd o'r farn bod craffu mewnol ac allanol yn ffordd gadarnhaol o ddysgu a gwella.

Mae angen gwneud rhagor o waith mewn meddygfeydd a rhai ysbytai er mwyn sicrhau bod cleifion yn ymwybodol o sut y gallant godi pryder am y gofal maent yn ei gael.

Datgelodd arolygiad AGIC o uned asesu ac achosion brys yr Ysbyty Athrofaol nifer o faterion a oedd yn effeithio ar ddiogelwch ac urddas cleifion. Rhaid i'r bwrdd iechyd fyfyrir ar ei asesiad ei hun o'r trefniadau a oedd ar waith cyn arolygiad AGIC a pham na chymerwyd mwy o gamau mewn perthynas â materion roedd yn ymwybodol ohonynt.

Ysbytai

Gwnaethom gynnal dau arolygiad o Ysbyty Dewi Sant ac Ysbyty Athrofaol Cymru

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|--|--|
| ✓ Cafwyd canfyddiadau cadarnhaol ar y cyfan mewn perthynas â'n harolygiad dilynol o Ysbyty Dewi Sant, gyda chamau wedi'u cymryd mewn perthynas â chanfyddiadau blaenorol | ✗ Nifer o faterion diogelwch cleifion uniongyrchol yn dilyn ein harolygiad o'r unedau asesu meddygol ac achosion brys yn Ysbyty Athrofaol Cymru |
| ✓ Cafwyd nifer o ganfyddiadau cadarnhaol yn ymwneud â'n harolygiad o'r unedau asesu meddygol ac achosion brys yn Ysbyty Athrofaol Cymru. | ✗ Trefniadau annigonol i drin a monitro cleifion yn yr uned asesu a methiant i archwilio cyfarpar dadebru a meddyginiaeth yn rheolaidd er mwyn sicrhau bod modd eu defnyddio'n ddiogel mewn argyfwng |
| ✓ Roedd hyfforddiant a'r rhaglen sefydlu i'w gweld yn wych | ✗ Mae angen gwneud rhagor o waith o ran rhoi meddyginiaeth yn ddiogel (Dewi Sant) |
| ✓ Gwnaethom hefyd weld rhyngweithio gwyh rhwng staff a chleifion yn yr unedau asesu ac achosion brys, a dull caredig a thosturiol o ymdrin â phob claf | ✗ Mae lle i gynnwys gweithwyr cymdeithasol a therapyddion iaith a lleferydd a galwedigaethol yn fwy (Dewi Sant) |

Lechyd Meddwl

Gwnaethom gynnal un arolygiad o uned iechyd meddwl Hafan y Coed yn Ysbyty Llandochoau

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|---|--|
| ✓ Roedd archwiliadau adolygiadau cymheiriaid yn cael eu cynnal â staff o rannau eraill o'r ysbyty er mwyn nodi ansawdd y gofal fel ffordd o wella safonau a rhannu arfer da | ✗ Er bod gan y bwrdd iechyd drefniadau effeithiol i reoli'r risg sy'n gysylltiedig â 'chleifion yn cysgu allan' o'r uned, ymddengys fod hyn yn beth cyffredin |
| ✓ Roedd adolygwyr cymheiriaid AGIC yn llawn edmygedd o'r asesiadau cynhwysfawr o anghenion a gynhaliwyd er mwyn datblygu cynlluniau gofal a thriniaeth cleifion | ✗ Mae ardaloedd yr ardd yn uned iechyd meddwl Hafan y Coed yn frwnt ac yn anniben. Roedd yr uned yn dibynnu ar y staff i lanhau a chynnal a chadw'r ardaloedd hyn, ond nid oedd ganddynt fawr ddim amser i wneud hynny. Fel yr unig ardal awyr agored sydd ar gael i gleifion yr uned, mae cyflwr y cyfleusterau hyn yn cael effaith sylweddol ar eu profiad |
| ✓ Roedd archwiliadau iechyd a diogelwch, gan gynnwys archwiliadau o bwyntiau clymu, yn drylwyr ac yn gyfredol | |

Meddygfeydd

Gwnaethom arolygu tair meddygfa eleni

- ✓ Ar y cyfan roedd y cleifion yn gadarnhaol ynghylch eu profiad ac mewn dwy o'r tair meddygfa a arolygwyd nodwyd ei bod hi'n hawdd iddynt wneud apwyntiadau
- ✓ Cafwyd rhai enghreifftiau o waith clwstwr da, gan gynnwys cynllun peilot y tu allan i oriau
- ✓ Roedd pob meddygfa yn lân ac mewn cyflwr da
- ✓ Ystyriwyd bod pob un ohonynt yn ddiogel ac yn effeithiol, er bod angen gwneud gwelliannau mewn dwy er mwyn cyrraedd y safonau iechyd a gofal yn llawn
- ✓ Roedd y meddygfeydd yn cael eu harwain yn dda yn gyffredinol
- ✗ Cafodd llythyr sicrwydd uniongyrchol ei gyflwyno mewn un feddygfa am fod problemau o ran cofnodi tymereddau'r oergell cyffuriau
- ✗ Roedd angen gwneud amrywiaeth o welliannau o ran gweithredu Gweithio i Wella, gan gynnwys gwella'r broses o gofnodi cwynion a darparu gwybodaeth i gleifion (pob arolygiad)
- ✗ Lle i wella ansawdd cadw cofnodion, gan gynnwys cysondeb o ran cofnodi'r rhesymau dros ragnodi neu ddiagnosis sylweddol (mewn dwy feddygfa)

Deintyddfeydd

Gwnaethom arolygu 11 o ddeintyddfeydd

- ✓ Roedd y cleifion yn fodlon ar eu gofal ym mhob arolygiad
- ✓ Roedd safon cadw cofnodion yn uchel neu'n dda mewn 7 o'r 11 o arolygiadau a gwblhawyd
- ✓ Nodwyd systemau arwain a rheoli cadarnhaol yn y rhan fwyaf o arolygiadau
- ✓ Roedd gan y rhan fwyaf o ddeintyddfeydd drefniadau priodol ar gyfer defnyddio pelydr-x
- ✓ Yn gyffredinol, roedd deintyddfeydd yn lân a phrin oedd y mân faterion amgylcheddol a godai i'w datrys
- ✗ Problemau o ran amllder archwiliadau, storio neu leoli cyfarpar brys mewn chwe arolygiad
- ✗ Dylai nifer o ddeintyddfeydd gynnal mwy o weithgareddau archwilio a gwella ansawdd.

Timau Iechyd Meddwl Cymunedol

Gwnaethom arolygu Tim Iechyd Meddwl Cymunedol Gorllewin y Fro yn y Barri

- ✓ Roedd gofal diogel ac effeithiol yn cael ei ddarparu gydag adborth cadarnhaol gan ddefnyddwyr, gwell mynediad ac amseroldeb
- ✓ Safonau uchel cyson o ran cadw cofnodion yn y TIMC, gan gynnwys dogfennaeth y Ddeddf Iechyd Meddwl (Cymru)
- ✓ Dull da ac amlddisgyblaethol o gynnal asesiadau o ddefnyddwyr gwasanaeth, cynllunio gofal a chynnal adolygiadau
- ✗ Roedd y gwasanaeth TIMC yn newid yn sylweddol a oedd yn effeithio ar brosesau, gweithdrefnau, cyfarfodydd a strwythurau rheoli.
- ✗ Effeithiwyd ar forâl y staff oherwydd hyn ac roedd angen i'r trefniadau hyn gael eu hegluro

Bwrdd Iechyd Prifysgol Cwm Taf

Yn sgil y newid i ffiniau Pen-y-bont ar Ogwr, daeth Bwrdd Iechyd Prifysgol Cwm Taf yn Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg ar 1 Ebrill 2019. At ddibenion yr adroddiad hwn sy'n cwmpasu'r cyfnod 2018-19 rydym wedi defnyddio hen enw'r bwrdd iechyd.

Nodwyd darlun braidd yn gymysg o'n harolygiadau yn 2018-19. Ar draws ein harolygiadau, roedd adborth y cleifion yn gadarnhaol ar y cyfan a nodwyd bod cleifion yn cael eu trin ag urddas a pharch.

Roeddem yn falch o weld tystiolaeth o waith amlddisgyblaethol effeithiol yn ystod rhai o'n harolygiadau o ysbytai a TIMC. Gwelsom waith gwirioneddol integredig rhwng staff iechyd a gofal cymdeithasol yn ein harolygiad TIMC ym Merthyr a chredwn y gallai TIMCau eraill ledled Cymru ddysgu o'r arfer da hwn.

Fodd bynnag, gwnaethom nodi pryderon sylweddol mewn nifer o'n harolygiadau. Pryder penodol oedd canfyddiadau ein harolygiadau o wasanaethau mamolaeth a gwasanaethau llawfeddygol yn Ysbyty Brenhinol Morgannwg, arolygiad dilynol o wardiau iechyd meddwl yr henoed yn Ysbyty Brenhinol Morgannwg, Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) yn Ysbyty'r Tywysog Siarl ac arolygiad deintyddol.

Mae ein harolygiadau ar draws Ysbyty Brenhinol Morgannwg wedi tanlinellu pryderon ynghylch lefelau staffio, cymysgedd sgiliau staff a morâl isel staff.

Drwy gydol ein gwaith, rydym wedi nodi diffyg tystiolaeth o ddysgu sefydliadol o arolygiadau blaenorol. Er enghraifft, yn ystod ein harolygiad o wasanaethau llawfeddygol gwnaethom dynnu sylw at faterion ynghylch archwilio cyfarpar dadebru, felly roedd yn siomedig gweld yr un mater yn codi yn ein harolygiad o wasanaethau mamolaeth yn yr un ysbyty ychydig wythnosau'n ddiweddarach.

Roeddem yn arbennig o siomedig i'n harolygiad dilynol o wardiau iechyd meddwl yr henoed Ysbyty Brenhinol Morgannwg nodi na chymerwyd y camau gweithredu o'r arolygiad diwethaf, ond yn fwy na hynny fod nifer o faterion newydd wedi'u nodi hefyd, gan gynnwys pryderon ynghylch rheoli meddyginiaethau.

Yn ystod arolygiadau iechyd meddwl y llynedd, nodwyd materion o ran cynnal a chadw a gwella amgylcheddau gwasanaethau. Unwaith eto eleni, nodwyd materion yn codi o ran cynnal a chadw ystadau/amgylcheddau yn Ysbyty Brenhinol Morgannwg a Thŷ Llidiard.

Yn ein harolygiad o wasanaethau mamolaeth, roeddem yn pryderu am gynaliadwyedd, cadernid a gallu gwasanaeth i ddarparu gofal a thriniaeth mewn ffordd ddiogel ac effeithiol. Nodwyd problemau sylweddol o ran staffio a oedd yn effeithio ar ddarparu gofal diogel ac effeithiol mewn nifer o ffyrdd gan gynnwys llesiant staff, adolygu digwyddiadau a phryderon, hyfforddiant gorfodol ac archwiliadau clinigol.

Hefyd gwelwyd bod diffyg cydberthynas rhwng nifer o grwpiau proffesiynol ar draws y gwasanaeth a oedd yn effeithio ar waith tîm amlddisgyblaethol. Parhawn i ddilyn hynt y bwrdd iechyd wrth ymateb i'r materion hyn yn agos.

Yn ein harolygiad Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) yn Ysbyty'r Tywysog Siarl, nodwyd nad oedd y gwasanaeth yn cydymffurfio mewn cysylltiad ag asesu, monitro a chofnodi dosau ymbelydredd cleifion a'r angen i atgyfnerthu ymateb y cyflogwr i adroddiadau a ddarparwyd gan y gwasanaeth diogelu rhag ymbelydredd allanol. Roedd hyn yn golygu y gallai cleifion fod wedi'u hamlygu i raddau nad oeddent mor isel ag yn rhesymol ymarferol neu'n gyson â'r diben diagnostig neu therapiwtig a fwriadwyd.

Byddwn yn cadw llygad agos ar ganfyddiadau ein rhaglen waith yn 2019-20 er mwyn pennu p'un a ydym yn gweld gwell tystiolaeth o ddysgu sefydliadol a gwelliannau yn cael eu hymgorffori a'u cynnal ar draws gwasanaethau. Fel rhan o'r gwaith hwn, bydd Arolygiaeth Gofal Iechyd Cymru a Swyddfa Archwilio Cymru yn cynnal adolygiad llywodraethu ar y cyd o fewn y bwrdd iechyd.



Ysbytai

Gwnaethom gynnal arolygiad o dri ysbyty: yr uned strôc aciwt yn Ysbyty'r Tywysog Siarl a gwasanaethau mamolaeth a llawfeddygol yn Ysbyty Brenhinol Morgannwg

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|---|---|
| ✓ Roedd adborth y cleifion yn gadarnhaol ar y cyfan a chawsant eu trin ag urddas a pharch | ✗ Roedd y materion canlynol a nodwyd mewn dau o'r tri arolygiad yn bryder penodol: |
| ✓ Gofal effeithiol o ran atal briwiau pwyso, cwmpiadau a threfniadau maeth a hydradu (gyda rhai meysydd i'w gwella) | ✗ Problemau o ran archwilio cyfarpar dadebru mewn rhannau gwahanol o'r un ysbyty. Cyflwynodd AGIC lythyr sicrwydd uniongyrchol ar bob achlysur. Dangosodd hyn na ddysgwyd gwersi yn dilyn arolygiadau |
| ✓ Tystiolaeth o systemau rheoli effeithiol ar lefel ward | ✗ Problemau o ran lefelau staffio a'r cymysgedd o sgiliau |
| ✓ Tystiolaeth o waith tîm amlddisgyblaethol effeithiol mewn dau o'r tri arolygiad. | ✗ Dywedodd y staff wrthym fod morâl yn isel ymhlith y gweithlu |
| ✗ Nid oeddem bob amser yn cael sicrwydd bod gofal yn ddiogel ac yn effeithiol, a chyflwynwyd llythyrau sicrwydd uniongyrchol mewn dau o'r tri arolygiad | ✗ Problemau o ran argaeledd cyfarpar i staff gyflawni eu dyletswyddau |
| ✗ I raddau mwy neu lai nododd pob arolygiad broblemau staffio | ✗ Problemau o ran diogelwch meddyginiaeth a chofnodi tymereddau oergelloedd |
| ✗ Angen gwella gwybodaeth i gleifion a gofawyr am sut i roi adborth, codi pryder (cwyn) a sut i gysylltu â'r Cyngor Iechyd Cymuned lleol | ✗ Problemau o ran cofnodi asesiadau o boen a monitro poen cleifion |

Iechyd Meddwl

Gwnaethom gynnal dau arolygiad iechyd meddwl: uned CAMHS yn Nhŷ Llidiard ac arolygiad dilynol o wardiau iechyd meddwl yr henoed Ysbyty Brenhinol Morgannwg

- ✓ Teimlai'r cleifion yn ddiogel a chawsent eu trin mewn ffordd barchus a charedig gan y staff
- ✓ Yn Nhŷ Llidiard, roedd defnydd arloesol o dechnoleg er mwyn cynnwys ac annog y cleifion i roi adborth ar eu profiadau
- ✓ Gwelsom arferion cadw cofnodion da yn y sampl o Gynlluniau Gofal a Thriniaeth a chofnodion arsylwi a adolygwyd gennym
- ✓ Ymdriniwyd â rhai agweddau ar yr amgylchedd ers yr arolygiad diwethaf
- ✓ Yn Ysbyty Brenhinol Morgannwg, roedd cydymffurfiaeth dda mewn perthynas â hyfforddiant gorfodol ac arfarniadau blynyddol

- ✗ Rhaid cwblhau newidiadau amgylcheddol mewn ffordd amserol er mwyn diwallu anghenion cleifion
- ✗ Yn Nhŷ Llidiard, roedd asesiadau risg wedi cael eu cwblhau er mwyn hybu diogelwch a llesiant cleifion ond ni luniwyd unrhyw gynlluniau ysgrifenedig yn nodi sut y byddai'r risgiau hyn yn cael eu rheoli
- ✗ Yn Ysbyty Brenhinol Morgannwg, nodwyd nad oedd y rhan fwyaf o'r gwelliannau a nodwyd yn arolygiad blaenorol AGIC yn 2017 wedi'u cwblhau'n llawn. Mae angen i'r bwrdd iechyd fod yn atebol am sicrhau y caiff unrhyw welliannau a nodir eu hadolygu a'u monitro er mwyn sicrhau bod y gwasanaeth yn darparu gofal o ansawdd uchel, diogel a dibynadwy
- ✗ Yn Ysbyty Brenhinol Morgannwg, gwnaethom hefyd nodi pryderon sylweddol o ran rheoli meddyginiaethau a arweiniodd at gyflwyno llythyr sicrwydd uniongyrchol i'r bwrdd iechyd gan AGIC

Meddygfeydd

Gwnaethom arolygu un feddygfa

- ✓ Cawsai'r cleifion eu trin ag urddas a pharch a gwnaethant siarad yn gadarnhaol am eu cydberthynas â'r staff
- ✓ Roedd gan y feddygfa ei sganiwr uwchsain ei hun a oedd wedi bod yn werthfawr wrth sicrhau diagnosis prydlon o symptomau
- ✓ Mae'r meddygon teulu yn brysennu'r cleifion ar gyfer apwyntiadau er mwyn sicrhau bod y cleifion sydd â'r flaenoriaeth uchaf yn cael eu gweld ar y diwrnod
- ✗ Angen gwella manylion clinigol yng nghofnodion cleifion, ynghyd â chadw cofnodion yn gyffredinol a threfniadau archwilio
- ✗ Angen i staff gael gwiriadau recriwtio a gwiriadau cyflogaeth cyfnodol, gan gynnwys gwiriadau'r Gwasanaeth Datgelu a Gwahardd
- ✗ Gwella trefniadau goruchwyllo ac atebolrwydd ar gyfer unrhyw feddyginiaeth newydd a ychwanegir at gofnodion cleifion neu a newidir ynddynt

Deintyddfeydd

Gwnaethom arolygu un ddeintyddfa

- ✓ Ymrwymiad i ddarparu profiad cadarnhaol i'r cleifion
- ✓ Amrywiaeth dda o bolisiau a gweithdrefnau ar waith
- ✗ Nid oedd y ddeintyddfa yn cydymffurfio mewn nifer o feysydd yn ymwneud â dihalogi a rheoli heintiau, yr amgylchedd, cyfarpar dadebru a diogelwch cofnodion a gwybodaeth cleifion. Arweiniodd hyn at gyflwyno hysbysiad diffyg cydymffurfio i'r ddeintyddfa gan AGIC
- ✗ Ni welsom dystiolaeth o arweinyddiaeth dda na chymorth ar gyfer staff
- ✗ Angen gwelliannau er mwyn sicrhau bod yr holl staff clinigol yn cael yr hyfforddiant diweddaraf sy'n berthnasol i'w rôl ynghyd â gwiriadau cyflogaeth priodol (gwiriadau'r Gwasanaeth Datgelu a Gwahardd)

Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol)

Gwnaethom gynnal un arolygiad yn Ysbyty'r Tywysog Slarl

- ✓ Roedd y staff a siaradodd â ni yn hapus yn eu gwaith. Dywedodd myfyrwyr radioleg ac aelodau newydd o'r staff eu bod yn teimlo bod eu cydweithwyr yn eu cefnogi
- ✓ Roedd y staff yn barchus, yn broffesiynol ac yn garedig wrth ymdrin â chleifion drwy gydol ein harolygiad
- ✓ Dywedodd y rhan fwyaf o'r cleifion eu bod wedi cael gwybodaeth glir a oedd wedi'u helpu i ddeall risgiau a buddiannau eu pelydr-X/triniaeth
- ✗ Nid oedd y gwasanaeth yn cydymffurfio mewn cysylltiad ag asesu, monitro na chofnodi dosau ymbelydredd cleifion a'r angen i atgyfnerthu ymateb y cyflogwr i adroddiadau a ddarparwyd gan y gwasanaeth diogelu rhag ymbelydredd allanol
- ✗ Cyflwynwyd hysbysiad diffyg cydymffurfio oherwydd difrifoldeb y materion a nodwyd
- ✗ Mae angen diweddarau agweddau ar gynnwys nifer fawr o bolisiâu a gweithdrefnau Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) cyflogwyr a sicrhau eu bod yn darparu mwy o fanylion i staff eu dilyn
- ✗ Angen gwelliannau er mwyn sicrhau bod y cleifion yn gwbl ymwybodol o'u hawl i godi pryderon am eu gofal neu driniaeth GIG

Timau Iechyd Meddwl Cymunedol

Gwnaethom arolygu Tîm Iechyd Meddwl Cymunedol Merthyr

- ✓ Cynlluniwyd gofal mewn ffordd a oedd yn canolbwyntio ar yr unigolyn ac yn diwallu anghenion defnyddwyr y gwasanaeth
- ✓ Roedd y cynlluniau gofal a thriniaeth a'r ddogfennaeth statudol ar gyfer defnyddwyr y gwasanaeth a oedd wedi cael eu cadw o dan y Ddeddf Iechyd Meddwl yn fanwl ac o safon uchel
- ✓ Roedd y gwasanaeth yn enghraifft dda o waith gwirioneddol integredig rhwng staff iechyd a gofal cymdeithasol
- ✓ Gwelsom fod gan y gwasanaeth systemau rheoli ac arwain effeithiol ac roedd diwylliant cadarnhaol o fewn y tîm
- ✗ Angen gwella cydymffurfiaeth â hyfforddiant gorfodol, gan gynnwys diogelu
- ✗ Nododd staff fod angen gwell ymgysylltu a dealltwriaeth rhwng meddygon teulu a'r TIMC
- ✗ Mae angen gwneud cynnydd a chyflwyno atebion er mwyn sicrhau bod y systemau TG yn addas at y diben ac yn golygu bod y wybodaeth iawn ar gael i'r staff iawn ar yr adeg iawn.

Bwrdd Iechyd Prifysgol Hywel Dda

Cawsom ymatebion cadarnhaol gan gleifion ynghylch eu gofal a'u triniaeth ym mhob arolygiad o Fwrdd Iechyd Prifysgol Hywel Dda yn 2018-19.

Mewn tri o'r pedwar arolygiad o ysbytai nodwyd bod staff yn cyflawni eu dyletswyddau mewn ffordd broffesiynol, garedig a sensitif wrth ddarparu gofal i gleifion.

Fodd bynnag, nodwyd bod safonau a chwblhau dogfennaeth cleifion mewn ffordd gynhwysfawr yn broblem ym mhob un o'r arolygiadau o ysbytai.

Yn anffodus, mae'r gwaith o reoli meddyginiaethau yn dal i fod yn broblem ym mhob un o'r arolygiadau o ysbytai er i ni dynnu sylw at faterion tebyg yn y flwyddyn flaenorol. Mae hyn yn siomedig a rhaid i'r bwrdd iechyd fynd i'r afael â'r broblem hon.












Yr amgylchedd gofal yn yr arolygiad o'r tîm iechyd meddwl cymunedol ac angen i unedau iechyd meddwl gael eu cynnal er mwyn cynyddu boddhad cleifion, staff ac ymwelwyr.

Mae'n dda nodi na chafodd unrhyw lythyrau sicrwydd uniongyrchol eu cyflwyno o ran arolygiadau o ddeintyddfeydd, TIMC na Rheoliadau Ymbelydredd Ioneiddio (Amlygiad Meddygol).

Cafwyd canfyddiadau cadarnhaol pellach yn ein harolygiadau o ddeintyddfeydd ac nid oedd angen gwneud unrhyw argymhellion ar gyfer gwella mewn dwy o'r pum deintyddfa a arolygwyd gennym.

Ysbytai

Gwnaethom gynnal pedwar arolygiad o ysbytai; Ysbytai Glangwili, Llwynhelyg, Bronglais a Dyffryn Aman.

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|  Roedd y staff yn broffesiynol, yn garedig ac yn sensitif wrth ddarparu gofalu i gleifion (3 o'r 4 arolygiad) |  Mae rheoli meddyginiaethau yn dal i fod yn broblem ym mhob lleoliad |
|  Roedd y staff rheoli ar y wardiau yn gefnogol ac yn helpu i hwyluso ein gwaith (3 o'r 4 arolygiad) |  Angen gwella'r gwaith o gynllunio gofal, diweddarau cofnodion cleifion a'u storio'n ddiogel |
|  Staff yn ymgysylltu â'r arolygiad yn dda ac yn canolbwyntio ar wella safonau ym mhob ysbyty |  Gwelliannau i hyfforddiant staff gorfodol ac arbenigol |
|  Roedd gofal a thriniaeth liniarol yn cael eu darparu i safon uchel (Dyffryn Aman) |  Angen gwella'r cyfathrebu rhwng gweithwyr gofal iechyd proffesiynol a chleifion neu eu teuluoedd |
|  Rheoli poen yn dda (Llwynhelyg) |  Cleifion ddim yn gwybod beth oedd yn mynd i ddigwydd nesaf o ran eu triniaeth neu eu rhyddhau mewn un lleoliad |
| |  Gwybodaeth Gweithio i Wella GIG Cymru ddim ar gael yn gyfleus i'r cleifion ei darllen a mynd â hi adref gyda nhw (2 o'r 4 arolygiad) |

Iechyd Meddwl

Gwnaethom arolygu dau ysbyty iechyd meddwl; Cwm Seren yn Ysbyty Dewi Sant a Bryngofal yn Ysbyty'r Tywysog Phillip.

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| ✓ Cawsai'r cleifion eu trin mewn ffordd barchus a charedig | ✗ Angen i'r ward a'r amgylchedd allanol gael eu hailaddurno a'u cynnal a'u cadw |
| ✓ Cwblhawyd cofnodion nyrsio'r cleifion i safon dda | ✗ Angen gwella lefelau staffio meddygol a rhoi mwy o gymorth i nyrsys newydd gymhwyso |
| ✓ Trefniadau addas ar waith i asesu, diwallu a monitro anghenion maethol cleifion | ✗ Dogfennaeth gadw statudol gyflawn a chynhwysfawr |
| ✓ Amgylchedd ward ystyriol o ddementia ym Bryngofal | ✗ Storio meddyginiaeth oer a rhoi cyffuriau a reolir |
| | ✗ Dylai'r wybodaeth sydd ar gael i'r cleifion a'u gofawyr/perthnasau fod yn gyson |

Meddygfeydd

Gwnaethom arolygu tair meddygfa

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| ✓ Gofal a thriniaeth yn cael eu darparu mewn modd urddasol a chwrtais | ✗ Rhaid i statws imiwneiddio pob aelod o staff sy'n gweithio yn y feddygfa gael ei goladu |
| ✓ Gwybodaeth yng nghofnodion cleifion i safon dda (2 o 3 arolygiad) | ✗ Angen i bob aelod o staff gwblhau hyfforddiant gorfodol, ac angen nodi hyfforddiant penodol i'r swydd ar gyfer staff |
| ✓ System ddefnyddiol wedi'i chyflwyno i fonitro atgyfeiriadau cleifion a chyfathrebu â'r gwasanaeth y tu allan i oriau yn un o'r arolygiadau | ✗ Angen gwneud rhai gwelliannau i ddiogelwch cyfarpar a chyffuriau brys |
| ✓ Arweinyddiaeth a chymorth i staff | ✗ Angen gwneud rhai gwelliannau i drefniadau pryderon a chwynion |

Deintyddfeydd

Gwnaethom arolygu pum deintyddfa

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| ✓ Systemau rheoli ac arwain cryf | ✗ Rhaid i gofnodion cleifion gael eu cadw bob amser yn unol â safonau proffesiynol rheoliadol ar gyfer cadw cofnodion |
| ✓ Deintyddfeydd yn cael eu cynnal i safon uchel | ✗ Staff i gwblhau hyfforddiant gorfodol |
| ✓ Roedd y cleifion yn fodlon ar y gwasanaeth a oedd yn cael ei ddarparu | ✗ Rhaid dihalogi cyfarpar yn unol â'r canllawiau cenedlaethol |
| ✓ Ymgysylltiad da â chleifion er mwyn cael adborth ar y gwasanaeth a ddarperir | |

Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol)

Gwnaethom gwblhau un arolygiad o dan y Rheoliadau yn Ysbyty Bronglais

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| ✓ Cydymffurfio â'r rheoliadau yn llawn | ✗ Gwella ymwybyddiaeth cleifion o'r ffordd y gallant roi adborth am eu profiadau neu wneud cwyn am eu gofal a'u triniaeth |
| ✓ Cleifion yn cael gwybodaeth glir i ddeall risgiau a buddiannau eu hopsiynau o ran triniaeth | ✗ Datblygu a gweithredu gweithdrefn ysgrifenedig ar gyfer sicrhau ansawdd cyfarpar amlygiadau meddygol |

Bwrdd Iechyd Addysgu Powys



Yn 2018-19 gwnaethom arolygu dwy ddeintyddfa gyffredinol, un ddeintyddfa annibynnol a gwasanaeth iechyd meddwl cymunedol fel rhan o'n hadolygiad cenedlaethol o Dimau Iechyd Meddwl Cymunedol.

Ar y cyfan gwelsom fod cleifion ar draws gwasanaethau gofal sylfaenol yn cael gofal a thriniaeth o ansawdd da. Roedd y rhyngweithio rhwng cleifion a staff yn dda, gan ddangos cwrteisi a pharch bob amser. Dywedodd staff wrthym eu bod yn cael cefnogaeth dda gan gydweithwyr yn y ddeintyddfa a bod y strwythurau cefnogol priodol ar waith.












Ymhlith y meysydd y gellid eu gwella roedd darparu gwybodaeth am y broses gwyno ac, mewn deintyddfa a gymerwyd drosodd gan y bwrdd iechyd yn ddiweddar, nodwyd bod angen ffurfioli'r broses o rannu a dysgu o ddigwyddiadau difrifol neu faterion yn ymwneud â diogelwch cleifion.

Ein hunig arolygiad deintyddol yma yn 2018-19 oedd Yvonne Wood Dental Hygiene, sef deintyddfa annibynnol yn y Trallwng. Roedd hwn yn arolygiad gwych ac ni nodwyd unrhyw feysydd i'w gwella.

Yn ystod ein harolygiad yn adeilad y TIMC yn The Hazels, Llandrindod roedd adborth defnyddwyr yn gadarnhaol iawn am y tîm cyfan. Roedd y staff yn cymryd rhan yn y broses o lunio cynlluniau gofal a thriniaeth ac roedd asesiadau o ddefnyddwyr gwasanaeth yn cael eu cynnal mewn ffordd amserol. Fodd bynnag, nodwyd bod yr adeilad mewn cyflwr gwael iawn, ac roedd angen gwneud llawer o waith er mwyn sicrhau ei fod yn addas at y diben. Nodwyd hefyd fod gwaith integredig rhwng y bwrdd iechyd a'r awdurdod lleol yn ddarniog a oedd yn effeithio ar waith y TIMC o ddydd i ddydd ac roedd angen ei wella.

Timau Iechyd Meddwl Cymunedol

Gwnaethom arolygu Tîm Iechyd Meddwl Cymunedol The Hazels yn Llandrindod

- | | |
|--|---|
|  Roedd adborth defnyddwyr y gwasanaeth yn gadarnhaol iawn am y tîm cyfan |  Mae angen adnewyddu ac atgyweirio'r adeilad |
|  Roedd y staff yn helpu i lunio cynlluniau gofal a thriniaeth |  Angen gwella trefniadau i gludo defnyddwyr gwasanaeth i'r ysbyty |
|  Cynhaliwyd asesiadau o ddefnyddwyr y gwasanaeth yn brydlon |  Gweinyddu dogfennaeth y Ddeddf Iechyd Meddwl |
|  Roedd y staff yn ymrwymedig i gynnig profiad cadarnhaol i ddefnyddwyr y gwasanaeth yn yr amgylchedd gwaith anodd |  Gellir gwella elfennau o ddogfennaeth gofal |
|  Roedd y staff yn gallu darparu gwasanaethau arbenigol i ddefnyddwyr y gwasanaeth ac felly leihau'r amser aros i gael triniaeth |  Gellid gwella'r gweithio integredig rhwng y bwrdd iechyd a'r awdurdod lleol |
| |  Rhannu gwybodaeth |

Meddygfeydd

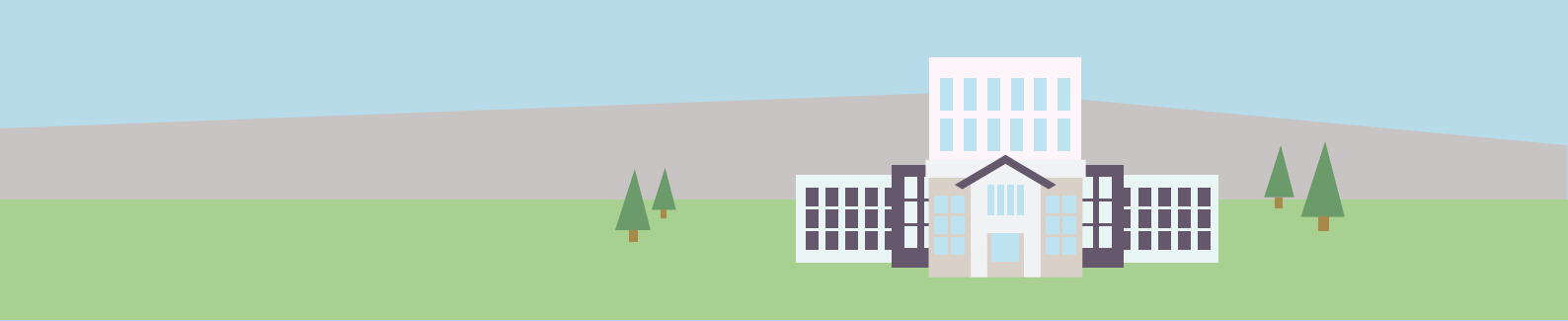
Gwnaethom arolygu Practis Meddygol Llanandras a Phractis Meddygol y Trallwng

- | | |
|---|--|
| ✓ Ni chyflwynwyd unrhyw lythyrau sicrwydd uniongyrchol | ✗ Angen darparu gwell gwybodaeth am y broses gwyno |
| ✓ Enghreifftiau cadarnhaol a chyfeillgar o ryngweithio rhwng y staff a'r cleifion | ✗ Angen rheoli gwelliannau i'r broses apwyntiadau ar gyfer cleifion â chyflyrau iechyd hirdymor a chlinigau rheolaidd yn amserol |
| ✓ Strwythur cefnogol i staff | ✗ Sicrhau y caiff gwersi a ddysgwyd o ddigwyddiadau o bwys a digwyddiadau yn ymwneud â diogelwch eu rhannu â phob aelod o'r staff yn y practis a'u trafod ganddynt |
| ✓ Cofnodion o safon dda yn gyffredinol | |

Deintyddfeydd

Gwnaethom arolygu un ddeintyddfa annibynnol

- ✓ Gofal diogel ac effeithiol i'w chleifion mewn amgylchedd dymunol a staff ymroddedig, cyfeillgar a phroffesiynol.
- ✓ Cleifion yn fodlon iawn ar y gwasanaeth yn ôl ein hadborth
- ✓ Deintyddfa sy'n cael ei rhedeg yn dda ac sy'n bodloni'r rheoliadau perthnasol i sicrhau iechyd, diogelwch a llesiant y staff a'r cleifion
- ✓ Tystiolaeth o gontractau cynnal a chadw amrywiol er mwyn sicrhau bod yr amgylchedd a'r cyfleusterau'n ddiogel ac mewn cyflwr da
- ✓ Roedd gweithdrefnau rheoli heintiau yn cyd-fynd â'r canllawiau a'r adnoddau archwilio perthnasol
- ✓ Gwelsom fod gan y ddeintyddfa arweinyddiaeth dda a llinellau atebolrwydd clir



Ymddiriedolaethau – Iechyd Cyhoeddus Cymru, Ymddiriedolaeth GIG Prifysgol Felindre, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru

Iechyd Cyhoeddus Cymru (ICC)

Mae AGIC yn parhau i adolygu gweithgarwch a pherfformiad ICC drwy fynychu ei bwyllgor Ansawdd a Diogelwch chwarterol.

Mae rhywfaint o newid wedi bod yn y sefydliad gydag Aelodau Annibynnol yn ymuno, newidiadau o fewn y Tîm Gweithredol a ffocws ar weithredu blwyddyn gyntaf cynllun hirdymor. Er bod rhai heriau amlwg o ran gwasanaethau sgrinio, mae'n glir bod ymrwymiad cryf i ansawdd a gwelliant a pharodrwydd i ymgysylltu ag AGIC ar ei rhaglen o Adolygiadau Cenedlaethol.

Ym mis Gorffennaf 2018, cyhoeddodd AGIC ei hadolygiad o wasanaethau camddefnyddio sylweddau. Mae nifer o argymhellion i ICC eu hystyried, yn enwedig ynghylch anghenion iechyd meddwl sy'n cyd-ddigwydd, cymhlethdod anghenion ac atal niwed.

Rydym hefyd wedi ymgynghori ag ICC a'r rhaglen 1000 o fywydau fel rhan o'r broses o ymgysylltu â rhanddeiliaid er mwyn trafod ein swyddogaethau ymchwil a gwybodaeth, a nodi meysydd o gyd-ddiddordeb.

Ymddiriedolaeth GIG Prifysgol Felindre

Yn ystod y flwyddyn ymgysylltodd AGIC â'r sefydliad yn rheolaidd drwy ei Bwyllgor Ansawdd a Diogelwch, cyfarfodydd Bwrdd a chyfarfodydd â swyddogion gweithredol.

Yn 2018/19 cynhaliodd AGIC un arolygiad dirybudd o Ganolfan Ganser Felindre, o fewn Ymddiriedolaeth GIG Prifysgol Felindre.

Gwnaeth ein tîm arolygu dwy ward (llawr cyntaf a chleifion mewnol cemotherapi) gan ystyried sut roedd y gwasanaeth yn cyrraedd y Safonau Iechyd a Gofal.

Roedd canfyddiadau'r arolygiad yn gadarnhaol ar y cyfan, gyda thystiolaeth o wasanaeth a oedd yn darparu gofal diogel ac effeithiol. Gwnaethom hefyd nodi rhai meysydd i'w gwella ac rydym wedi gwneud argymhellion i'r ymddiriedolaeth ynghylch y camau sydd angen eu cymryd i sicrhau cydymffurfiaeth lawn â'r Safonau Iechyd a Gofal.

Mae'r Ymddiriedolaeth hefyd yn mynd i'r afael â systemau TGCh a all effeithio ar ddiogelwch cleifion os nad ymdrinnir â nhw.

Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru

Mae AGIC wedi parhau i feithrin y gydberthynas â'r Ymddiriedolaeth drwy gyfarfodydd a gohebiaeth reolaidd rhwng swyddogion gweithredol a staff.

Mae'r Ymddiriedolaeth wedi bod yn rhanddeiliad allweddol wrth helpu AGIC i ddatblygu cynnwys adnoddau newydd ar gyfer arolygu Adrannau Achosion Brys. Mae hyn yn golygu bod y rhyngwyneb rhwng yr Adrannau Achosion Brys a'r gwasanaethau ambiwlans wedi'i ystyried a'i brofi yn well wrth gynnal arolygiadau. Bydd y gwaith hwn hefyd yn ein galluogi i ystyried safbwyntiau parafeddygon yn well, yn ogystal â staff ysbyty sy'n gweithio gyda nhw.

Yn ystod 2018/19, ymwelodd staff AGIC â Chanolfan Gorchymyn a Rheoli'r Ymddiriedolaeth yng Nghaerfyrddin. Gwnaeth hyn ein helpu i wella ein gwybodaeth a'n dealltwriaeth o'r swyddogaeth hon ac

i werthfawrogi'n fwy yr heriau a'r prosesau a ddefnyddir gan y rhai sy'n ymdrin â galwadau.

Mae AGIC yn parhau i adolygu holl weithgarwch yr Ymddiriedolaeth a'i pherfformiad er mwyn nodi a oes unrhyw risg i ddiogelwch cleifion ac mae'n amlwg bod rhai heriau parhaus o ran amseroedd ymateb i gleifion, a throsglwyddo'r cleifion hyn i leoliadau iechyd.

Atodiad A - Matrics Ymrwymiadau

Yn y tabl isod nodir amcanion AGIC ar gyfer 2018-19 ynghyd â manylion ynghylch sut y gwnaeth gyflawni'r amcan

Yr hyn a ddywedom	Mesurwyd drwy	Canlyniad
<p>Amcan 1 Prosesu ceisiadau i gofrestru, neu newidiadau i gofrestriadau, mewn modd amserol.</p> <p>Sicrhau bod pob ymgeisydd yn gallu dangos ei fod yn bodloni'r rheoliadau perthnasol a'r safonau gofynnol.</p>	<p>Penderfynu ar geisiadau i gofrestru o fewn 12 wythnos o'r cais llawn a chyflawn.</p>	<p>Yn ogystal â'r prosiect i gofrestru deintyddfeydd gwnaethom brosesu 19 o geisiadau rheolwyr cofrestredig, 17 o gofrestriadau darparwyr newydd ac 16 o amrywiadau i gofrestriadau presennol.</p>
<p>Amcan 2 Cynnal rhaglen o ymweliadau â darparwyr yr amheuir nad ydynt wedi'u cofrestru – fel sy'n ofynnol.</p> <p>Darparu rhaglen o arolygiadau mewn lleoliadau annibynnol</p> <ul style="list-style-type: none"> Tua 22 ar gyfer laserau Tua 19 ar gyfer lleoliadau nad oes ganddynt laser, ac eithrio iechyd meddwl 	<p>Nifer yr ymweliadau a gynhaliwyd</p> <p>Nifer yr arolygiadau a gynhaliwyd</p> <p>Nifer yr adroddiadau a gyhoeddir dri mis ar ôl yr arolygiad</p>	<p>Cawsom wybod am 18 o ddarparwyr y gallai fod angen eu cofrestru. Yn dilyn ymchwiliad pellach, gan gynnwys ymweld â dau ddarparwr, gwnaeth chwe gais i gofrestru, nid oedd angen i saith gofrestru a chadarnhaodd pump y byddent yn rhoi'r gorau i ddarparu'r gwasanaeth.</p> <p>Gwnaethom gynnal a chwblhau erlyniad troseddol yn erbyn darparwr anghofrestredig.</p>
<p>Amcan 2b</p> <p>Darparu rhaglen o arolygiadau mewn lleoliadau annibynnol</p> <ul style="list-style-type: none"> Tua 22 ar gyfer laserau Tua 19 ar gyfer lleoliadau nad oes ganddynt laser, ac eithrio iechyd meddwl 	<p>Nifer yr arolygiadau a gynhaliwyd</p> <p>Nifer yr adroddiadau a gyhoeddir dri mis ar ôl yr arolygiad</p>	<p>Gwnaethom gynnal arolygiadau o 29 o leoliadau annibynnol, ac eithrio lleoliadau iechyd meddwl a deintyddfeydd preifat yn unig. Roedd hyn yn llai na'r bwriad gwreiddiol am fod gwasanaethau wedi dadgofrestru ar ôl cael gwybod am arolygiad a'r angen i gynnal arolygiadau mewn meysydd risg uwch.</p>

Atodiad A – Matrics Ymrwymadau– Parhad

Yr hyn a ddywedom	Mesurwyd drwy	Canlyniad
<p>Amcan 3</p> <p>icrhau yr ymdrinnir â phryderon a hysbysiadau Rheoliad 30/31 mewn modd amserol a phroffesiynol</p>	<p>Nifer y pryderon a ddaw i law</p> <p>Nifer yr hysbysiadau Rheoliad 30/31 a ddaw i law</p> <p>Dadansoddi'r ffynhonnell a gweithredu</p>	<p>Yn ystod 2018-19, cawsom 340 o bryderon yn ymwneud â'r GIG neu'r sector annibynnol.</p> <p>Cawsom 196 o bryderon yn ymwneud â lleoliadau neu wasanaethau'r GIG.</p> <p>Roedd 126 o bryderon yn ymwneud â darparwyr gofal iechyd annibynnol a oedd wedi'u cofrestru ag AGIC</p> <p>Hefyd cawsom 18 o bryderon yn ymwneud â darparwyr anghofrestredig neu leoliadau nad oes angen iddynt gofrestru ag AGIC.</p> <p>Caiff yr holl bryderon eu hadolygu bob wythnos ac maent yn llywio penderfyniadau ynghylch ein gweithgareddau a'n blaenoriaethau arolygu.</p> <p>Mae'n ofynnol i ddarparwyr gofal iechyd annibynnol ein hysbysu o ddigwyddiadau o bwys a datblygiadau yn eu gwasanaeth.</p> <p>Parheir i ymdrin â hysbysiadau Rheoliad 30/31 yn unol â'n proses ac ymdrinnir â nhw'n effeithiol. Cawsom gyfanswm o 580 o hysbysiadau Rheoliad 30/31.</p> <p>Roedd y rhain yn cynnwys:</p> <ul style="list-style-type: none"> Marwolaethau mewn Hosbis - 389 Marwolaethau ac eithrio Hosbisau - 5 Absenoldebau heb awdurdod - 57 Anafiadau difrifol - 95 Honiadau o gamymddwyn gan aelod o staff - 29 Achos o Glefyd Heintus - 3 Trefniadau Diogelu Amddifadu o Ryddid
<p>Amcan 4</p> <p>Cefnogi datblygiadau deddfwriaethol gan gynnwys:</p> <p>Parhau i weithredu Rheoliadau Deintyddiaeth Breifat (Cymru) 2017</p> <p>Cyfrannu at waith datblygu polisi pellach ar reoleiddio ac arolygu yn deillio o Bapur Gwyn 'Gwasanaethau sy'n addas i'r dyfodol'</p>	<p>Cyflawni cynllun gweithredu yn dilyn rheoliadau deintyddol newydd</p> <p>Penderfyniadau yn y dyfodol ynghylch newidiadau posibl i'r ddeddfwriaeth</p>	<p>Yn ystod y flwyddyn gwnaethom gwblhau'r prosiect i gofrestru pob deintyddfa sy'n cynnig triniaeth breifat.</p> <p>Arweiniodd hyn at gofrestru 485 o ddeintyddfeydd</p>

Yr hyn a ddywedom	Mesurwyd drwy	Canlyniad
<p>Amcan 5</p> <p>Cynnal rhaglen arolygu eang yn y GIG wedi'i llywio gan wybodaeth ac asesiad o'r risg gan gynnwys tua:</p> <ul style="list-style-type: none"> - 15 o arolygiadau â phwyslais penodol ar draws y sector aciwt - 5 arolygiad dilynol penodol - 28 o arolygiadau o feddygfeydd - 100 o arolygiadau deintyddol - 5 arolygiad IR(ME)R - 5 arolygiad o wasanaethau llawfeddygol 	<p>Nifer yr arolygiadau a gynhaliwyd</p>	<p>Gwnaethom gynnal 132 o arolygiadau Ysbytai - 13 Unedau iechyd meddwl y GIG - 11 TIMC – 7 Meddygfeydd - 20 Deintyddol - 73 IR(ME)R - 5 Llawfeddygol – 3</p> <p>Dilynol – 6 (wedi eu cynnwys yn y ffigurau uchod)</p>
<p>Amcan 6</p> <p>Gorffen ein rhaglen o waith thematig parhaus gan gynnwys:</p> <ul style="list-style-type: none"> - Rhyddhau Cleifion - Iechyd Meddwl Cymunedol - Pontio Pobl Ifanc <p>A dechrau adolygiad thematig newydd tua diwedd 2018</p>	<p>Cyhoeddi cylch gorchwyl pob prosiect</p> <p>Cyhoeddi adolygiad thematig</p>	<p>Yn ystod y flwyddyn gwnaethom gyhoeddi pum adolygiad thematig yn ymwneud â:</p> <ul style="list-style-type: none"> - Rhyddhau Cleifion - Gwasanaethau Camddefnyddio Sylweddau - Timau Iechyd Meddwl Cymunedol - Gwasanaethau gofal iechyd i bobl ifanc. - Cymorth gofal iechyd i bobl hŷn sy'n byw mewn cartrefi gofal yng Ngogledd Cymru <p>Gwnaethom ddechrau gwaith ar ein hadolygiad cenedlaethol o lwybrau gofal yn ymwneud â phobl hŷn a chwympiadau yn 2018-2019. Yn ystod 2019-20 byddwn yn dechrau adolygiadau cenedlaethol o wasanaethau mamolaeth, a gofal brys ym maes iechyd meddwl.</p>
<p>Amcan 7</p> <p>Parhau â'n gwaith arolygu ar y cyd gydag asiantaethau'r DU</p> <p>Tua 16 o adolygiadau marwolaeth yn y ddalfa gyda'r Ombwdsmon Carchardai a Phrofiannaeth</p> <p>Hyd at dri adolygiad ar y cyd â gwasanaeth Carchardai EM a gwasanaeth Prawf EM.</p>	<p>Nifer yr arolygiadau a gynhaliwyd</p>	<p>Gwnaethom gynnal 18 o ymchwiliadau i farwolaethau yn y ddalfa.</p> <p>Gwnaethom gynnal un arolygiad ar y cyd â gwasanaeth Carchardai EM a gwasanaeth Prawf EM.</p>

Yr hyn a ddywedom	Mesurwyd drwy	Canlyniad
<p>Amcan 8</p> <p>Cynnal adolygiad lefel uchel o bob corff y GIG drwy</p> <ul style="list-style-type: none"> - Ddatblygu'r swyddogaeth Rheoli Perthynas ymhellach - Llunio Datganiad Blynyddol ar gyfer pob Bwrdd Iechyd ac Ymddiriedolaeth y GIG 	<p>Cyhoeddi datganiadau blynyddol byrddau iechyd ac ymddiriedolaethau'r GIG</p>	<p>Cyflwynwyd canfyddiadau blynyddol 2018-19 yng nghyfarfodydd y bwrdd a diwrnodau datblygu'r bwrdd ar gyfer Byrddau Iechyd ac Ymddiriedolaethau'r GIG gan Reolwyr Cydberthnasau.</p>
<p>Amcan 9</p> <p>Cyhoeddi adroddiadau blynyddol sy'n crynhoi themâu a materion sy'n codi o'n gwaith. Yn arbennig:</p> <ul style="list-style-type: none"> - Arolygiadau o Ysbytai - Adroddiad Blynyddol Meddygfeydd - Adroddiad Blynyddol Deintyddfeydd - Adroddiad Monitro Blynyddol y Ddeddf Iechyd Meddwl - Adroddiad Blynyddol Trefniadau Diogelu Amddifadu o Ryddid - Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) - Adroddiad Blynyddol Laser - Adroddiad Blynyddol AGIC 	<p>Cyhoeddi adroddiadau</p>	<p>Arolygiadau Ysbyty'r GIG</p> <ul style="list-style-type: none"> - ni chafodd crynodeb cyffredinol o'n rhaglen arolygu ysbytai ei gyhoeddi oherwydd gwahanol swyddogaethau a dibenion wardiau a lleoliadau ysbyty gwahanol. <p>Arolygiadau o Bractisau Meddygol Cyffredinol (Meddygfeydd)</p> <ul style="list-style-type: none"> - Adroddiad Blynyddol 2017 – 18 - cyhoeddwyd 29 Mawrth 2019 <p>Adroddiad Blynyddol 2017-18</p> <p>Arolygiadau o Ddeintyddfeydd Cyffredinol – cyhoeddwyd 29 Mawrth 2019</p> <p>Adroddiad Monitro Blynyddol y Ddeddf Iechyd Meddwl – cyhoeddwyd 16 Gorffennaf 2019</p> <p>Adroddiad Blynyddol 2017-18</p> <p>Trefniadau Diogelu wrth Amddifadu o Ryddid (DoLS) – cyhoeddwyd 2 Mai 2019.</p> <p>Adroddiad Blynyddol 2017-18</p> <p>Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) – cyhoeddwyd 5 Ebrill 2019</p> <p>Adroddiad Blynyddol 2017-18</p> <p>cyffredinol AGIC - cyhoeddwyd 19 Gorffennaf 2018</p>

Atodiad A - Matrics Ymrwymiadau

Yr hyn a ddywedom	Mesurwyd drwy	Canlyniad
<p>Amcan 10</p> <p>Cynnal rhaglen o arolygiadau mewn lleoliadau iechyd meddwl annibynnol a'r GIG, gan gynnwys tua:</p> <ul style="list-style-type: none"> - 15 o unedau iechyd meddwl y GIG - 19 o unedau iechyd meddwl annibynnol <p>Arolygiadau o Unedau Iechyd Meddwl yn cynnwys:</p> <p>adolygu cymhwyso'r Ddeddf Iechyd Meddwl</p> <p>7 arolygiad o Dimau Iechyd Meddwl Cymunedol</p>	<p>Nifer yr arolygiadau a gynhaliwyd</p>	<p>Gwnaethom gynnal 29 o arolygiadau o unedau iechyd meddwl ac anableddau dysgu:</p> <ul style="list-style-type: none"> - 11 o unedau iechyd meddwl y GIG - 17 o unedau iechyd meddwl annibynnol - 1 uned anabledd dysgu annibynnol <p>Dilydol – 6 (wedi eu cynnwys yn y ffigurau uchod)</p> <p>Gwnaethom gynnal saith arolygiad o Dimau Iechyd Meddwl Cymunedol.</p>
<p>Amcan 11</p> <p>Darparu gwasanaeth meddyg a benodwyd i roi ail farn ar gyfer tua 750 o geisiadau SOAD</p>	<p>Cyhoeddi Dangosyddion Perfformiad Allweddol</p>	<p>Lluniwyd dangosyddion perfformiad allweddol a'u rhannu â'r byrddau iechyd a darparwyd gofal iechyd annibynnol. Rydym wrthi'n gweithio ar ein systemau er mwyn mesur ein perfformiad yn fwy effeithiol.</p>
<p>Amcan 12</p> <p>Ymchwilio i hunanladdiadau fel y'n comisiynwyd gan Lywodraeth Cymru.</p>	<p>Cyhoeddi Cylch Gorchwyl</p> <p>Cyhoeddi adroddiad terfynol</p>	<p>Ni chawsom ein comisiynu i ymchwilio i unrhyw hunanladdiadau newydd yn ystod 2018-19.</p> <p>Gwnaethom gynnal Adolygiad Arbennig o'r ffordd yr ymdriniodd Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg â chyflogaeth Kris Wade yn ystod 2018-19. Cafodd yr adolygiad hwn ei gyhoeddi ym mis Ionawr 2019</p>
<p>Amcan 13</p> <p>Cynnal dwy Uwchgynhadledd Gofal Iechyd yn ystod 2018-19</p>	<p>Llwybr archwilio clir ar gyfer uwchgynadledau gofal iechyd</p>	<p>Gwnaethom gynnal dwy Uwchgynhadledd Gofal Iechyd yn ystod 2018-19, a gadeiriwyd gan AGIC lle'r oedd deg corff allanol yn bresennol.</p>

Yr hyn a ddywedom	Mesurwyd drwy	Canlyniad
<p>Amcan 14</p> <p>Cyhoeddi adroddiadau o bob un o'n harolygiadau ac adolygu gweithgarwch yn unol â'n safonau perfformiad.</p>	<p>Cyhoeddi adroddiadau</p> <p>Amserlen Gyhoeddi</p> <p>Cyhoeddi perfformiad AGIC yn erbyn targedau</p>	<p>Caiff dyddiadau cyhoeddi ein holl adroddiadau eu rhoi ar ein gwefan.</p> <p>Mae'r amserlen gyhoeddi ar gael yma: https://agic.org.uk/amserlen-gyhoeddi</p>
<p>Amcan 15</p> <p>Parhau â'n gwaith ar y cyd ag asiantaethau eraill yn y DU ac yn rhwngwladol ar gydarolygu a dylanwadu ar arfer gorau</p>	<p>Cymryd rhan mewn gwaith ar y cyd</p> <p>Datblygu adolygiad thematig ar y cyd o ofal iechyd pobl ifanc gydag Arolygu Cymru</p>	<p>Mynychodd AGIC Gynhadledd Partneriaeth Ewropeaidd Sefydliadau Goruchwyllo Gwasanaethau Iechyd a Gofal Cymdeithasol. Diben y bartneriaeth yw helpu i wella ansawdd iechyd a gofal cymdeithasol yn Ewrop drwy gysylltu sefydliadau goruchwyllo er mwyn gwella'r broses o gyfnewid syniadau, canlyniad ymchwil, gwybodaeth ac arfer da.</p> <p>Cynhaliwyd dau ymweliad gan y timau Gwybodaeth a Methodoleg er mwyn archwilio'r dulliau gweithredu a'r adnoddau a ddefnyddir gan gydweithwyr yn Healthcare Improvement Scotland ac Awdurdod Rheoleiddio a Gwella Ansawdd Gogledd Iwerddon.</p> <p>Mynychodd uwch-aelodau o staff y Gynhadledd Ryngwladol ar Ansawdd mewn Gofal Iechyd yn Glasgow er mwyn dysgu o arfer sy'n dod i'r amlwg ac arfer gorau mewn mannau eraill.</p>
<p>Amcan 16</p> <p>Gwerthuso'r defnydd o adolygwyr lleyg gwirfoddol</p>	<p>Gwerthusiad gydag argymhellion o ran camau i'w cymryd yn y dyfodol</p>	<p>Mae'r gwaith gwerthuso cychwynnol wedi dechrau gydag argymhellion o ran camau i'w cymryd yn y dyfodol yn cael eu hystyried yn 19/20</p>

Arolygiaeth Gofal Iechyd Cymru
Llywodraeth Cymru
Parc Busnes Rhyd-y-car
Merthyr Tudfil
CF48 1UZ

www.agic.org.uk

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HYWEL DDA UNIVERSITY HEALTH BOARD – WORK PLAN MARCH 2019 – MARCH 2020

The Board meets in public bi-monthly. The following table sets out the Board's business for 2019/20, including standing agenda items (denoted by *); items denoted by ** are those that are reported to the Board as and when required.

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
GOVERNANCE										
Public Forum Questions*	Chair	JW	✓		✓	✓	✓	✓	✓	✓
Patient/Staff Story *	MR	LO'C	✓		✓	✓	✓	✓	✓	✓
Apologies*	Chair	CM	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests*	Chair	All	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	Chair	CM	✓		✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	Chair	CM	✓		✓	✓	✓	✓	✓	✓
Report of the Chair* • Thoracic Surgery • Chair's Action	Chair	JW	✓		✓	✓	✓ ✓	✓	✓	✓
Report of the Chief Executive* • Register of Sealings • Consultations Update • Brexit • Apprenticeship Update • Thoracic Surgery • Major Trauma • Health & Care Strategy • Llanelli Wellness Village • QI Framework • Paediatric Care Task & Finish Group – Progress Update	SM	SMJ	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓ ✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Committee Annual Reports	Chairs	Lead Execs JW		✓		✓ MHLAC				
• Audit & Risk Assurance Committee										
• Business Planning & Performance Assurance Committee										
• Charitable Funds Committee										
• Finance Committee										
• Mental Health Legislation Assurance Committee										
• Primary Care Applications Committee										
• Quality, Safety & Experience Assurance Committee										
• University Partnership Board										
Governance, Leadership & Accountability Standard	SM	JW		✓						
Annual Governance Statement	SM	JW		✓						
Accountability Report	SM	JW		✓						
Final Accounts for 2018/19	HT	HT		✓						
Letter of Representation	HT	HT		✓						
Wales Audit Office ISA 260	WAO	HT		✓						
Approval of Charitable Funds Annual Report & Accounts	SJ	NLI		✓						
HDdUHB Annual Quality Statement	MR	SM		✓						
HDdUHB Annual Report 2018/19	Chair	SJ				✓				
Minutes from Annual General Meeting	Chair	CM					✓			
Organ Donation Annual Report	JT							✓		
WAO Annual Audit Report	WAO	JW							✓	
WAO Structured Assessment	WAO	JW							✓	

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Standing Orders/Standing Financial Instructions	SM	JW			✓		✓			
Committee Terms of Reference	SM	JW	✓ ARAC BPPAC QSEAC SRG		✓ CFC Fin C PCAC HPF	✓ RTSC HCSDG	✓ SRG	✓ UPB MHLAC SPF		
STRATEGIC ISSUES/FOR DECISION										
Ceredigion Community Equipment Services: Section 33 Agreement	SJ	SMJ			✓					
Annual & Financial Plan 2019/20	KM/HT		✓							✓
Transforming Clinical Services/ Future Health & Care Strategy: A Healthier Mid and West Wales	PK/RJ	PK/RJ	✓		✓	✓	✓	✓	✓	✓
Strengthening Regional Partnership Board Governance	SJ		✓							
Pathology Strategic Outline Case	KM		✓							
Implementing the Welsh Language Standards	SJ		✓							
Thoracic Surgery Consultation	SM				✓					
Pooled Budgets/Funding Arrangements	JP/SJ				✓					
Major Trauma Network	SM/KM				✓		✓			
Sexual Assault Referral Centre (SARC)	SM						✓			
Bronglais Chemotherapy Day Unit Capital Scheme	JT	PS					✓			
Inpatient Malnutrition Business Care	AS						✓			
HDdUHB Major Incident Plan 2019/20	RJ	SH					✓			
HDdUHB Seasonal Influenza Plan 2019/20	RJ						✓			

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Strategic Equality Plan Annual Report 2018/19	SJ	JH					✓			
Carmarthenshire Section 33 Agreement	SJ	SMJ						✓		
Retention and Attraction Strategy	LG							✓		
Performance Management Assurance Framework	KM							✓		
Winter Planning 2019/20	JT							✓		
Well-being Objectives Annual Report 2018/19	SJ	AB						✓		
Strategic Equality Plan and Objectives 2020-2024	SJ	JH								✓
QUALITY, SAFETY & PERFORMANCE										
Focus on Hospital & Community Services*	JT	County Director	✓ Cere		✓ Carms	✓ Pembs	✓ Cere	✓ Carms	✓ Pembs	✓ Cere
Integrated Performance Assurance Report (to include)* <ul style="list-style-type: none"> • Performance • Finance • Workforce & OD (including AAC) • Concerns • Six Monthly Individual Patient Funding Request (IPFR) Data • CHC Quarterly Performance 	SM	KM	✓		✓	✓	✓	✓	✓	✓
Board Assurance Framework	SM	JW			✓				✓	
Corporate Risk Register	SM	JW			✓				✓	
Finance and Turnaround Update	HT/AC		✓		✓	✓	✓	✓	✓	✓
Dental Plan Progress Update	JP		✓			✓				
Update on Nurse Staffing Levels (Wales) Act	MR				✓			✓		
Winter Planning 2018/19 – Evaluation	JT				✓					

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Health & Care Standards Fundamentals of Care Audit 2018	MR	CH			✓					
Presentation of Learning Disabilities Charter	JT					✓				
Transforming Learning Disabilities Project	JT					✓				
Internal Assurance Review of Quality and Safety of Maternity Services following Recent Independent Review of Maternity Services at the former Cwm Taf UHB	JT					✓				
Bi-Annual Improving Experience Report	MR	LO'C				✓			✓	
Fragility of Mental Health Services	JT	LC					✓			
HDdUHB Director of Public Health Annual Report	RJ						✓			
Patient Charter	MR	LO'C						✓		
CAMHS – Response to the 'Mind over Matter' Report	JT	LC						✓		
Mid Year Review of Annual Plan	KM	PW						✓		
International Health Governance Framework	RJ	RF						✓		
Working with Vulnerable Groups	SJ							✓		
Ombudsman Annual Letter	MR	LO'C						✓		
Ombudsman Reports**	MR	LO'C								
COMMITTEE UPDATE REPORTS										
HDdUHB Board Level Committees Update Report (to include)* <ul style="list-style-type: none"> Audit & Risk Assurance Committee Business, Planning & Performance Assurance Committee 	Chairs	JW	✓		✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
<ul style="list-style-type: none"> Charitable Funds Committee Finance Committee Mental Health Legislation Assurance Committee Primary Care Applications Committee Quality, Safety & Experience Assurance Committee University Partnership Board 										
In-Committee Board Update Report	Chair	JW	✓		✓	✓	✓	✓	✓	✓
HDdUHB Advisory Groups Update Reports (to include)* <ul style="list-style-type: none"> Stakeholder Reference Group Healthcare Professionals Forum Local Partnership Forum 	Chairs	JW	✓		✓	✓	✓	✓	✓	✓
HDdUHB Joint Committees & Collaboratives Update Report (to include)* <ul style="list-style-type: none"> EASC NWSSP WHSSC JRPDC MWJC Collaborative Leadership Forum 	Chairs	RF	✓		✓	✓	✓	✓	✓	✓
Update Report from Public Services Boards	SJ	AB	✓							
Statutory Partnerships Update (incl Public Services Boards)	SJ	AB			✓	✓	✓	✓	✓	✓
FOR INFORMATION										
Board Annual Workplan	JW	CM	✓		✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	28 Mar 2019	29 May 2019	30 May 2019	25 Jul 2019	26 Sep 2019	28 Nov 2019	30 Jan 2020	26 Mar 2020
Head of Internal Audit Opinion	JW			✓						
Healthcare Inspectorate Wales (HIW) Annual Report 2018/19						✓	✓			
HDdUHB Primary Care Annual Report 2018/19	JP					✓				
Medical Revalidation and Appraisal Annual Report 2018/19	PK	HW				✓				
NHS Wales Fighting Fraud Strategy						✓				
Community Health Council (CHC) Annual Report	CHC							✓		

Initials

AB – Anna Bird AC – Andrew Carruthers AG – Alison Gittins AS – Alison Shakeshaft CH – Chris Hayes CHC – Community Health Council CM – Clare Moorcroft ED's – Executive Directors EL – Elaine Lorton GM – Gareth Morgan HT – Huw Thomas HW – Helen Williams PK – Philip Kloer	JH – Jackie Hooper JP – Jill Paterson JPJ – Jenny Pugh-Jones JT – Joe Teape JW – Joanne Wilson KJ – Keith Jones KM – Karen Miles LC – Liz Carroll LO'C – Louise O'Connor LG – Lisa Gostling LRD – Libby Ryan-Davies MR – Mandy Rayani	NLI – Nicola Llewellyn PS – Peter Skitt PW – Paul Williams RE – Rob Elliott RF – Rosie Frewin RJ – Ros Jervis SH – Sam Hussell SJ – Sarah Jennings SM – Steve Moore SMJ – Sian-Marie James SP – Sian Passey WAO – Wales Audit Office
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