Bundle Public Board 28 March 2019

1 09:30 - Public Forum / Fforwm Cyhoeddus

- Public Questions Response Bill Parker
- Public Questions Response Paula Taylor

1.1 Open Agenda for Responding to Questions Raised in Advance by Members of the Public / Agenda Agored er mwyn ymateb i gwestiynau a godwyd o flaen llaw gan aelodau’r cyhoedd

Presenter: Chair

2 09:45 - Patient/Staff Story / Stori Claf/Staff

Sepsis
Presenter: Eve Lightfoot, Community Infection Prevention Nurse

- HDdUHB Board Presentation April 2019

3 10:00 - Governance / Llywodraethu

3.1 Apologies / Ymddiheuriadau

Presenter: Chair

3.2 Declaration of Interests / Datganiad o Ddiddordeb

All

3.3 Minutes of the Public Meeting held on 31 January 2019 / Cofnodion y Cyfarfod Cyhoeddus ar 31 Ionawr 2019

Presenter: Chair

- Unapproved Board Minutes 31 January 2019

3.4 Matters Arising & Table of Actions from the Meeting held on 31 January 2019 / Materion sy’n Codi a Thabl o Gamau Gweithredu o’r cyfarfod ar 31 Ionawr 2019

Presenter: Chair

- Table of Actions from Health Board Meeting in Public held on 31 January 2019

3.5 Report of the Chair / Adroddiad y Cadeirydd

Presenter: Chair

- Chair's Report March 2019

3.6 Report of the Chief Executive / Adroddiad y Prif Weithredwr

Presenter: Steve Moore

- Chief Executive's Report March 2019
- Appendix A - Register of Sealings March 2019
- Appendix B - Consultation Report March 2019

3.7 Report of the Audit & Risk Assurance Committee / Adroddiad y Pwyllgor Archwilio a Sicrwydd Risg

Presenter: Paul Newman

- ARAC Update Report March 2019

3.7.1 Revised ARAC Terms of Reference / Cylch Gorchwyl Diwygiedig ARAC

Presenter: Paul Newman

- ARAC ToRs v10

4 10:50 - Morning Break / Egwyl Fore

5 11:00 - Strategic Issues/For Decision / Materion Strategol/I’w Penderfynu

5.1 Health and Care Strategy: A Healthier Mid and West Wales - Programme Plan / Strategaeth Iechyd a Gofal: Canolbarth a Gorllewin Iachach - Cynllun Rhaglen

Presenter: Dr Philip Kloer

- Health & Care Strategy SBAR March 2019
- Scope, Governance and Delivery Plan - Delivery of the Health and Care Strategy
- Health and Care Strategy Delivery Group - Terms of Reference

5.2 Strengthening Regional Partnership Board Governance / Cryfhau Llywodraethu Byrddau Partneriaeth Rhanbarthol

Presenter: Sarah Jennings

- RPB Governance SBAR March 2019

Appendix 1 - RLG Terms of Reference

Appendix 2 - RPB Terms of Reference

Appendix 3 - Proposed Governance

5.3 Annual Plan 2019/20 / Cynllun Blynyddol 2019/20

Presenter: Karen Miles

Annual Plan 2019-20 SBAR March 2019

Hywel Dda University Health Board Draft Interim Annual Plan 2019-20

5.4 Pathology Strategic Outline Case / Achos Amlinellol Strategol Patholeg

Presenter: Karen Miles

Pathology SOC SBAR March 2019

Regional Pathology SOC

5.5 Implementing the Welsh Language Standards / Gweithredu Safonau'r Gymraeg

Presenter: Sarah Jennings

Implementing the Welsh Language Standards

Gweithredu Safonau'r Gymraeg

Appendix 1 English

Atodiad 1 Cymraeg

Appendix 2 English

Atodiad 2 Cymraeg

Appendix 3 English

Atodiad 3 Cymraeg

6 13:00 - Lunch Break / Egwyl Ginio

7 13:30 - Quality, Safety & Performance / Ansawdd, Diogelwch a Pherfformiad

7.1 Focus on Healthcare Services in Ceredigion / Canolbwyntio ar Wasanaethau Gofal Iechyd yng Ngheredigion

Presenter: Joe Teape

Focus on Healthcare Services in Ceredigion March 2019

7.2 Report of the Finance Committee / Adroddiad y Pwyllgor Cyllid

Presenter: Michael Hearty

Finance Committee Update Report March 2019

7.3 Finance/Turnaround Update – Month 11 2018/19 / Diweddariad Cyllid/Trawsffurfio – Mis 11 2018/19

Presenters: Huw Thomas/Andrew Carruthers

Finance and Turnaround Update Month 11 2018/19

7.4 Report of the Business Planning & Performance Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Cynllunio Busnes a Pherfformiad

Presenter: David Powell

BPPAC Update Report March 2019

7.4.1 BPPAC Terms of Reference / Cylch Gorchwyl BPPAC

Presenter: David Powell

BPPAC Terms of Reference v6

7.5 Integrated Performance Assurance Report – Month 11 2018/19 / Adroddiad Sicrwydd Perfformiad Integredig – Mis 11 2018/19

Presenter: Karen Miles

Month 11 IPAR SBAR

Month 11 IPAR

7.6 Report of the Quality, Safety & Experience Assurance Committee / Adroddiad y Pwyllgor Sicrwydd Ansawdd, Diogelwch a Phrofiad

Presenter: Professor John Gammon

QSEAC Update Report March 2019

7.6.1 Revised QSEAC Terms of Reference / Cylch Gorchwyl Diwygiedig QSEAC

Presenter: Professor John Gammon

QSEAC Terms of Reference v7

7.7 Dental Plan Progress Update / Diweddariad Cynnydd Y Cynllun Deintyddol

Presenter: Jill Paterson

Dental Plan Progress Update March 2019

Appendix 1: Welsh Government Letter - Health Board Ring-Fenced Dental Allocations

8 15:00 - Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau

8.1 Committee Update Reports / Adroddiadau Diweddaru Pwyllgorau

Presenters: see below

Committee Update Reports SBAR March 2019

8.1.1 Board Level Committees Update Report / Adroddiad Diweddaru Pwyllgorau Lefel Bwrdd

Presenters: Joanne Wilson/Committee Chairs

MHLAC Update Report February 2019

UPB Update Report February 2019

PCAC Update Report February 2019 FINAL.docx

8.1.2 In-Committee Board / Bwrdd Y Pwyllgor

Presenter: Chair

In-Committee Board Update Report March 2019

8.1.3 HDdUHB Advisory Groups / Grwpiau Cynghori BIPHDd

Presenter: Advisory Group Chairs

HPF Update Report March 2019

PF Update Report March 2019

SRG Update Report March 2019

SRG ToRs V10

8.2 HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd

Presenter: Steve Moore

HDdUHB Joint Committees and Collaboratives Update Report March 2019

Joint Committees and Collaboratives Update

8.3 HDdUHB Update from Public Services Boards / Diweddariad BIPHDd o’r Byrddau Gwasanaethau

Presenter: Sarah Jennings

PSB Update Report February 2019

9 15:30 - For Information / Er gwybodaeth

9.1 Board Annual Workplan / Cynllun Gwaith Blynyddol Y Bwrdd

Board Work Programme 2018-19

Board Work Programme 2019-20

10 Date and Time of Next Meeting / Dyddiad ac amser y cyfarfod nesaf

1.30pm, Wednesday 29th May 2019, Board Room, Ystwyth Building, St David’s Park, Carmarthen, SA31 3BB (sign-off of Annual Accounts)
9.30am, Thursday 30th May 2019, venue TBC

11 In Committee Session / Sesiwn Y Pwyllgor

Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960
Cynnig i eithrio’r cyhoedd o’r cyfarfod yn unol â darpariaeth Adran 1 (2) a (3) o Ddeddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960

PUBLIC FORUM – QUESTIONS AND RESPONSES

Question a)

Name

Mr Bill Parker

Question

Paper 7.1 'Healthcare Services in Ceredigion: Into the future'.
Page 1 of the presentation document refers to 'challenges associated with 3rd sector nursing home provision'.

Question 1. Exactly what are these challenges?
Question 2. Are they present as well in private sector provision?

Response from Joe Teape, Deputy Chief Executive/Director of Operations

Answer 1
The challenges are in both the demand for nursing home placements and the recruitment and retention of nursing staff. The viability of small nursing homes when considering the Quality and Assurance demanded by the licensing process is the main factor in non-investment in rural locations. There are a number of ongoing discussions with regard to nursing home providers which may lead to further availability in Ceredigion.

Answer 2
Yes, in all sectors the above answer applies.

PUBLIC FORUM – QUESTIONS AND RESPONSES

Question b)
Name
Mr Bill Parker
Question
On page 8 of the same document the 'good news panel' tells the reader 'Ceredigion County Council has introduced a pilot scheme which commenced in January 2019, which delivers short term domiciliary (the noun is missing but is probably 'care' or 'support') at a 'point of crisis' for carers'. **Question 3. Who decides whether or not the 'crisis' justifies additional support?**
Response from Joe Teape, Deputy Chief Executive/Director of Operations
Answer 3 The request for additional support and urgent Domiciliary Care will be coordinated via the Porth Gofal call centre, as are all other referrals.

PUBLIC FORUM – QUESTIONS AND RESPONSES

Question c)

Name

Mr Bill Parker

Question

The Social Services and Well-being (Wales) Act 2014 provides for carers to have their own needs for support assessed. Significantly however the assessment is subject to the Local Authority agreeing that the carer needs one! Details (provided by Welsh Government Statistic and Research) indicate that there is wide disparity between Carmarthenshire,Pembrokeshire,and Ceredigion, in the outcomes for carers requesting assessments.

There are very considerable numbers of care and support reviews that are not completed within agreed timescales; sufficient to suggest that they have been intentionally targetted for savings. Such measures have very low public visability, affecting as the do, mainly comparatively socially isolated patients and carers.

Question 4. What steps are the Health Board and its partners taking to ensure that Care at Home, which impacts the entire care system for which they are jointly responsible and accountable, is properly and sustainably resourced (enabling carers to achieve their own life goals) and is not limited to crisis management?

Response from Joe Teape, Deputy Chief Executive/Director of Operations

Answer 4
There are a number of pilot schemes underway at present which are attempting to understand both the availability of carers (paid and unpaid) and the sustainability of the Care at Home model going forward. The Health Board's Transforming Clinical Services strategy does require investment in Community Services in the broadest sense and it is recognised that this will need to be incrementally increased, both from a Health and Social Care perspective.

PUBLIC FORUM – QUESTIONS AND RESPONSES

Question d)

Name

Mr Bill Parker

Question

As the Board is aware severe shortages of Domiciliary Care Workers and Informal Carers were predicted by reputable researchers long before Care at Home(which can only increase demand for both) became the chosen strategy and Brexit(which is likely to increase recruitment difficulties) was contemplated.

The last ditch salvation is to be support to those in the community, as and when they need it , by the community doing all it can except personal care (which must be delivered by registered persons) to assist both patients and carers on a voluntary basis.

There are fifty one communities as defined by having a Community Council in Ceredigion.

Question 5. In which of these has progress been made, in identifying the current and likely future needs for such local informal support and the resources and skills available within the community, as well as some effort in the initial design of appropriate organisations to enable reliable delivery?

Response from Joe Teape, Deputy Chief Executive/Director of Operations

Answer 5
The Needs Assessment for Ceredigion has been completed and will be used to ensure the successful development of locality working. It is imperative that local communities are involved in local developments within Ceredigion. The Ceredigion model is based on local integrated care centres/hubs, and the provision of locally based Community Services is the main aim of the strategy, whilst recognising that infrastructure and transport will need to be considered during any future developments.

PUBLIC FORUM – QUESTIONS AND RESPONSES

Question a)

Name

Miss Paula Taylor

Question

1. During inclement weather and/or road closures, under the TCS proposals, how does the health board anticipate Pembrokeshire residents access the emergency health care they need for care that is outside the expertise and remit of the proposed enhanced MIU at Withybush Hospital?

2. During inclement weather and/or road closures, in the future, how does the health board anticipate Pembrokeshire residents access any future services that will be moved out of Pembrokeshire? This question excludes the services that will still be provided at Withybush Hospital and the community under TCS?

3. If, in the interim period, Withybush A & E is moved to Glangwili (with the health board citing staff shortages, etc, as the reason), how does the health board anticipate Pembrokeshire residents accessing emergency care during inclement weather an/or road closures?

4. During inclement weather and/or road closures, how does the health board anticipate Pembrokeshire residents access services that have already been moved out of Pembrokeshire? We are all aware of services that have already been moved even if it has not widely been publicised.

Response from Dr Philip Kloer, Medical Director & Director of Clinical Strategy and Libby Ryan-Davies, Transformation Director

As the four questions are similar in nature I will reply with one response.

The delivery of the strategy and future model is heavily reliant on a travel and transport infrastructure which is fit for purpose, and therefore capable of ensuring that all residents within the three counties of Pembrokeshire, Carmarthenshire and Ceredigion are able to access health services irrespective of where they live.

PUBLIC FORUM – QUESTIONS AND RESPONSES

We are working with our regional and national partners such as the regional transport group, Local Authorities and the Welsh Government to consider improvements to the region's transport infrastructure to deliver this strategy over the years to come, including the development of a Regional Transport Plan. Considerations will include road infrastructure and also the importance of the rail network, and its potential in supporting patients, family, carers and staff travel to our future facilities, and to reduce traffic on the roads. This will include promoting completion of the Joint Transport Plan for South West Wales, 2015-20 (JTP) and ensuring that the new hospital developments are considered as part of any new plan developed for the time period post 2020.

Working in partnership will ensure that the aims, objectives and programme of improvements identified in any future JTP will be of mutual benefit, will help strengthen the case for transport and highway improvements and crucially, support and enhance our prospects of securing funding for the required enhancements in future years.

We will continue to campaign for the provision of 24/7 Emergency Medical Retrieval and Transfer Service (EMRTS) and Cymru inter-Hospital Acute Neonatal Transfer Service (CHANTS). This, together with continuation of 24/7 responsive Wales and West Acute Transport for Children (WATCh) services and the commissioning of community access solutions which build and scale up existing successful models, is vital in providing additional assurance that critically ill patients will be rapidly conveyed to the correct destination. We will continue to work closely with WAST to commission ambulance services that better support the delivery of services within the community, and engage with local equality groups to ensure consideration is given to the particular access needs of people with protected characteristics and those most vulnerable in our population.

Along with working to improve the travel and transport infrastructure of the region, we recognise that it is key to deliver care in different ways. At present, we know that people sometimes attend the emergency department when their needs could have been better met by a community-based service, however these services are not currently in operation in many local communities. Minor injuries and ailments are best assessed and treated by community pharmacies, GP surgeries, optometrists and minor injuries units. We also recognise the key role an advanced paramedic practitioner (APP) can play in the rapid stabilisation at scene in an emergency, thereby saving lives by protecting airway, breathing and circulation. We intend to work with WAST to provide enhanced access to APPs for communities who are further away from an acute hospital, such as coastal communities. The further development of these services will be key to realising our vision.

We also realise that our workforce needs to evolve and change to support the new model. As such, we are working with WAST to support the delivery of our enhanced community model, providing rapid life-saving treatment in an emergency, and also providing urgent assessments in people's homes, reducing the need for transfer to hospital. This may include increasing the number of advanced paramedic practitioners or paramedics to support primary and community based services, further integration of WAST clinicians with GP clusters, working as part of the multidisciplinary team within the minor injury units, or further development of WAST's rotational model (the rotation of advanced paramedics through the Clinical Contact Centre, WAST and Out of Hours or other Primary Care settings) which could encompass working with respective emergency departments. Further WAST workforce opportunities may exist in relation to developing multi-disciplinary response teams which allow for healthcare to be provided within the home e.g. a joint clinical response from a paramedic and a therapist responding to non-injury fallers within the community.

Finally, we believe that there may be opportunities for estates integration, which may include working with WAST to develop Social Deployment Points within the new build urgent and planned care hospital and other healthcare sites as appropriate. These points are spaces for ambulance staff to stand down during shifts when not dealing with calls, allowing operational staff to be based in areas where it is expected the next call will originate from. This ensures the staff and resources are positioned closer to the area they will be covering for emergency calls rather than travelling much longer distances back to the nearest ambulance station. There may also be opportunities to base Non-Emergency Patient Transport Service (NEPTS) vehicles at some of the new hospital sites.

We believe the changes that have been outlined will enable the new model of care proposed in the strategy to be taken forward successfully over future years. Any changes will take place in a phased manner, to mitigate issues that might arise in the transitionary period.

Sepsis – acute deterioration.
A community problem?

Eve Lightfoot

District nurse / Community infection prevention nurse . HDUHB

My nursing background and rationale

- Sepsis perceived as being a secondary care problem only. Care divide across Primary/secondary/community
- Ageing population -Increase of patients with complex needs and frailty on DN caseload, at risk of sepsis.
- No previous education to DN teams on NEWS, Sepsis, or SBAR approach.
- To improve patient safety, collaborative working and empower nurses

Community problem?

- 250,000 cases of sepsis p/a in UK
- 44,000 deaths p/a in UK
- NCEPOD ‘Just say sepsis report’ (2015), estimated over 70% of sepsis cases arise in the community
- NICE Sepsis guidelines (2016)
- 65,000 people survive sepsis p/a in UK

Early recognition & appropriate escalation vital
Primary care/Community teams in pivotal role

A catalyst

- SPQ DN degree & Research internship
- Collaborative working with 1000 lives acute deterioration - OOAH RRAILS group. HDUHB representation
- HDUHB OOAH RRAILS group.
- Sepsis education for all of HDUHB community nursing teams- Pembrokeshire, Ceredigion & Carmarthenshire. – Annual compulsory update. To include NEWS and SBAR
- Standardisation of equipment for all district nurses, community nurses and HCSW across HDUHB. Purchasing of pulse oximeters and thermometers.
- Launch of equipment across HDUHB with UTI prevention work and recognition of Sepsis update.
- Produced and pilot Community/Primary care SBAR escalation document.

- NEWS and SBAR now included in DN patient assessment across HDUHB.
- NEWS observation charts introduced across HB – 3 counties
- Education sessions to District nursing students and Pre reg at Swansea University.
- Education and support to Care Home staff and managers.- (multi disciplinary approach) UTI recognition workshops.
- GP's asked for NEWS/full set of observations when ref patient for admission- Site managers, Med registrar, ART teams. Vice versa in future.
- Transfer of Care document and Discharge policies to include NEWS. Set up a task and finish group. Document to be used across Community and Secondary

Imagine…

© Facebook

HOLWCH
"SEPSIS, EFALLAI?"
JUST ASK COULD IT BE SEPSIS?"
GIG NHS
SEPSIS SEPTEMBER
proudly present... World Sepsis Day ~ September 13th
Early recognition & treatment is vital to save lives
KEEP CALM AND SUSPECT SEPSIS
Working together to increase Sepsis awareness
Empowering the workforce & the public to improve
patient safety in our hospitals & communities.

GIG NHS Bwrdd Iechyd Prifysgol Hywel Dda University Health Board
SEPSIS SEPTEMBER
proudly present... World Sepsis Day ~ September 13th
Early recognition & treatment is vital to save lives
THE SEPSIS SIX
IMPROVED COMMUNICATION & SBAR
KEEP CALM AND SUSPECT SEPSIS
Over 70% of Sepsis cases start in the community
SEPSIS
Suspect SEPSIS Save Lives
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Networking across HDUHB – Carmarthenshire, Pembrokeshire, Ceredigion.

GIG NHS Bwrdd Iechyd Prifysgol Hywel Dda University Health Board
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Empowering the workforce & the
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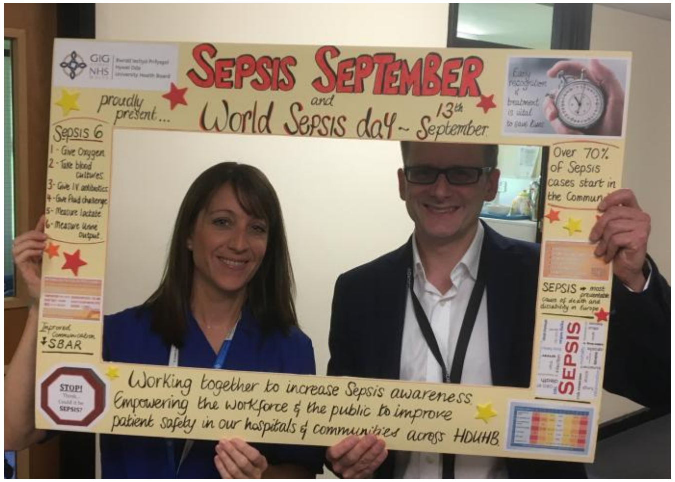
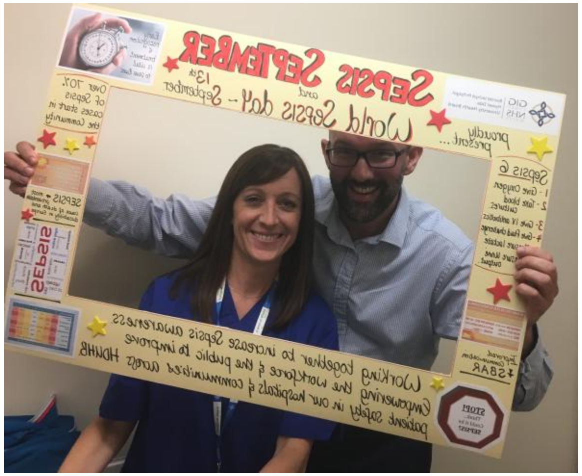
KNOW YOUR SEPSIS SIX

Sepsis September and World Sepsis day 2018

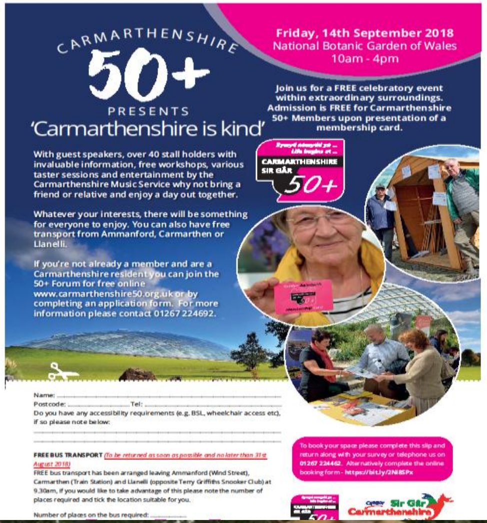

Sepsis September and World Sepsis day – 13th September
proudly present...
Sepsis 6
Over 70% of Sepsis cases start in the Community
SEPSIS
Working together to increase Sepsis awareness
Empowering the workforce & the public to improve patient safety in our hospitals & communities across HDUHB

Events across Secondary care, Primary Care, Community Hospitals, Dental, District nursing, GP surgeries & Care homes.

Sepsis September and World Sepsis day – 13th September
Working together to increase Sepsis awareness



Sepsis September and World Sepsis day – 13th September
Working together to increase Sepsis awareness



CARMARTHENSHIRE 50+ PRESENTS 'Carmarthenshire is kind'

Friday, 14th September 2018
National Botanic Garden of Wales
10am - 4pm

Join us for a FREE celebratory event within extraordinary surroundings. Admission is FREE for Carmarthenshire 50+ Members upon presentation of a membership card.

With guest speakers, over 40 stall holders with invaluable information, free workshops, various taster sessions and entertainment by the Carmarthenshire Music Service why not bring a friend or relative and enjoy a day out together.

Whatever your interests, there will be something for everyone to enjoy. You can also have free transport from Ammanford, Carmarthen or Llanelli.

If you're not already a member and are a Carmarthenshire resident you can join the 50+ Forum for free online www.carmarthenshire50.org.uk or by completing an application form. For more information please contact 01267 224692.

Name: ……………………
Postcode: ………… Tel: …………
Do you have any accessibility requirements (e.g. BSL, wheelchair access etc), if so please note below:

FREE BUS TRANSPORT *(To be returned as soon as possible and no later than 31st August 2018)*
FREE bus transport has been arranged leaving Ammanford (Wind Street), Carmarthen (Train Station) and Llanelli (opposite Terry Griffiths Snooker Club) at 9.30am, if you would like to take advantage of this please note the number of places required and tick the location suitable for you.

Number of places on the bus required: ……………

To book your space please complete this slip and return along with your survey or telephone us on 01267 224462. Alternatively complete the online booking form - https://bit.ly/2NI8SPx

CARMARTHENSHIRE SIR GÂR 50+
Sir Gâr Carmarthenshire

SEPSIS SEPTEMBER and World Sepsis Day ~ September 13th
proudly present...
Early recognition & treatment is vital to save lives
KEEP CALM AND SUSPECT SEPSIS
Over 70% of SEPSIS CASES START IN THE COMMUNITY
IMPROVED COMMUNICATION SBAR
THE SEPSIS SIX
SEPSIS
Suspect SEPSIS
Working together to increase Sepsis awareness
Empowering the workforce & the public to improve patient safety in our hospitals & communities.
KNOW YOUR SEPSIS SIX

CNO conference Cardiff 2018

RRAILS 1000 lives National World Sepsis day conference 13th September 2018

National Botanical gardens – 50+ wellness event – 14th September 2018

HDUHB Sepsis Conference November 2018

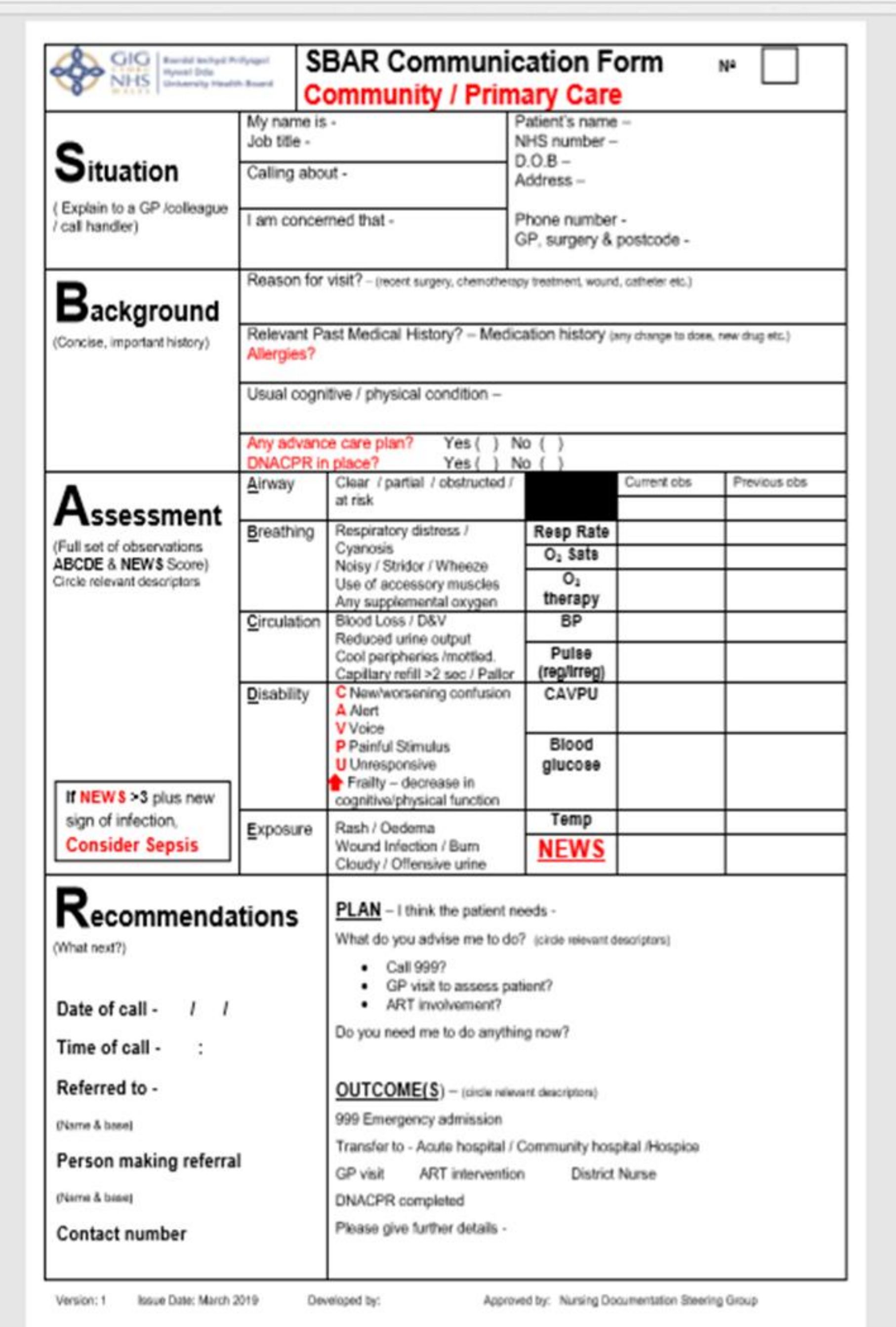
National Eisteddfod 2018 - Cardiff

Bwrdd Iechyd Prifysgol Hywel Dda
University Health Board

Introduction of NEWS

Llanelli District nursing team

District nursing SPQ students Swansea University



SBAR Communication Form Nº ☐
Community / Primary Care

Situation (Explain to a GP /colleague / call handler)	My name is - Job title - Calling about - I am concerned that -	Patient's name – NHS number – D.O.B – Address – Phone number - GP, surgery & postcode -
Background (Concise, important history)	Reason for visit? – (recent surgery, chemotherapy treatment, wound, catheter etc.)	
	Relevant Past Medical History? – Medication history (any change to dose, new drug etc.) Allergies?	
	Usual cognitive / physical condition –	
	Any advance care plan? Yes ( ) No ( ) DNACPR in place? Yes ( ) No ( )	

Assessment
(Full set of observations ABCDE & NEWS Score)
Circle relevant descriptors

			Current obs	Previous obs
Airway	Clear / partial / obstructed / at risk			
Breathing	Respiratory distress / Cyanosis Noisy / Stridor / Wheeze Use of accessory muscles Any supplemental oxygen	**Resp Rate**		
		O_2 Sats		
		O_2 therapy		
Circulation	Blood Loss / D&V Reduced urine output Cool peripheries /mottled. Capillary refill >2 sec / Pallor	**BP**		
		Pulse (reg/irreg)		
Disability	C New/worsening confusion A Alert V Voice P Painful Stimulus U Unresponsive ⬆ Frailty – decrease in cognitive/physical function	**CAVPU**		
		Blood glucose		
Exposure	Rash / Oedema Wound Infection / Burn Cloudy / Offensive urine	**Temp**		
		NEWS		

If NEWS >3 plus new sign of infection, **Consider Sepsis**

Recommendations
(What next?)

Date of call - / /
Time of call - :
Referred to -
(Name & base)
Person making referral
(Name & base)
Contact number

PLAN – I think the patient needs -

What do you advise me to do? (circle relevant descriptors)

- Call 999?
- GP visit to assess patient?
- ART involvement?

Do you need me to do anything now?

OUTCOME(S) – (circle relevant descriptors)

999 Emergency admission

Transfer to - Acute hospital / Community hospital /Hospice

GP visit ART intervention District Nurse

DNACPR completed

Please give further details -

Version: 1 Issue Date: March 2019 Developed by: Approved by: Nursing Documentation Steering Group

Feedback

- Positive feedback from staff, patients and relatives.
- Empowerment.
- Emails of thanks and patient stories.
- Staff stories of escalation of care for sick patients – Common language.
- Ceiling of treatment conversations.

RCN in Wales Nurse of the year and Community nurse award 2018

Opportunties

WG visits – CNO nurses

WG steering group

RCN leadership summit 2019

RCN congress conference Liverpool 2019

RCN NOTY alumni

HDHB conference Nursing and Primary care

Media training

ITV interview

Florence nightingale memorial service – Westminster Abbey

Publications

Sigma chapter - International Honor Society of Nursing

https://www.rcn.org.uk/magazines/bulletin/2018/december/tackling-sepsis

Resistance to change & obstacles!

- Tsunami of patients. – not ethical to ignore
- Too ambitious
- Hierarchy grade & profession
- Equipment
- Opening can of worms!
- Ritualistic practice
- Blinkered complacency – dragons den of cluster meetings.
- Legal duty – omission of care

Future

- CNO – National launch of NEWS to community
- HDUHB official launch NEWS & SBAR approach – embed into practice
- RCN / 1000lives social media platform - Face Book
- Research opportunity – Patient experience /Post sepsis care
- To cascade the education to Primary Care and to Care homes. Primary care Conference HDUHB
- NEWS on all Transfer of care documents
- QI project – Academi Wales

You can lead a horse to water, but you can't make it drink.

You can bring a man to knowledge, but you can't make him think.

Challenges & on going journey

- Cultivate the seed
- Keep knocking on the doors
- Navigate the different routes
- Grow broad shoulders and thick skin
- Chip away at the resistance to change
- Networking is gold
- Learn from the hurdles and keep moving
- Celebrate positive feedback & changes
- Keep the vision and integrity

Think… could it be sepsis?

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

Date of Meeting:	**9.30AM, THURSDAY 31ST JANUARY 2019**
Venue:	**PEMBROKESHIRE COUNTY COUNCIL, FREEMANS WAY, HAVERFORDWEST, PEMBROKESHIRE SA61 1TP**

Present:	Mrs Bernardine Rees, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, 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 Adam Morgan, Independent Member Mr Paul Newman, 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 Mrs Ros Jervis, Director of Public Health Dr Philip Kloer, Medical Director and Director of Clinical Strategy Mrs Karen Miles, Director of Planning, Performance & Commissioning Ms Alison Shakeshaft, Director of Therapies & Health Science Mr Huw Thomas, Director of Finance
In Attendance:	Mrs Joanne Wilson, Board Secretary 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 Ms Sian Passey, Assistant Director of Nursing, deputising for Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Louise O'Connor, Assistant Director of Patient Experience, deputising for Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative Mr Sam Dentten, Chief Officer, Hywel Dda Community Health Council (part) Mr Jeremy Saunders, Wales Audit Office (part) Ms Elaine Lorton, County Director, Pembrokeshire (part) Ms Claire Sims, Head of Occupational Therapy (part) Ms Kim Willis, Senior Occupational Therapist (part) Mrs Rosie Frewin, Partnership Governance Officer Ms Clare Moorcroft, Committee Services Officer (Minutes)

PM(19)01	**PATIENT STORY**	
	The Chair, Mrs Bernardine Rees, welcomed everyone to the meeting. In view of the adverse weather forecast, it was agreed that the In-Committee session would be rescheduled for an alternative date. Mrs Rees introduced Ms Claire Sims and Ms Kim Willis from the	

Occupational Therapy department, who would be presenting the patient story. Ms Willis outlined her role with the University Health Board (UHB), and advised that Occupational Therapy provides an immediate, comprehensive assessment of patients, which is evidence based. It is commonly accepted that older people can deteriorate quickly in the hospital setting, and measures to address this are the remit of Occupational Therapy. The story Members were about to hear is that of Joan, a 90 year old retired teacher, who is extremely independent and lives alone. Joan had suffered a fall at home and had been taken by ambulance to A&E. Once a broken hip had been ruled out, it had been possible to discharge Joan home within 30 minutes of her Occupational Therapy assessment. Members were played an audio recording of an interview with Joan, who outlined her experience of a fall at home, including the involvement of the fire service and paramedics, culminating in conveyance by ambulance to A&E and an overnight stay in hospital. Pain relief had been administered prior to the Occupational Therapy assessment, which had provided Joan with the confidence to stand. Joan was very grateful for the service provided and with the equipment supplied to her to aid her recovery at home. She had been concerned about the possibility of staying in hospital for a protracted period; it had made a significant difference to her to be able to go home, particularly in terms of retaining her independence. Joan was recovering well, if more slowly than she would like. Ms Willis suggested that the story shows how resilient Joan is. Occupational Therapy had been able to provide a beneficial service, which had given confidence to both the patient and her family. A follow-up service is also in operation, with follow-up telephone calls and visits. Preparing this patient story had provided the opportunity for staff to consider the service from a patient perspective, which had been valuable. Ms Sims suggested that a systemic approach is key in considering the whole patient experience.

Mr Joe Teape explained that there are Occupational Therapy teams across all hospitals, making a huge difference in acute care, helping to prevent unnecessary admissions and thereby impacting positively on pressures. As mentioned, elderly patients can be subject to deconditioning and deterioration in hospital, and avoiding unnecessary admission prevents doing a disservice to our patients. Mr Teape recognised, however, that there is more which can be done to build on and improve systems as the organisation implements its new health and care strategy. Ms Delyth Raynsford echoed comments around length of stay for elderly patients, emphasising that being at home in familiar surroundings is often of particular importance to this group. Ms Raynsford also emphasised the need for planning with patients' families and, noting the involvement of first responders in Joan's story, enquired whether there are plans to work alongside this sector as part of Transforming Clinical Services. Dr Philip Kloer emphasised that the Transforming Clinical Services (TCS) programme is a whole system approach, which is very much community and Primary Care focused. The UHB is linking with both Local Authorities and other agencies, whereas it has not necessarily previously realised such opportunities, which will be key to TCS. Mrs Rees suggested that the workforce is also a key issue, and noted recent challenges in recruiting therapy staff. Ms Sims stated that the therapies are a diverse group, with differing issues; and that, whilst there are certainly challenges, it should not be assumed

	that this will always be the case. Ms Alison Shakeshaft added that the wider team also needs to be considered, including support workers. Whilst there is a limited workforce, there is a will to expand therapy services. The UHB needs to be pragmatic and consider the model offering the most benefit and value. Ms Jill Paterson agreed, noting the importance of the multi-disciplinary team and the way in which resources are utilised. Emphasising that Primary Care Clusters are at the 'front end' of services, Ms Paterson enquired whether a rotational model is employed for Occupational Therapists. Ms Sims confirmed that this is the case, with staff working in hospital, community, and mental health settings, and agreed that their future role in Primary Care will be vital. It was suggested that conveyance rates of similar patients could be reduced if there was more focus on fall prevention, and the ability to rule out fractures at an earlier stage. Mr Steve Moore thanked Ms Willis and Ms Sims for the presentation, highlighting in particular the comment around viewing the whole system from the patient perspective, which is the focus of the new health and care strategy. The challenge will be to determine how this is implemented, alongside all the organisation's current demands. Mrs Rees also thanked Joan for sharing her story, and committed to write letters of thanks to Occupational Therapy staff and to the patient concerned. Ms Sims and Ms Willis were thanked for their contribution and left the Board meeting.	**BR**

PM(19)02	**PUBLIC FORUM**	
	Mrs Rees advised of several questions received from three members of the public for the Public Forum section of the meeting, advising 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 formal letters of response provided.	**BR**

PM(19)03	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	Apologies for absence were received from: • Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience • Mr Michael Hearty, Associate Member • Mrs Libby Ryan-Davies, Transformation Director • Dr Kerry Donovan, Chair, Healthcare Professionals Forum • Dr John Morgan, Chair, Hywel Dda Community Health Council • Dr Owen Cox, LMC Representative • Mr David Thomas, Wales Audit Office	

PM(19)04	**DECLARATION OF INTERESTS**	
	No declarations of interest were made.	

PM(19)05	**MINUTES OF THE PUBLIC MEETING HELD ON 29TH NOVEMBER 2018**	
	RESOLVED – that the minutes of the meeting of the Health Board held on 29th November 2018 be approved as a correct record, subject to the following amendments:	**CM**

PM(18)206 – REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE:

- To amend ‘BPPAC had expressed concern regarding the length of and level of detail contained within the 2018/19 Annual Plan...’
  to read ‘BPPAC had expressed concern regarding the length of and level of detail contained within the 2018/19 Annual Plan **Monitoring Report**...’

PM(18)222 – COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS:

- To amend ‘Mr Morgan, who had attended the workshop, confirmed that it had been positive; adding that there is a recognition that all staff are committed to working together...’
  to read ‘Mr Morgan, who had attended the workshop, confirmed that it had been positive; adding that there is a recognition that all **staff side and management side** are committed to working together...’

PM(19)06

MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 29TH NOVEMBER 2018

An update was provided on the table of actions from the Public Board meeting held on 29th November 2018 and confirmation received that all outstanding actions had been progressed. In terms of matters arising:

PM(18)208 – Mr Teape advised that the report on A&E waits will be presented to the April 2019 meeting of the Quality, Safety & Experience Assurance Committee rather than the February 2019 meeting.

PM(19)07

REPORT OF THE CHAIR

Mrs Rees introduced her report on relevant matters undertaken as Chair of the University Health Board since the previous Board meeting, highlighting in particular the significant work being undertaken around preparations for Brexit. A detailed report will be considered by the In-Committee Board, prior to a report being presented to Public Board. Whilst this is a challenging subject to discuss due to the uncertainty involved, the UHB does have contingencies in place. Members’ attention was drawn to information around refurbishment of clinical areas in Bronglais General Hospital and South Pembrokeshire Hospital, with Mrs Rees thanking those who have contributed donations or funds. Mrs Rees congratulated all award winners, including those receiving Long Term Service awards. It was also noted that a current member of staff, Ms Jennifer Ann Ladd, and former Board Member, Mr Michael Ponton, had been recognised in the Queen’s New Year’s Honours List. Finally, Mrs Rees drew Members’ attention to the Chair’s Action detailed in the report, around the contract for Primary Care Orthodontic Services.

The Board:

- **SUPPORTED** the work engaged in by the Chair since the previous meeting and to note the topical areas of interest.
- **RATIFIED** the action undertaken by the Chair on behalf of the Board, detailed in Appendix 1 of the report.

PM(19)08

REPORT OF THE CHIEF EXECUTIVE

Mr Moore presented his report on relevant matters undertaken as Chief

Executive of the University Health Board since the previous Board meeting, emphasising that the brevity of the report should not be taken as an indication of current UHB activity. There are a number of areas of work at present, including dealing with winter pressures, work relating to the year-end position, planning for next year and Brexit preparations, the latter being undertaken on both a Hywel Dda- and NHS Wales-wide basis. With regard to winter pressures, Mr Moore was keen to recognise the ongoing contribution of all UHB staff. Whilst staff work hard all year, there are particular challenges during the winter period. Mr Moore noted that there has been an increase in the incidence of Influenza, and encouraged all of those eligible for a ’flu vaccination to take this up. The efforts of the operational team, under the leadership of Mr Teape, should also be recognised, and Mr Moore paid testament to staff working across the whole healthcare system. The report also included an update on a number of strategic issues, with it noted that Welsh Government has agreed a more ‘bespoke’ timetable for submission of the UHB’s Annual Plan. This will be discussed at the Board Seminar in February 2019, and submitted to Public Board in March 2019. Mr Moore drew Members’ attention to Appendix 3 of his report, an update on the Llanelli Wellness Village. Members were reminded that this work has been ongoing for some time and Mr Moore reaffirmed the UHB’s commitment to this project, which is important to both the organisation and the local population.

Professor John Gammon welcomed the clarity provided by the Llanelli Wellness Village update report, suggesting that this demonstrates the significance of this project to the Board, and acknowledging the work to date. Professor Gammon emphasised the importance of this project in terms of the UHB health and care strategy and wellbeing framework. It also demonstrates the maturity of the organisation in working with its university partners. Ms Sarah Jennings advised that the report will also assist in providing assurance to the Charitable Funds Committee in its discussions regarding the funding of specific projects within the Llanelli Wellness Village. Referencing the capital required for this project, sourced from the City Deal funding, Mr Paul Newman enquired whether there was any update. Mr Moore and Mrs Rees advised that the UHB is not able to advise in this regard, as the lead is being taken by Carmarthenshire County Council and the UHB does not have any financial input to the project. Mrs Rees echoed comments around the importance of the Llanelli Wellness Village for the local population, whilst noting that the final project may not be as extensive as previously planned. The UHB awaits further clarity and scrutiny in this regard. Mrs Rees corrected one statement in the report, noting that Abertawe Bro Morgannwg University Health Board (ABMUHB) is not a partner in the Llanelli Wellness Village project.

The Board:

- **ENDORSED** the Register of Sealings since the previous report on 29th November 2018;
- **NOTED** the status report for Consultation Documents received/ responded to.

In relation to the Llanelli Wellness Village:

- **NOTED** the update provided.
- **NOTED** the remit and scope for clinical delivery, recognising the extensive clinical leadership and engagement that has fed into the

development of the report.
- **ENDORSED** the Llanelli Wellness and Life Science Village as a Health and Well-Being Centre in line with the principles set out in the report and the Transforming Clinical Services Strategy.
- **NOTED** that there will be consequent service redesign and associated business planning undertaken and that business planning has commenced through issue of service templates. Service redesign and business planning will, as far as possible, reduce the revenue impact, however is unlikely to achieve a revenue neutral position.
- **NOTED** that, subject to a Programme Business Case detailing all of the costs and benefits, the draft revenue implications will be £27,000 per module; to be confirmed by District Valuer in January 2019.
- **NOTED** that there will be associated health system economic benefits.

PM(19)09 REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE

Mr Mike Lewis, Audit & Risk Assurance Committee (ARAC) Vice-Chair, outlined the ARAC update report, drawing Member's attention to the Key Risks and Issues/Matters of Concern section and providing further detail around the topics detailed therein. Mr Lewis advised that, with regard to the Wales Audit Office (WAO) Public Health Review Report, it should be noted that the decrease in allocation is to be phased. There is a word missing on page 7; the relevant statement should read as follows:

- Disquiet regarding the overall assurance rating for the IA Report on the IM&T Directorate;
    - The Committee requested that this be reviewed and internal **audit** review the file and associated rating. **CM**

Members' attention was also drawn to concerns regarding the lack of assurance provided by management responses to Internal Audit reports on the Procurement and Disposal of IT Assets and the IM&T Directorate, which are to be addressed at the February 2019 meeting. Mr Newman thanked Mr Lewis for chairing the meeting in his absence. Emphasising the importance of organisational compliance with the Internal Audit Charter, Mr Newman stated that a great deal of work has been undertaken recently. It should be noted and communicated that there will be increased scrutiny in this area. Mrs Rees understood that Mr Newman and the Board Secretary had recently met with Internal Audit representatives and have followed this up in writing. It is important that Executive Directors share the message around the IA Charter with managers. Mrs Rees was also concerned that the organisation should consider how best to support managers in composing management responses. It was agreed that Mr Teape would take this forward. **JT** Mrs Karen Miles suggested that the IM&T Directorate IA Report was a systems report rather than a directorate report, and should be retitled as such. Mrs Judith Hardisty advised that certain of the issues contained within the report were directorate related, not systems related. Mrs Joanne Wilson committed to discuss this further with Mrs Miles. **JW** Referencing the Ophthalmology Improvement Plans, Mr Teape was pleased to report that the UHB has been awarded £600k funding towards Eye Care Measures; £200k this year and £400k next year. A proportion of this funding will be utilised for cataract and glaucoma treatments, which should assist significantly in addressing the current backlog in Ophthalmology follow-up appointments.

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.

PM(19)10 WALES AUDIT OFFICE – ANNUAL AUDIT REPORT & STRUCTURED ASSESSMENT REPORT 2018

Mr Jeremy Saunders presented the Wales Audit Office (WAO) Annual Audit Report and Structured Assessment Report, outlining the process undertaken in terms of the 2018 Structured Assessment and noting that the management response is currently being prepared. Members were reminded that this document has previously been discussed in detail at the Board Seminar in December 2018. The Structured Assessment will be published on the WAO website following the February 2019 ARAC meeting. Progress is being made on implementing recommendations from previous Structured Assessment reports. With regard to the Annual Audit Report, Mr Saunders explained that this provides a summary of the work undertaken during the year, in terms of both Structured Assessment and financial statements. In respect of paragraph 22, Members noted that an unqualified audit opinion has been issued in relation to the audit of the charitable funds financial statements.

Referencing Appendix 2 of the Annual Audit Report, and the fees for audit work, Cllr. Simon Hancock enquired whether these are likely to increase or decrease for the forthcoming year. Mr Saunders, recognising the reason for concern regarding fees in the current financial climate, advised that the intention is for a marginal reduction in the financial audit fee, with the performance audit fee likely to remain at the same level. Mrs Rees reiterated Mr Saunders' comment, noting that the whole Board had spent many hours discussing the various elements of the report with WAO. Mr Huw Thomas thanked Mr Saunders and his team for their work on the financial accounts and welcomed the constructive and professional relationship developed over a number of years. Mr Moore added his thanks, noting that the UHB has always maintained a productive and useful relationship with the Wales Audit Office, and emphasising that audit work is worthy of investment. Mr Saunders was thanked for his contribution and left the Board meeting.

The Board:

- **SUPPORTED** the content of the Annual Audit Report and Structured Assessment 2018 Report, reflecting the amendments agreed at the feedback session on 13th December 2018, and was **ASSURED** that it presents a fair and balanced view of the organisation recognising both the positive aspects identified and those areas where further progress is required.
- **ACCEPTED** the recommendations contained within Structured Assessment Report 2018 and **REQUESTED** that a detailed management response be prepared and submitted to the Audit and Risk Assurance Committee on 19th February 2019.

PM(19)11 OUR HEALTH AND WELLBEING FRAMEWORK

Mrs Ros Jervis introduced the Hywel Dda UHB Health and Wellbeing

Framework, reminding Members that the Board is on a very important journey, with key decisions and commitments regarding the future made recently. The UHB had made two major commitments in November 2018, the first being a transformational shift in healthcare services. It will be challenging to systemise this, and will require a fundamental change in organisational thinking and decision making. All whilst managing the day to day demands of delivering healthcare to the Hywel Dda population. The second commitment was to working better together and taking a whole system approach, in order to maximise the impact of change for local communities. Mrs Jervis emphasised that there are steps the UHB can take which will assist our communities. The Health and Wellbeing Framework is a strategic document; there will still be a need to take actions at an operational level. Ms Jervis drew Members' attention to the 'Our Journey Ahead' section, providing examples of how the various areas of focus can help to achieve the organisation's new Strategic Objectives. It was stressed that a cultural shift and new conversations will be required. Members noted that a Wellbeing Lens has been developed, based on the Wellbeing of Future Generations (Wales) Act 2015. A number of workshops have taken place, which will be detailed in the Pembrokeshire County Report presented later on the agenda. Mrs Jervis concluded by emphasising the importance of actively engaging with partners.

Mrs Rees commended the entire report, particularly the 'easy read' framework document. Mr David Powell echoed these sentiments, noting that the framework consistently reflects discussions the organisation has been having for the past 2-3 years and stating that the logic therein cannot be disputed. Mr Powell suggested, however, that the need to retain acute services must not be lost sight of. Mrs Jervis agreed, emphasising that to suggest otherwise had not been her intention. Acute services will always be required; the priority is to ensure that people are only in hospital for the right reason and at the right time. Mrs Hardisty endorsed previous comments. Whilst recognising the need to work and think differently as an organisation, Mrs Hardisty highlighted the need to work with staff and to value their previous contribution rather than suggest that how they have been working is 'wrong'. Mrs Jervis acknowledged this observation, drawing Members' attention to the 'Our Movement for Change' section and particularly the 'Building on What's Working' flowchart. It was noted that a number of staff who attended the development session had taken the Wellbeing Lens back to use within their teams; however, some had reported that whilst they had found this 'a useful exercise', they felt that they were unable to influence change. This was of concern to Mrs Jervis, who emphasised that the UHB must seek to empower its staff. Cllr. Hancock stated that this is an exceptional piece of work. Highlighting in particular reference to partnerships in 'Our Building Blocks', Cllr. Hancock enquired how the framework complements the three separate Wellbeing Plans of the local Public Services Boards (PSBs). Mrs Jervis confirmed that the framework aligns with these, noting that whilst each PSB has its own Wellbeing Plan, there is real synergy across them. Mrs Jervis emphasised that the organisation will need to focus on the wider health determinants; if it is to improve population health, it will need to play its part effectively, and take forward plans in a focused way.

	Mr Sam Dentten stated that the Community Health Council (CHC) would welcome the proposed aspirational and partnership approach. He emphasised, however, that the public will expect to see what will be different about healthcare services and that this is vital in order to ‘take the public’ with the organisation. Secondly, the CHC will expect to see the Board as Public Health champions. Mrs Jervis agreed, stating that proposals are not about the UHB ‘telling the public’, they are about a conversation with the public. With regard to the second comment, Mrs Jervis suggested that it was widely accepted that a Population Health approach, whilst challenging, is the way forward. Mr Adam Morgan enquired with regard to any examples of staff who are genuinely experiencing the movement for change. Mrs Jervis stated that staff have already begun to use the Wellbeing Lens, although a more extensive roll-out will offer the best opportunities for making a tangible difference. An outreach and communications programme to discuss the Wellbeing Lens with staff requires further consideration. Whilst accepting that a staged approach has been proposed, Professor Gammon noted mention within the framework of outcome measures, and suggested that the organisation needs to consider how each stage is assessed and/or evaluated. Ms Jennings reminded Members that the Board made a commitment to embrace the spirit of the Wellbeing of Future Generations Act, and suggested that this is a tangible example of doing so; turning what is inspirational and aspirational into a cohesive action plan. Ms Jennings added that Mrs Jervis is an active member of all three Public Services Boards. Ms Paterson echoed previous comments, reiterating the importance of taking staff and the public on the journey and reminding Members that the UHB does have experience in this regard. Ms Paterson stated that the organisation has taken the public through a number of challenging changes to Primary Care services and that there is sometimes a sense of ‘loss’ involved, which needs to be addressed by employing a proactive approach. Mrs Jervis welcomed and acknowledged this input. Ms Anna Lewis, noting the need when implementing fundamental changes for ‘courage’ as a Board, wondered whether this is easier in the abstract than when actual decisions are required. Ms Lewis suggested that consideration be given to improving the Board’s readiness to make such decisions. Mrs Jervis advised that there are a number of exemplars which are known to be effective, based on evidence. The key to ‘getting population health right’ will be to cost these out in order to consider how mainstream resources might be reallocated to such projects. Mr Moore emphasised that the Health and Wellbeing Framework is one part of a whole, which also includes the Continuous Engagement Framework, the Quality Improvement Framework, the Attraction and Retention Strategy and the Clinical Strategy. The Health and Wellbeing Framework, whilst ‘part of the jigsaw’, is different, and the organisation needs to consider how it is developed. For instance, consideration should be given to introducing local performance measures which may or may not take priority over national indicators. Mr Moore agreed that there also needs to be a discussion around how resources may be reallocated. Whilst the end point is fairly clear, the route there is less so. There is, however, a risk if the organisation fails to start taking these decisions soon. Mrs Rees agreed with Professor Gammon that the UHB will need to contemplate how it measures success; and concluded by suggesting	**RJ**

	that this is one of the most important documents the Board has been asked to consider.	
	The Board **APPROVED** the HDdUHB Health and Wellbeing Framework.	

PM(19)12	**CONTINUOUS ENGAGEMENT AND CONSULTATION FRAMEWORK AND CHC/UHB SERVICE CHANGE PROTOCOL**	
	Ms Jennings outlined the Continuous Engagement and Consultation Framework and CHC/UHB Service Change Protocol, advising that the organisation needs to alter its approach, applying learning from the Transforming Mental Health and Transforming Clinical Services programmes. The organisation is at the start of the next stage, which is mobilising its 20 year plan. This will be undertaken in partnership with Local Authorities, the Third Sector and other agencies including the police. The report presented has been drawn up by both the UHB and the local Community Health Council (CHC) and includes a number of appendices. It represents a commitment to only change services in collaboration and conversation with the public and stakeholders; the proposals are on a scale the UHB has never before attempted and there is a commitment to be as innovative as possible. Such an approach will require dedicated resource and, as such, the Transformation Fund Bid included provision for a facilitator in each locality. Ms Jennings stated that the various frameworks have provided a starting point for this proposal, which supports the Health and Wellbeing Framework discussed in the previous item and the Health and Care Strategy agreed in November 2018. Mr Dentten confirmed that the CHC has agreed this as a document and as the appropriate way forward. Whilst there are other similar protocols in place across Wales, this is probably the first to consider continuous engagement in addition to service change. Mr Dentten emphasised that there will be scrutiny in how the framework is implemented. It was stressed that the best decisions are those where organisations can demonstrate they have listened to the public and public opinion has influenced decision-making. Mrs Hardisty, whilst, welcoming the framework, suggested that the appendices are perhaps too 'linear', noting that processes do not always run as smoothly as indicated. Referencing the previous strategy around 'every contact counts', Mrs Hardisty emphasised the need to be mindful of the importance of patient experience. It was suggested that there should be a mechanism whereby staff are aware that any patient contact can be fed into the continuous engagement process. Ms Jennings acknowledged both comments, emphasising that the framework presented is a starting point and that she and Ms Louise O'Connor are meeting next week to discuss patient experience and engagement. Ms Jennings agreed that the organisation needs to capture this information 'in the round' and allow it to inform decisions. Referencing page 3 of the SBAR, Professor Gammon felt that there was an element missing, ie impact assessment/ outcome evaluation. Professor Gammon echoed the suggestion that the patient perspective needs to be captured. Ms Shakeshaft agreed, recalling the TCS engagement events she had attended, and the power of the patient stories and journeys heard there. Ms Jennings recognised the power of conversation and the need to ensure that there is not an over-focus on process. Members heard that the UHB plan to develop a database to collate and analyse feedback and also plan to adopt a	**SJ**

	coordinated approach with partners who are undertaking similar discussions with specific groups. Mrs Rees enquired how it is intended to mainstream the framework and its processes across all staff groups, to ensure staff awareness; and to avoid situations whereby staff, with the best intentions, introduce changes at a local level without involving all of the necessary parties. Ms Jennings advised that there are various potential approaches and emphasised the importance of Executive Directors in both ownership and communication of the framework to their teams. There will need to be a communications cascade to staff; it was suggested that the strategy for this should be discussed at a future Executive Team meeting. Mrs Rees also noted the importance of the political landscape, and suggested that consideration be given to how the organisation evidences engagement around specific and/or contentious issues. Ms Jennings explained that the mechanism for this will be mainly via the localities, as part of the 3 year plan, although this will continue to evolve. The need for openness was emphasised, which would include sharing information with politicians. Agreeing, Mr Moore added that all staff and partners need to move into a continuous engagement mode; the UHB also needs to ensure that its staff have the skills to make changes and are empowered to do so. A Board discussion around the assimilation of all these elements is required.	**SJ** **SJ** **JW**
	The Board **APPROVED** the Hywel Dda Community Health Council and Hywel Dda University Health Board Framework for Continuous Engagement and Consultation including the following appendices: Appendix 1 - Hywel Dda Health Board's Continuous Engagement Framework Appendix 2 - Primary Care Framework Appendix 3 - Changes to Services Proforma Appendix 4 - Timeline for Engagement and Consultation	

PM(19)13	**PROCUREMENT OF LABORATORY INFORMATION NETWORK CYMRU (LINC)**	
	Mrs Miles presented the Procurement of Laboratory Information Network Cymru (LINC) report, advising that this consists of standard documents issued to all Health Boards for consideration. Members' attention was drawn particularly to the Progress to Date section on page 3 and Financial Implications section on page 5 of the SBAR. Mrs Miles highlighted that the 'whole life' of the system is 5 years, and drew members' attention to the three (local) caveats outlined in the bullet points below the second recommendation. Mrs Miles stated that the main difference between the current system and LINC is the business change element. Mr Powell noted that, with the current contract coming to an end, there is little option but to make a change. However, it was suggested that the proposal is being presented to Health Boards a little late in the day. Mr Powell expressed concern that the costs for dual running are not reflected in the recommendations, noting that these may be prolonged should there be issues with implementation. Concerns regarding the cost of electronic test requesting were also expressed and Mr Powell requested assurance regarding the system's ability to deliver cash-releasing benefits. Mrs Miles agreed that these were valid concerns.	

With regard to electronic test requesting usage, Mrs Miles suggested that a cultural shift is required, from a paper-based system to an electronic system. This can be challenging in high pressure clinical environments such as A&E, particularly if the electronic system is not as user-friendly as it might be. Noting the 4 year dual running/ implementation period, Mr Morgan queried whether there are any other risks relating to revenue costs. Also, how future-proof the system is, in view of the rate of technical advances. In response to the first query, Mrs Miles drew Members' attention to the information at the bottom of page 3. With regard to the second query, Members were informed that advances in digitisation of pathology are being considered to ensure that the system is future-proof. Professor Gammon was concerned that the report and business case make no mention of patients, in terms of benefits to patients or improvements to patient safety, and suggested that this be addressed. Dr Kloer confirmed that there will be benefits to patient care and echoed Mrs Miles' comments regarding electronic test requesting needing to be easy to use; adding that the IT systems also need to be reliable, as if this is not the case, medical staff will be discouraged from utilising the electronic system.

Whilst acknowledging Members' concerns, Mr Moore emphasised that this procurement process needs to be taken forward. Referencing Professor Gammon's comments, Mr Moore noted that the report and business case have been written from an IT perspective rather than a patient/quality perspective. Members were reminded that the Public Accounts Committee has expressed concerns around informatics projects being driven by those in IT rather than by healthcare organisations, for patient benefit. Mr Moore agreed that the electronic test requesting, in particular, should be regarded in terms of the patient safety and quality improvements offered, rather than financial benefits.

The Board:

- **NOTED** the contents of the above report.
- **APPROVED** the LINC OBC, which will allow the procurement to proceed at a national level, subject to:
  - the expectation that there will be no bottom-line cost pressures in the longer term;
  - that benefits, as stated, are secured;
  - that the Executive Team will track progress and update the Board accordingly.
- **AGREED** to include the estimated costs of the OBC and the LINC Programme in their IMTP plans. The costs for LINC could be circa £587k, for the revenue option, and £488k for the revenue and capital option. Both would mean an additional cost pressure to the Health Board of £104k, and £5k respectively.
- **NOTED** that the increase in costs will be a cost pressure on the Health Board's Pathology Department, and will be added to the current NHS Wales Informatics Service (NWIS) Service Level Agreement (SLA) with Hywel Dda.

PM(19)14

LAUNDRY BUSINESS CASE

Mr Thomas introduced the Laundry Business Case report, expressing his thanks to the Estates Team for their input and advising that the business case has already been considered by the Finance Committee.

	Members were informed that this is also a nationally-produced document being considered by all Health Boards, and Mr Thomas conceded that, as with the previous item, patient benefits are not a particular focus of the business case presented. Of the 5 options shortlisted, Option 3 is being recommended. Mr Thomas emphasised that specific locations and management arrangements have not yet been decided and that these will be brought back for further discussion in due course. Mrs Hardisty requested assurance regarding timescales, suggesting that the process has been somewhat prolonged. Whilst recognising that none of the 5 existing Laundry Production Units are compliant with the latest standards for decontamination, Mrs Hardisty expressed concern regarding the associated risks, which are not articulated in the report. Advising that these are being considered on an All Wales basis, Mr Thomas suggested that this matter be discussed by the Quality, Safety & Experience Assurance Committee. Noting the efficiency gains detailed, Ms Lewis enquired how well the assumptions are tested. Mr Thomas advised that these have been developed by an external company in conjunction with Health Board Estates departments, and have been discussed at various forums, with numerous opportunities to check and challenge the assumptions. Mr Morgan welcomed the involvement of staff at an early stage and hoped that this would continue, in view of the potential impact on people's livelihoods. It was noted that logistics risks had not been costed. Mr Thomas confirmed that there has been active staff engagement and that this will continue, whilst emphasising that no decision on location(s) has been made as yet. Mrs Lisa Gostling confirmed that engagement with staff will be maintained. With regard to Mr Morgan's second comment, Mr Thomas stated that it has been a case of considering the balance between the logistical costs of the various options, taking into account logistics, value and efficiency. Option 3 offers the best balance and is, therefore, the preferred option.	**HT**
	The Board: • **ENDORSED** the recommendation of the Project Board to Shared Services Committee, noting that there is further work being undertaken on proposed management arrangements and that this will be reported separately; • **APPROVED** the preferred option outlined within the OBC; • **APPROVED** the progression of this project to a FBC stage subject to Welsh Government approval.	

PM(19)15	**FUNDED NURSING CARE**	
	Ms Elaine Lorton joined the Board meeting. Ms Paterson presented the Funded Nursing Care (FNC) report, reminding Members of the background to this issue. At the Public Board in March 2018, Members had agreed the 2017/18 uplift, the cost of which was to be shared 50:50 between Health Boards and Local Authorities. Since March 2018, there had been a further challenge to the uplift figure, resulting from an error made by Laing & Buisson in their 2013 report. Members heard that an All Wales meeting had taken place on 30th January 2019 and that a formal declaration is to be issued by	

care providers to Health Boards, confirming that paid breaks are provided. Ms Paterson thanked the Finance and assessor teams for their work in relation to FNC, noting that the back payment for 2018/19 is £1.68m. Members were advised that managing payment to deceased self-funders involves various complications in terms of process and will require further work.

In response to a query from Mrs Rees, Mr Thomas confirmed that the back payment component is included in the Annual Plan, as is the estimated ongoing cost. Mrs Hardisty thanked Ms Paterson for her contribution to the issue of Funded Nursing Care and enquired whether there has been any suggestion that Laing & Buisson compensate Health Boards for their error. Ms Paterson suggested that this is likely to be explored, with Mr Newman noting that, if the error occurred in 2013, the 6 year limit for making such a claim is fast approaching. Mrs Rees echoed the comments regarding Ms Paterson's leadership in this area, adding that the UHB should also recognise the contribution independent care providers make to the care system. Ms Paterson agreed, emphasising that an ongoing discussion regarding the future of care provision is required.

The Board:

- **NOTED** the identification of a calculation error by Laing & Buisson that has led to a need to revise the 2017/18 FNC rate as approved by the Board in March 2018;
- **NOTED** that confirmation of the NHS pay award has meant the 2018/19 FNC rate has now been calculated;
- **APPROVED** the NHS component of the 2018/19 rate as £167.87, with a further additional component payable by LAs;
- **NOTED** the Inflationary Uplift Mechanism was agreed for a five year period ending with the 2018/19 uplift and that HB teams will consider options for 2019/20 onwards;
- **NOTED** the work undertaken with Provider representatives to resolve the evidence of paid breaks, and that this should be resolved to the satisfaction of all parties shortly;
- **NOTED** the requirement to issue reimbursement resources in-year and the processes in place to manage the three cohorts that require reimbursement;
- **NOTED** that Care Forum Wales has indicated their wish to consider other matters, including CHC rates, now that FNC matters are reaching resolution.

PM(19)16

TRAUMA NETWORK PROGRESS REPORT

Dr Kloer outlined the Trauma Network Progress report, advising that this is being considered by all Health Boards. Members were reminded of the decisions already made, with Dr Kloer emphasising that these are underpinned by evidence of improved quality and safety of care and benefits in terms of saving lives. The report provides an update on progress and recognises the importance of the network and the various component parts of the pathway. Members were reminded of previous discussions regarding emergency transport and the need for a 24 hour Emergency Medical Retrieval and Transfer Service (EMRTS). Dr Kloer emphasised that only a small percentage of trauma patients require treatment at a Major Trauma Centre; it is expected that the vast majority of trauma care would be undertaken locally. Members noted that in the UHB's Health and Care Strategy, the new hospital had been designated as a Major Trauma Unit. However, as this facility does not yet exist, Glangwili General Hospital (GGH) would be designated as the interim Major Trauma Unit, due to it possessing almost all of the necessary requirements. In addition, Bronglais General Hospital (BGH) has a particular role in treating trauma, which the organisation would wish to retain.

Referencing the designation of GGH as a 'candidate' Major Trauma Unit, Mr Powell queried whether, should significant investment be required to bring it up to standard, this would be funded by the Major Trauma Network or by the UHB. Dr Kloer advised that, for a hospital to be designated as a Trauma Unit, a range of facilities and workforce requirements need to be considered. He did not envisage that significant changes would be required for GGH to meet the required standards. Ms Raynsford referenced the 'Future Fit' programme relating to healthcare in Shropshire, Telford and Wrekin and mid Wales, and enquired regarding the potential impact on the role of BGH. Dr Kloer assured Members that the UHB is represented at the Clinical Advisory Group for Mid Wales, together with other stakeholders. The location of the patient determines which Major Trauma Centre they are routed to. The 'Future Fit' programme will not be an issue in terms of Major Trauma Centres, as neither Telford nor Shrewsbury are classified as such; however, it may be an issue in terms of Major Trauma Units. Members noted, however, that all 3 Betsi Cadwaladr University Health Board hospitals are classified as Major Trauma Units. Mrs Rees noted the statement in the SBAR around the need to ensure that the majority of trauma care for the population of Pembrokeshire is delivered locally, and enquired whether this is intended to be an interim or long-term arrangement. Dr Kloer explained that it is not intended to make changes to patient flows in the interim whilst the modelling is undertaken, considered and discussed with CHC. It was emphasised that there will need to be an open dialogue with the CHC, and that there will be a transitional period between GGH being the local Major Trauma Centre and the new hospital taking on this function.

The Board **NOTED** the progress made and that further reports will be received as work progresses.

PM(19)17 FOCUS ON HEALTHCARE SERVICES IN PEMBROKESHIRE

Ms Elaine Lorton introduced the Focus on Healthcare Services in Pembrokeshire report, reminding Members that it is uncommon to see care in its entirety, across the whole system. During 2018, there were 1.3m patient contacts; this figure does not include contacts with community pharmacists. 41,000 patient contacts were through Withybush General Hospital A&E; 189,000 through Primary Care and 140,000 in the community, including 900,000 community prescriptions; patient contacts also occur through Welsh Ambulance Services NHS Trust (WAST), radiology and social care settings. An enormous amount of activity is taking place in our communities, where an understanding of networks ensures that care is optimally delivered. There are plans to develop fully integrated systems in conjunction with Local Authorities. Two workshops with local stakeholders have already take place in Fishguard and Narberth, which have stimulated positive and useful

	discussion. Five further network meetings are planned before the end of March 2019. Mrs Rees thanked Ms Lorton for her report and advised that the Occupational Therapists had provided a very interesting Patient Story presentation. Mrs Hardisty also thanked those involved in preparing the report and commended it for its inspiring tone, which was both ambitious and realistic. The importance of engagement, particularly utilising patient contacts as an opportunity to talk to people, was emphasised. Noting that Board had received a similar Pembrokeshire update approximately 12 months ago, Mr Morgan queried whether any of the projects presented in the previous report have been scaled up, and suggested that provision of this information would be useful in future iterations of County reports. Mr Morgan also enquired how the impact of such projects will be analysed to evaluate whether benefits are applicable only to the local community or whether they would also apply in a wider setting. Ms Lorton reported that Occupational Therapists are working within Primary Care, and that this has been a very positive experience for both patients and staff. This will be incorporated into future models of care. The integrated localities will be key in terms of assessment of projects, together with sharing learning. Cllr. Hancock suggested that the report is a very good mapping exercise demonstrating the variety and depth of activities across the County. Cllr. Hancock enquired, however, whether the potential of social enterprises has been fully recognised, for example Solva Care, which has been held up as an exemplar. Ms Lorton agreed that partnership with the Third Sector is crucial, and gave several examples of where the UHB is already working very effectively with the Third Sector. It was acknowledged, however, that there is potential to further develop this area. Mr Jonathan Griffiths outlined the concept of 'Community Catalysts', whose whole emphasis is to develop community enterprise. Mr Griffiths hoped that the positive partnership approach between the UHB, Local Authorities and other parties is communicated via the report. Professor Gammon requested assurance that the proposed integrated plan links with the UHB's Health and Wellbeing Framework. In response, Mrs Jervis drew Members' attention to details of planned workshops on page 3 of the main report, together with the Wellbeing Lens included on page 4. Mrs Jervis emphasised the importance of 'meaning what we say', stressing that Solva Care is successful because a group of people came together to take forward something they care about. The project has been driven 'by' the local community, rather than it being a case of having it done 'to' them. Referencing evidence for the partnership approach, Ms Paterson suggested that this needs to be translated into the UHB Annual Plan in terms of tangible actions the organisation will deliver. Ms Lorton was thanked for her contribution and left the Board meeting.	**JT**
	The Board **NOTED** the content of the report and **SUPPORTED** the plans and initiatives identified which will strengthen services and provide integration on all levels, across organisations and between individual services in improving the health and wellbeing of the population of Pembrokeshire.	

PM(19)18	**BI-ANNUAL IMPROVING EXPERIENCE REPORT**	
	Ms Louise O’Connor presented the Bi-Annual Improving Experience report, advising that Members will be aware of the actions being taken. Whilst there is an overall improving position, there is still much to do and monitoring measures are ongoing. Plans are in place to strengthen assurance and quality governance processes, including listening and learning events.	
	Mrs Hardisty enquired whether the UHB is required to respond to the letter from the Ombudsman. Ms O’Connor advised that a reply has been sent and that the UHB Chair and Chief Executive have also met with the Ombudsman to discuss the issues raised in his letter. Cllr. Hancock suggested that compliments, as well as complaints, offer opportunities for learning and enquired whether the ‘Big Thank You’ is applied consistently, or whether the organisation is potentially missing out on intelligence from this source. Whilst Ms O’Connor conceded that this is not currently systemised, Members heard that a systemised approach is intended in the future. Professor Gammon noted the focus on patient experience and the metrics used to measure this, suggesting that the planned Patient Experience Charter provides a degree of reassurance. However, certain of the statistics within the report remain of concern, even though they are relatively low numbers. Professor Gammon stated that he would expect to see improvements in future reports. Ms O’Connor acknowledged these comments, emphasising that there will be further discussions and consideration of emerging themes and trends. The Improving Experience Sub-Committee terms of reference will also be revisited. Referencing ‘every contact counts’, Ms Raynsford enquired how much of a customer focus there is in induction and the general organisational culture. Ms O’Connor advised that there is a brief online training programme during induction; it is recognised this is insufficient and the training is currently being redesigned. As it has not been possible to systemise inculcation of a customer focus due to capacity limitations, a team-based approach has been employed to date. Ms Sian Passey confirmed that work is being undertaken at ward level.	**LO’C**
	Mr Newman expressed concern regarding the paucity of information on patient experience, emphasising that the Concerns Team are doing their best with the information available to them. It was suggested that the UHB needs to take steps to increase the levels of patient experience information it collects. Ms Lewis was concerned about increasing processes and barriers to effective working, and wondered how the organisation might ‘liberate’ staff to allow them to discuss what is making their jobs challenging. Noting the main themes listed on page 3 of the SBAR, Ms Lewis enquired whether progress is being made in respect of these. Ms O’Connor stated that there are a number of consistent themes, which do need to be addressed. Specific themes have been and are being fed back to individual services. Referencing earlier comments, Ms O’Connor confirmed that the organisation is eager to strengthen work around patient experience. In response to a query from Mrs Rees regarding operational level barriers, Mr Teape acknowledged that specific service-area elements can be improved, such as access to eye care/ophthalmology services. It was suggested, however, that there should reasonably be certain expectations in terms of values and	**LO’C**

	behaviours, such as kindness and compassion, among healthcare staff and that the organisation needs to ensure that it recruits people with the relevant values. Mrs Gostling assured Members that the UHB is introducing values-based recruitment processes, and advised that it is also moving away from a computer-based induction programme to incorporate issues such as this. Mrs Gostling recognised the need to reinforce values and behaviours at every possible opportunity. Mr Dentten stated that the CHC recognise a great deal in the report, and suggested that the top-line message is the need for consistency across the organisation. Members noted that CHC representatives are meeting regularly with Mrs Mandy Rayani and Ms O'Connor. Mr Dentten cautioned, however, that there is a risk of good intentions becoming diluted by the time they reach frontline staff, and expressed concern regarding the extent to which patient experience is shared on social media rather than via other routes. Mr Moore emphasised that the vast majority of patient contacts result in high quality patient care, and that staff efforts in this regard should be recognised. At the other end of the scale, however, there are examples of poor patient experience, which have prompted action. Often, such instances involve communication, interaction or access. These are issues which need to be addressed, and the UHB also needs to ensure that the frontline is a positive place to work. In response to Mrs Rees' query regarding whether the Concerns Team have sufficient support to deliver their planned actions, Ms O'Connor felt that this was difficult to answer. Whilst there are a number of examples of excellent patient engagement, there is a need for these to be consistently applied. Work needs to be undertaken around patient experience, as well as in quality and safety. Development of the Contact Centre would have a significant impact and would potentially reduce the number of formal concerns, due to earlier resolution. Ms O'Connor had appreciated the opportunity of a detailed discussion around patient experience at the Board Seminar held in December 2018.	
	The Board **NOTED** 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.	

PM(19)19	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE**	
	Professor Gammon introduced the Quality, Safety & Experience Assurance Committee (QSEAC) update report, advising that this should now be written in such a way as to provide Board with the required assurance. Members' attention was drawn to page 3 of the report, with Professor Gammon confirming that he had taken Chair's Action in respect of approving the Claims Management Policy. There had been detailed scrutiny and discussion of each of the Corporate Risks assigned to QSEAC. With regard to the Dementia Care Progress Report, Ms Shakeshaft advised that regular meetings with relevant partners are taking place, which have resulted in the agreement of a number of key priorities. £1.2m funding has been secured for dementia care. Professor Gammon concluded by drawing Member's attention to the Key Risks and Issues/Matters of Concern section and by advising that the date of the next meeting should read 5th February 2019.	**CM**

	Mr Sam Dentten left the Board meeting.	
	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)20	**REPORT OF THE FINANCE COMMITTEE**	
	Mr Lewis, Finance Committee Vice-Chair, outlined the Finance Committee update report on behalf of Mr Michael Hearty. Discussions around Referral to Treatment Time (RTT) were highlighted, particularly pressures in terms of delivery. Mr Lewis advised that assurances had been given that steps to ensure delivery are being taken. Members noted that the report makes reference to the Womens' and Children's Phase Two work in Cardigan, which should read Carmarthen.	
	The Board **NOTED** the Finance Committee update report and **ACKNOWLEDGED** the risk in delivering the Health Board's financial forecast position.	

PM(19)21	**FINANCE/TURNAROUND UPDATE – MONTH 9 2018/19**	
	Mr Thomas presented the Financial Update and Turnaround Programme Update – Month 9 2018/19 report, noting that the financial position remains challenging, although performance in Month 9 has been improved, with an underspend of £0.3m in-month. Whilst there has been a reduction in expenditure on pay, spending on clinical supplies and drugs has increased. The position has been delivered through the use of non-recurring and one off adjustments totalling £7.2m in the year to date. Mr Thomas explained that the savings required have been reassessed, due to the UHB's ability to secure non-recurrent items going forward. Directorate savings, whilst challenging, are considered achievable; although the continued pressures in unscheduled care were noted. Mr Andrew Carruthers advised that the reduction in savings focused on three areas: a decision in Month 8 to delay any reconfiguration of beds; slippage on schemes to reduce bank/locum/ agency spend; and efficiency savings. Despite this, Mr Carruthers was as confident as he could be that the organisation is on track to deliver the required savings. Mr Lewis provided a verbal update on the detailed discussions which had taken place at Finance Committee, advising that assurances had been presented that the forecast deficit position would be achieved. Members noted that the UHB is in a better position than previous years, although this is not without risk.	
	The Board **NOTED** and **DISCUSSED** the financial position for Month 9.	

PM(19)22	**REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE**	
	Mr Powell outlined the Business Planning & Performance Assurance Committee (BPPAC) update report, reminding Members that Board had requested BPPAC to consider the issue of Therapy waits, as outlined on page 3. Mr Powell concluded by drawing Member's attention to the Key Risks and Issues/Matters of Concern section, highlighting concerns around the lack of governance resulting from a 'piece meal' roll-out of the Medicines Transcription and Electronic Discharge (MTED). Members noted that the date of the next meeting should read 26th February 2019. Referencing the UHB's Lockdown Policy, Mrs Jervis reported that this	**CM**

matter had been discussed by the Health & Safety and Emergency Planning Sub-Committee on 17th January 2019. Mrs Jervis emphasised that work to develop site plans is ongoing, and is not dependent on agreement of the Lockdown Policy. Noting discussions around residential doctors' accommodation, Mr Morgan stated that this is a significant factor in terms of student placement feedback. Agreeing, Mr Powell observed that Welsh Government guidance on doctors' accommodation does not mandate wi-fi access as essential, whereas the UHB does regard this as a basic requirement. Members also heard that there are quality and safety aspects involved with the aseptic unit issues, which will be considered at the next QSEAC meeting. Ms Paterson advised that a report on MTED will be submitted to a future meeting of the Executive Team.

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.

PM(19)23 INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 9 2018/19

Mrs Miles presented the Integrated Performance Assurance Report (IPAR) for Month 9 of 2018/19, advising that BPPAC has reviewed this document in detail. The UHB is generally maintaining its position in terms of performance indicators. Members' attention was drawn to the 'spotlight' items added on pages 2/3; namely unscheduled care, where the pressures experienced in December 2018 have continued into January 2019, and RTT, where performance is on target. Mrs Miles outlined the areas in which the UHB is doing well, and those areas where improvements are required. The latter includes Cancer performance, where a slight deterioration has been seen, probably as a result of HDdUHB's reliance on the tertiary pathway.

Referencing data on Delayed Transfers of Care (DTOC) on pages 18 and 19 of the IPAR, Mrs Hardisty was concerned to note that one of the challenges listed was 'staff at ward level not understanding the necessity for early discharge planning'. Mr Teape explained that this relates primarily to temporary/agency staff on wards, with the inherent continuity of care issues associated with staff appointed for single shifts. Such staff do not necessarily have the same understanding of the importance of early discharge planning. Ms Passey and Ms Paterson agreed, emphasising that the UHB is working with staff to improve awareness and is considering new systems and procedures to assist staff on wards. Ms Paterson drew Members' attention to the pressures resulting from a care home closure affecting both Ceredigion and Pembrokeshire and reiterated the need to work with this sector in order to attract and retain staff. Agreeing, Mr Griffiths noted that there has been a degree of slippage in terms of attraction and retention of staff, and emphasised the need to ensure that the health and care sectors are not competing against each other. Mr Griffiths suggested that there needs to be discussion of health and care staff terms and conditions at a national level. Mrs Rees agreed that there is a great deal of variance in this regard, which does not assist.

In respect of RTT, Mr Teape advised that the report records the organisation's continued commitment to achieve by year-end a figure of zero for waits in excess of 36 weeks, although this has certain implications in terms of outsourcing. Should the target not be achieved, the relevant amount of funding will be ringfenced, to cover any pro-rata fines which might be imposed by Welsh Government. Members noted that all four acute sites are working together to ensure that Cardiac patients are being routed on a daily basis to Morriston Hospital. The position is much improved, with a significant benefit at a relatively small cost; further details will be provided as part of the Winter Planning evaluation. Mrs Rees welcomed this news, whilst suggesting that in terms of RTT, the concern should be for patients rather than potential fines. Dr Kloer reported that there has been progress on job planning, however this remains a significant risk. Whilst a plan has been developed to match Specialty and Associate Specialist (SAS) doctors' job plans to pay, there is still work to do in terms of ensuring all consultant job plans are up to date. Mr Moore agreed that the priority in meeting the RTT target is patients rather than finances, adding that the organisation also needs to signal its intention to focus on follow-up appointment waiting lists. Whilst this does not attract additional funding, it should be the next area for attention.

The Board **NOTED** the Integrated Performance Assurance Report for Month 9 of 2018/19.

PM(19)24

CORPORATE RISK REGISTER

Mrs Wilson introduced the Corporate Risk Register (CRR) report, advising that the CRR has been reviewed twice since it was previously presented to Board. As outlined on page 2, there are currently 29 principal risks on the CRR, with 2 new corporate level risks. Members noted that there has been a reduction in the risk score of 2 risks, and 4 risks have been de-escalated/closed. Highlighting the statement on page 4, Mrs Wilson clarified that the Annual Plan will not be considered by Board until March 2019.

Noting the new corporate risk, Risk Ref 44, Mrs Hardisty observed that there was no mention of working with GPs and enquired whether this had been considered. Mr Teape confirmed that work involving GPs is likely to form part of the action plan going forward, with proposals to be considered by the Executive Team and various committees. Whilst such work is an effective way of reducing follow-up waiting lists, it would require financial investment.

The Board was sufficiently **ASSURED** that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been fully reviewed by its Board level Committees.

PM(19)25

COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES

Mrs Wilson outlined the Committee Update Reports relating to Board Level Committees, 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.

Ms Paterson highlighted discussions at the Primary Care Applications Committee (PCAC) regarding Llandysul and Teifi Surgeries, emphasising that this has involved a huge amount of work in terms of

	transferring patients, etc. The contribution of staff, patients, CHC and other stakeholders was acknowledged. Mrs Rees endorsed this, adding the Board's thanks for Ms Paterson's leadership in this regard.	
	The Board **ENDORSED** 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.	

PM(19)26	**COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD**	
	The Board **RECEIVED** the update report of the In-Committee Board meeting.	

PM(19)27	**COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS**	
	The Board **RECEIVED** the update report in respect of recent Advisory Group meetings.	

PM(19)28	**HDdUHB JOINT COMMITTEES AND COLLABORATIVES UPDATE REPORT**	
	The Board **RECEIVED** for information the minutes, summary reports and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), NHS Wales Shared Services Partnership (NWSSP) Committee, NHS Wales Collaborative Leadership Forum (CLF), Mid Wales Joint Committee for Health and Social Care (MWJC) and Joint Regional Planning & Delivery Committee (JRPDC) meetings.	

PM(19)29	**HDdUHB UPDATE FROM PUBLIC SERVICES BOARDS**	
	The Board: • **NOTED** the links to the PSB websites where the agenda, papers and minutes of recent PSB meetings held in Carmarthenshire, Ceredigion and Pembrokeshire can be accessed. • **NOTED** the progress updated for each PSB, and the key areas of discussion highlighted in the report.	

PM(19)30	**BOARD ANNUAL WORKPLAN**	
	The Board **NOTED** the Board Annual Work Plan.	

PM(19)31	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 28th March 2019, Ceredigion County Council Chambers, Penmorfa, Aberaeron, Ceredigion SA46 0PA.	

TABLE OF ACTIONS FROM HEALTH BOARD MEETING IN PUBLIC HELD ON 31ST JANUARY 2019

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(19)01	**PATIENT STORY:** • To write letters of thanks to the Occupational Therapy staff and patient.	BR	February 2018	Completed.
PM(19)02	**PUBLIC FORUM:** • To provide letters of response to the questions received and to ensure that responses are available on the UHB website.	BR	February 2019	Completed.
PM(19)05	**MINUTES OF THE PUBLIC MEETING HELD ON 29TH NOVEMBER 2018:** To make the following amendments: • 'BPPAC had expressed concern regarding the length of and level of detail contained within the 2018/19 Annual Plan...' to read 'BPPAC had expressed concern regarding the length of and level of detail contained within the 2018/19 Annual Plan **Monitoring Report**...' • 'Mr Morgan, who had attended the workshop, confirmed that it had been positive; adding that there is a recognition that all staff are committed to working together...' to read 'Mr Morgan, who had	CM	February 2019	Completed. Amended version published on UHB website.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	attended the workshop, confirmed that it had been positive; adding that there is a recognition that all **staff side and management side** are committed to working together...’			
PM(19)09	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE:**			
	- To amend the Key Risks and Issues/Matters of Concern section as indicated;	CM	February 2019	Completed. Amended version published on UHB website.
	- To consider how the organisation can best support managers in composing management responses;	JT	March 2019	A formal note has been sent to all operational managers regarding the charter and this will also be an agenda item for the operational business meeting.
	- To discuss the IM&T Directorate IA Report and whether this was a systems report rather than a directorate report.	JW	February 2019	Completed.
PM(19)11	**OUR HEALTH AND WELLBEING FRAMEWORK:** - To consider outcome measures, including how each stage is assessed and/or evaluated.	RJ	March 2019	There are several levels of evaluation for consideration such as: - How we progress against the achievement of our strategic goals, wellbeing objectives and long-term aspirational outcomes; - How we might monitor progress in terms of the application of the framework and use of the wellbeing lens in relation to actions taken by

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				healthcare services or in partnership with others particularly our communities to improve population health and how these actions are being described in relation to knowing we are making a difference; • Understanding the application of the framework, in particular the wellbeing lens and how this is making a difference. The Public Health Annual Report (due September 2019) will include a chapter on evaluation and monitoring progress and examples of early learning.
PM(19)12	**CONTINUOUS ENGAGEMENT AND CONSULTATION FRAMEWORK AND CHC/UHB SERVICE CHANGE PROTOCOL:** • To reconsider whether the appendices are too ‘linear’ in nature and the need to incorporate the patient perspective;	SJ	March 2019	The continuous engagement framework appendix will be designed externally as part of the suite of frameworks for the directorate. The GMS process was developed to give an indication of the stages to be completed and we will liaise with the designer to make this less linear and more visually attractive. We will amend the service change proforma to strengthen this around triangulating the available

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
				information from patient experience, concerns and complaints to make sure we have a strong and accurate picture of the issues around current services. For completion by March 2019.
	• To discuss at a future Executive Team meeting how to mainstream the framework and its processes across all staff groups, to ensure staff awareness; including the strategy for a communications cascade to staff;	SJ	March 2019	We will liaise with the CHC to develop and agree a plan for mainstreaming the framework and processes through training, staff awareness and communication for discussion at Executive Team. For completion by May 2019.
	• To consider the political landscape, and how the organisation evidences engagement around specific and/or contentious issues;	SJ	March 2019	In the next six months, the Corporate Office is setting up meetings with each of the 14 AMs/MPs and their offices at their base to establish the type of engagement and information required. This has already started with a proactive briefing on Autism and planned engagement events. For completion by September 2019.
	• To schedule a Board discussion around continuous engagement.	JW	March 2019	Added to Board Seminar forward planning programme.
PM(19)14	**LAUNDRY BUSINESS CASE:** • To discuss at QSEAC the risks around non-compliance of Laundry Production Units with the latest standards for decontamination.	HT	March 2019	Forward planned for QSEAC meeting on 4th April 2019.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(19)17	**FOCUS ON HEALTHCARE SERVICES IN PEMBROKESHIRE:** • To include in future iterations of County reports information regarding whether any of the projects presented in previous reports have been scaled up.	JT	March 2019	Noted for future reports.
PM(19)18	**BI-ANNUAL IMPROVING EXPERIENCE REPORT:** • To address certain of the statistics within the report, by means of further discussions and consideration of emerging themes and trends; • To address concerns regarding the lack of information on patient experience, and how the UHB might increase the levels of patient experience information it collects.	LO'C LO'C	March 2019 March 2019	To be reviewed at the IESC meeting on 17th April 2019. A new charter and work plan for patient experience will be implemented from April 2019. A new module on Datix has been introduced and is being rolled out across all sites for collecting patient experience data. Business cases have been developed for consideration of resources to implement a digital solution across the Health Board area. Progression of this work programme is dependent on the outcome of the business case.
PM(19)19	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE:** • To amend the date of the next meeting.	CM	February 2019	Completed. Amended version published on UHB website.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(19)22	**REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE:** • To amend the date of the next meeting.	CM	February 2019	Completed. Amended version published on UHB website.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Report of the Chair
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mrs Judith Hardisty, Interim Chair
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

Sefyllfa / Situation

To provide an update to the Board on relevant matters undertaken by the Chair of Hywel Dda University Health Board (the UHB) since the previous Board meeting.

Cefndir / Background

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.

Asesiad / Assessment

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 31st January, 2019
Board Seminar
On 28th February 2019, Board Members received a presentation updating the progress on our Strategy: A Healthier Mid and West Wales – Programme Plan. Members were reminded that 3 years have been spent developing the strategy and obtaining approval. Whilst this has required a substantial amount of work, to deliver the strategy is the next stage. The presentation covered how the UHB intends to organise itself to deliver the strategy and is working with others and has learned from their experiences.

The second item to feature at the Board Seminar was an update on the Annual Operating Plan for 2019/20, including the financial position. This informed the Board of the progress made and the remaining challenges faced in delivering an approved annual plan for the coming year. The main areas covered which need to be resolved before an annual plan can be considered for approval were: the requirement for meeting national performance targets to be a core part of the plan; confirmation of the forecast deficit for the end of 2019/20 and associated performance delivery plans. A further update on the Annual Plan for 2019/20 is on the agenda for today's meeting.

The final matter to be featured during the session was a presentation on the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. This included a definition of Domestic Abuse, together with a number of facts and figures and reminded Board Members' that Section 5 of the Act requires local authorities and Local Health Boards to jointly prepare, publish and implement a Violence against Women, Domestic Abuse and Sexual Violence strategy. Members were informed of the Regional Strategy Priorities and also the links with Safeguarding. All Health Board staff will be required to complete the Group 1 e-learning NHS Wales Violence Against Women, Domestic Abuse and Sexual Violence training module.

Key Meetings

On behalf of the UHB, the Chair/Acting Interim Chair or a nominated deputy, has met with or attended the following meetings/events since the previous Board meeting:

- Mid Wales Joint Committee for Health & Care
- Welsh NHS Confederation Management Board
- ARCH Programme Board
- Stakeholder Panel – Swansea University Vice-Chancellor Appointment
- Swansea Bay City Deal Joint Committee
- NHS Wales Chairs' Meeting
- Extraordinary WNHSC Management Board Meeting
- Welsh NHS Confederation Annual Conference & Exhibition
- Chairs & Chief Executives Ministerial Meeting
- Wellness Project Board

Events/Visits

Ministerial Visit – Tenby Walk–in Centre

On 8th February 2019, Mr Vaughan Gething visited the walk-in centre and spoke with staff from community and primary care and also staff from the Welsh Ambulance Service NHS Trust, finding out about the success of the centre and the innovative services that pharmacists and paramedics can offer. Mr Gething also met with colleagues from mental health services and discussed the Transforming Mental Health Services Programme and the work taking place in GP Surgeries with mental health practitioners supporting individuals.

Paediatric Palliative Care Service Cash Boost

Further to Hywel Dda Health Charities successful bid to be shortlisted for a cash award from the Tesco Bags of Help initiative, our Paediatric Palliative Care Service was awarded £4000 from the Tesco community funding scheme raised from carrier bag sales in Tesco stores. The service cares for and supports children and their families in our local community, from the point of diagnosis through to the time of death and bereavement. This valuable funding will further support the therapeutic play activities provided by our play specialist both in home and community settings for our children and young people as well as their families.

Celebrating Success/Awards

Emma Thomas wins Wales' 'Emma's Diary Mums' Midwife of the Year 2019'

Many congratulations to Emma Thomas, who works in Amman Valley Hospital, who was honoured as Emma's Diary Mums' Midwife of the Year 2019 for the Wales region. This prestigious award is one of the Royal College of Midwives (RCM) Annual Midwifery Awards, recognising the incredible work done by exceptional midwives across the country. Emma's Diary, the UK's essential support resource for mums to be and new parents, received a record 953 nominations from mums across the UK. All entries were put through a meticulous judging process by a panel of representatives from both Emma's Diary and the RCM, culminating in seven regional winners who proceeded to the National RCM Finals in London on 5th March 2019, where despite being a very credible finalist, Emma unfortunately did not win the top accolade on the night.

Celebrating Long Term Service

Our second awards ceremony to celebrate staff who have worked in the NHS for over 40 years was held in January 2019. Those who were able to attend on the day included staff from nursing, hotel services, estates and theatre departments amongst other professions across the organisation.

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 the excellent work being undertaken across the University Health Board. Since the Board was last updated at its January 2019 meeting, the following employees/teams have received the 'Employee or Team of the Month' award.

Employee or Team	**Reason for Nomination**
Catrin Davies, Physiotherapist, Glangwili Hospital.	Catrin was nominated by one of her patients in recognition of her excellent work and dedication which has resulted in a great improvement in their quality of life. The nomination by the patient describes her support, encouragement and dedication as the reason they have been able to overcome many challenges and achieve things they didn't think were possible.
Pembrokeshire's Acute Response Team (ART)	The Team's nomination by Elaine Lorton, Pembrokeshire County Director, was in recognition of their focus to continuously better how they deliver care in the community. In particular, one aspect of their hard work is now enabling cervical spine orthosis patients to be discharged from an acute hospital five weeks earlier than previously possible, which over a period of 18 months has saved 781 acute hospital bed days.
Glangwili Outpatient team	The nomination came from Nicola Morris, Senior Sister in recognition of the team's proactive support of colleagues and maintaining an environment of constant development and improvement.
Adult Speech and Language Team across Carmarthenshire, Ceredigion and Pembrokeshire.	The team was nominated by Alison Thomas, Interim Head of Adult Speech and Language Therapy in recognition of their dedication, loyalty and excellent team work which has resulted in the provision of a constant service to all four main hospital sites.
Long Term Care Department	This nomination was received from Elaine Mends, Senior Nurse Long Term Care in recognition of the hard work and dedication to a number of projects, working tirelessly to ensure that patients are at the forefront of any decisions, resulting in change that has redesigned the service in several areas.

Practice development Midwives / Clinical Supervisors	The nomination was received from Adele Roberts, clinical and operational lead midwife in recognition of their dedication and commitment to developing a consistent approach across maternity services in Hywel Dda in regards to practice and training development. The team have developed a portfolio of mandatory training and continuous development targets for the midwives and have ensured all midwives and Health Care Support Workers (HCSWs) have access and understanding of their training requirements both in the classroom and through ESR.
Whole Maternity Team, Dinefwr Ward, Glangwili Hospital	Nominated by a team colleague in recognition of the excellent work undertaken and care provided to women and their families. This has been especially so at a time when several team members have been off on maternity leave, with remaining staff ensuring that this has not impacted on the services offered or the care that women receive.
Tregaron Community Hospital – All Team Members	The nomination was made by Sister Bethan Jones in appreciation and recognition of the whole team's dedication to Tregaron Hospital. Throughout what has been a difficult time, the team has remained dedicated, supportive members of the hospital, often going the extra mile to ensure patient care remains unaffected whilst also maintaining organisational standards.
Hywel Dda Pain Service Health Board Wide	This nomination came from the Senior Nurse Manager, Pain Services to reflect how the team has developed over the last two years. Taking a Multi Disciplinary Team approach, the team's working ethos is always driven by the patient at the centre of all decision making, taking a holistic approach to supporting them to manage their difficulties.
Wynne Evans, Front Desk Volunteer, Withybush Hospital	Wynne's contribution as a volunteer on the front desk received a nomination from the Hotel Facilities Supervisors, who state that is a pleasure to work alongside him. Nothing is too much trouble for Wynne who is a very welcoming person on the desk.
Ward 11, Withybush Hospital	The Head of Nursing at Withybush nominated the Acute Stroke Unit, Ward 11 for the exceptional achievement in no patients having developed pressure damage for 1527 days, considering that a large number of patients in this area have a high degree of physical dependency following a stroke.
Jane Nicholas, Pharmacy Technician, Withybush Hospital	Nominated by the Pharmacists as Jane has consistently gone above and beyond what is expected of the role of a technician. Being open and receptive to changes in procedure and working practice, Jane ensures that ward pharmacy

	services run seamlessly.
Sarah Davies, Health Care Support Worker, Tissue Viability Department, Withybush Hospital	The nomination came from the Head of Nursing at Withybush as Sarah goes above & beyond on a daily basis to ensure that the Health Board's goals and standards are met and that patients are her priority. Sarah works tirelessly every day to support safe and effective patient care.
Bryngofal Ward, Prince Phillip Hospital	The ward team was nominated in recognition of their continuing ability to provide excellent care and compassion in very distressing situations and foster an environment of hope for those they care for. Doctors, pharmacy, psychology, occupational therapy all make up the team but a special mention goes to the nursing and health care support work staff who ensure the smooth running of the ward despite increased pressure on services.
Claire Rumble, Communities & Events Fundraising Officer	Claire was nominated in recognition of her constant strive to make improvements to foster good experiences for both patients and staff, in particular for her work with the 70th anniversary of the NHS, where she went above and beyond routine duty to secure funding/sponsorship.
Education Programme for Patients (EPP) Team	The team was nominated due to its achievement of increasing the number of people attending self-management programmes with only a small team of three members. They support an increasing number of volunteer tutors to deliver 11 different programmes across the Health Board. Hywel Dda provides the most options currently of any of the EPP services across Wales with one of the smallest teams. In 2017/18 they increased the number of completed programmes from 82 to 151 and now support 45 volunteer tutors.

On behalf of the Board, we are always immensely proud of every award winners' commitment and achievements, all of which benefit our patients across Hywel Dda.

Independent Board Members Update

- Following Bernardine Rees' retirement at the end of February2019, as from 1st March to 27th May 2019, Judith Hardisty has been appointed as Interim Chair.
- On behalf of the Board I would like to extend best wishes to Bernardine Rees, who retired from her role as Chair of Hywel Dda UHB at the end of February. Having spent her entire career dedicated to the NHS, first through her nursing, followed by management and then Executive roles and finally as Chair of this Health Board, where we have been fortunate enough to have benefitted from her leadership and tenacity, Bernardine's contribution has been significant. We wish her the very best for the future.
- Further to seeking expressions of interest followed by interview, I am pleased to announce that Paul Newman has been appointed as interim Vice Chair.
- We are already working with Welsh Government to recruit to the substantive post of Chair, a process which should be completed by early summer 2019.

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.

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:	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:	28 March 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

Sefyllfa / Situation

The purpose of this report is to:

- 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 31st January 2019; and
- Provide an overview of the current key issues, both at a local and national level, within NHS Wales.

Cefndir / Background

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.

Asesiad / Assessment

1. Register of Sealings

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 A*** 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).

2. Consultations

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

3. Diversity and Inclusion

Advance Notice of "*This is Me*" Conference

The Diversity and Inclusion Team is working collaboratively with Abertawe Bro Morgannwg University Health Board to convene a conference on 4th July 2019. The theme will be "*This is Me*" and the conference is focused on raising awareness of the benefits that a diverse workforce brings by:

- Assisting participants to consider all protected characteristics and acknowledge that individuals often have multiple characteristics;
- Enabling participants to reflect on their own individuality and how this impacts on them in the workplace;
- Sharing of personal stories and case-studies to stimulate innovative thinking;
- Encourage a proactive approach towards supporting staff to flourish in the working environment; and
- By the conclusion of the conference, participants will be able to recognise and utilise the skills and experiences of a diverse workforce, and have an awareness of how diversity and inclusion can improve staff and patient experience, creating opportunities for staff progression and improved patient outcomes.

It is intended that the speakers and presenters will span the range of protected characteristic groups. The provisional venue is the National Botanic Gardens of Wales.

Enfys Network

The Health Board has recently re-launched *Enfys,* our staff LGBTQ+ network, and initial meetings were advertised and took place during LGBT history month. The network will initiate and support activities around LGBT history month 2020 and will be considering representation at Cardiff Pride 2019. The network has already been involved in developing and delivering Trans awareness training to the Sexual Health service and it is anticipated that further sessions will be delivered to other staff groups. It has been agreed that the Health Board will resume its membership of the Stonewall Diversity Champions Scheme in 2019/20.

Apprenticeships

Hywel Dda University Health Board is delighted to announce that it is launching its apprenticeship academy in the Summer of this year; an apprenticeship programme that will see the development of a new care worker who will be supported personally, professionally and academically from the age of 16 all the way through to becoming a Hywel Dda registered nurse of the future. Individuals offered apprenticeships will experience life in the care sector by rotating around a number of departments before settling into support worker roles, which will prepare them for their final stage of the journey into student nurses.

This will offer a fantastic opportunity for individuals wishing to pursue a career in nursing by accessing education and support via an alternative route. The scheme will run across our three counties; more details will be shared in the media over coming months.

4. Listening and what we've heard

Engagement Events
Engagement events have been held to discuss the early stages of capital developments and locality planning for the Health and Care Strategy. The Communications Team is procuring materials in alternative formats (summary version, animation, different languages, British Sign Language (BSL), Easy Read etc)

On 13th February 2019, Bernardine Rees and I were invited to attend Pembrokeshire County Council's Partnerships Overview and Scrutiny Committee to discuss the potential impact of our Health and Care Strategy in Pembrokeshire. This was an interesting and challenging discussion which allowed us to hear the issues facing our communities through their elected members. I was also pleased to meet with Elin Jones AM and Ben Lake MP on 18th February 2019; this was another opportunity to discuss concerns for our communities in the Ceredigion area.

There is a wealth of other ways in which we listen and respond as an organisation, such as patient experience; concerns, complaints and positive feedback; correspondence and Freedom of Information requests. Increasingly, people like to give us quick feedback on social media. For example, in the past month we've had 3,105 visits to our Facebook page, reaching 95,000 people's news feeds, resulting in 48,674 engagements (i.e. someone doing something with our posts such as liking, commenting and sharing). There are often common themes and concerns, and we are considering triangulating this in future through the Quality, Safety and Experience Assurance Committee.

In order to improve my response to issues raised by our patients and their political representatives, the Health Board has implemented a new system that will improve the management of correspondence. I plan to report performance in this area in future reports.

5. Strategic Issues

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

Update on the Health Board's Targeted Intervention Status
Members of the Executive Team and I meet with the Chief Executive NHS Wales and members of his senior team in Welsh Government (WG), on a regular basis. The last meeting was held on 8th February 2019. At this meeting, the following matters were discussed:

- Performance: the meeting was constructive and positive about the progress the Health Board has made. WG recognised the good performance being forecast for Referral to Treatment Times (RTT), Diagnostics and Therapies, which will be the strongest position for a number of years. They also recognised the pressures we were experiencing in our unscheduled care system and we were able to set out the actions we are taking to improve our performance for the remainder of the winter period. WG's clear expectation is that we achieve our performance trajectories for 2018/19.
- Finance and Turnaround: WG were clear that securing delivery of our control total for the year was important and they were encouraged to see that we were on course to deliver at year end. This represents an important milestone for the organisation and, whilst concern remains regarding the non-recurrent nature of a proportion of our delivery, would mean that the Health Board will have reduced its deficit run rate, year on year, for the first time. WG reiterated the importance of converting these to recurrent savings next year. A key action

agreed was to undertake further, focused work on the clear identification of the underlying causes of our deficit and to link Turnaround and Transformation actions to addressing these underlying causes in a clear way. We agreed to work on this jointly with WG officials.

- Annual Plan 2019/20: the UHB was able to update WG on our planning processes to secure an Annual Plan by the required deadline.

On 22nd February 2019, I received confirmation that following the WG tripartite meeting with Wales Audit Office and Healthcare Inspectorate Wales, the Health Board's escalation status would remain unchanged at 'targeted intervention'. The organisation's progress over the last year (Transforming Clinical Services public engagement; the continued improved performance; and the growing effectiveness of the Executive team) was acknowledged. The Health Board was asked to reflect on its financial management; funding and performance; maternity services at Bronglais General Hospital; the strategy for primary care provision; recruitment and retention and the organisation's ability to deliver an approved Annual Plan for 2019/20.

Brexit

Maintaining high-quality and safe services is our top priority in preparing for Brexit. We are working with the UK and Welsh Government, as well as through the Local Resilience Forums and with other health and social care organisations across Wales to ensure services are protected, as much as possible, from any disruption.

Our business continuity plans have been reviewed in light of our forthcoming exit from the EU and we have a Hywel Dda University Health Board Brexit Steering Group to manage and respond to the situation. Areas of work include medicine management, procurement and workforce, amongst others. I am very grateful to our workforce for their vigilance and commitment in preparing our organisation.

We have a tremendously talented and dedicated workforce, many of whom are from the EU and are personally affected by Brexit, as well as other international and home-grown NHS staff. The Health Board is committed to supporting these staff to remain working for us, and this is a key priority in our preparation for Brexit. We have a closed Facebook group for our EU staff where they can receive updates and find peer support. We also have a website for staff and the public where they can get local information and signposting to national updates such as the Welsh Government Preparing Wales website.

I have confidence in our planning, but there is also a role for each of us, primarily in not stockpiling medicines at home due to the disruption this could cause to supply, which is being co-ordinated at a national level. People can also continue to help the NHS by continuing to Choose Well if you need medical attention. There is a wealth of self-care support that can be accessed at home, and also signposting to alternatives to Accident and Emergency departments and GPs for many common ailments. More information about this can be found at www.choosewellwales.org.uk or via the NHS Direct Wales Symptom Checker at www.nhsdirect.wales.nhs.uk/SelfAssessments

Quality Improvement Strategic Framework

On 21st March 2019, I am launching the Health Board's first Quality Improvement Strategic Framework. The Framework, approved by Board in July 2018, describes a new approach to creating a culture of continuous improvement. The launch will be the start of the process to deliver the first collaborative training programme to take forward quality improvement projects across the Health Board, linked to our quality goals and strategic objectives. A video of the launch will be available on the Health Board's communication channels.

6. Organisational Issues

I would like to signal my personal thanks to Bernardine Rees OBE for her inspirational leadership over the past four and a half years. I know I speak on behalf of the Board in saying we will all miss her hugely and wish her well for the future.

I am very much looking forward to working with Judith Hardisty as Interim Chair, and with Paul Newman as Interim Vice Chair whilst the recruitment process proceeds.

I would also like to formally record my thanks to Libby Ryan-Davies, Director of Transformation, who will be returning to her leadership role in Mental Health and Learning Disabilities following the end of her secondment. Her leadership achievements in the role have been excellent and she should be very proud of these. I am very much looking forward to continuing to work with her in her substantive role as we move forward with the implementation of our Transforming Mental Health Strategy and Learning Disabilities Improvement Plan.

I want to take this opportunity to thank all our staff for their commitment over the last few months, which have been particularly difficult at times. I see 2019/20 as a year of stability, planning and improving. For the first time, and as a result of our Health and Care Strategy: *A Healthier West Wales: Our Future Generations Living Well*, the Health Board has a clear destination in its sights.

Argymhelliad / Recommendation

The Board is invited to:

Register of Sealings: Appendix A
Endorse the Register of Sealings since the previous report on 31st January 2019; and

Consultation Documents: Appendix B
Note the status report for Consultation Documents 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 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:	Chief Executive’s meetings (internal, external and NHS Wales wide), diary and correspondence
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:	Not Applicable

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Any financial requirements are identified in Appendices, where appropriate.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Ensuring the Board and its Sub-Committees makes fully informed decisions is dependent on 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 specific impact
Risg: **Risk:**	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. 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.
Cyfreithiol: **Legal:**	Any issues are identified in the Appendices.
Enw Da: **Reputational:**	Any issues are identified in the Appendices.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No

Appendix A: Register of Sealings from 10 January 2019 – 8 March 2019

Entry Number	Details	Date of Sealing
242	Professional Services Contract in respect of NEC Supervisor consultant services for the Cardigan Integrated Care Centre between Hywel Dda University Local Health Board and Pick Everard	12/02/2019
243	Confirmation Notice No.2 to an Agreement for Stages 4, 5 and 6 for Scheme 2 Neonatal & Maternity Development, Glangwili Hospital Between Hywel Dda University Local Health Board and Interserve Construction Limited	12/02/2019
244	The Cylch Caron Development Agreement between Hywel Dda University Local Health Board, Ceredigion County Council and Mid Wales Housing Association	28/02/2019
245	Deed for a Surety Bond in respect of a Foul Sewer adoption process between Hywel Dda University Local Health Board and Aviva Insurance in relation to Cardigan Integrated Care Centre	06/03/2019

Appendix B: Consultations Update Status Report up to 12th March 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
378	Draft additional learning needs code	Welsh Government	Alison Shakeshaft, Natalie Vanderlinden	12.12.2018	22.03.2019	
379	Pembrokeshire County Council Local Development Plan 2 - Review	Pembrokeshire County Council	Karen Miles, Paul Williams, Rob Elliot	18.12.2018	04.02.2019	28.01.2019 - notification sent to PCC
380	Regulated services (Service providers and responsible individuals) (Wales) amendment regulations 2019	Welsh Government	Alison Shakeshaft, Lisa Gostling, Mandy Rayani, Will Oliver	22.11.2018	21.12.2018	20.12.2018
381	Code of practice on the delivery of autism services	Welsh Government	Joe Teape, Liz Carroll, Angela Lodwick, Helen Matthews	20.12.2018	01.03.2019	20.02.2019
382	Draft Good Practice guidance for the Welsh Public Service on working with adult perpetrators of VAWDASV	Welsh Government	Mandy Rayani, Sian Passey	03.01.2019	15.01.2019	Response completed by Sian Passey via online survey 08.01.2019
383	Shortage occupation list 2018: call for evidence	UK Government	Alison Shakeshaft, Will Oliver	03.01.2019	06.01.2019	Online response completed by Will Oliver from Therapies and Health Science perspective 04.01.2019
384	Draft national violence against women, domestic abuse and sexual violence indicators	Welsh Government	Mandy Rayani, Sian Passey,	07.01.2019	29.03.2019	

Appendix B: Consultations Update Status Report up to 12th March 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
385	WHSSC PP177 Burosumab for treating X-linked hypophosphataemia in children and young people	Welsh Health Specialised Services Committee	Dr Phil Kloer, Karen Miles	07.01.2019	04.02.2019	No response required as this treatment not used in HDdUHB
386	WHSSC Hyperbaric Oxygen Therapy, Commissioning Policy CP07	Welsh Health Specialised Services Committee	Dr Phil Kloer, Michael Martin, Jeremy Williams, Carol Llewelyn-Jones	07.01.2019	04.02.2019	No response required
387	Healthy Weight: Healthy Wales	Welsh Government	Ros Jervis, Beth Cossins - lead, Michael Thomas, Raymond Davies	17.01.2019	12.04.2019	
388	Measuring our Nation's progress	Welsh Government	Sarah Jennings- lead, Ros Jervis, Anna Bird	29.01.2019	19.04.2019	
389	Openness by Design' - our draft access to information	Information Commissioner	Sarah Jennings, Katie Jenner	28.01.2019	08.03.2019	08.03.2019
390	WHSSC consultation CP93, National Alternative and Augmentative Communication (AAC) Specialised Aids for Welsh residents	Welsh Health Specialised Services Committee	Alison Shakeshaft, Pippa Large	12.02.2019	12.03.2019	12.03.2019
391	Community and District Nursing Services	National Assembly for Wales	Mandy Rayani, Chris Hayes	12.02.2019	08.03.2019	08.03.2019

Appendix B: Consultations Update Status Report up to 12th March 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
392	Future Midwife	Nursing & Midwifery Council	Mandy Rayani	19.02.2019	09.05.2019	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 19th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor:
Key Decisions and Matters Considered by the Committee:

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.

This report summarises the work of the Audit & Risk Assurance Committee (ARAC) at its meeting held on 19th February 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 19th February 2019, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:

- **Matters Arising (NHS Wales Informatics Service (NWIS))** – whilst the ongoing dialogue with NWIS was noted, the Committee agreed that a formal letter was its preferred approach. It was agreed that a letter would be requested.

- **Targeted Intervention** – the Committee was provided with an update from the Targeted Intervention meeting held with Welsh Government (WG) on 8th February 2019; the accompanying letter from WG having been circulated to Independent Members and Executive Directors. The UHB is generally holding its position in terms of performance and compares well in this respect with other Health Boards. The key line of enquiry from WG continues to be around finances, with ongoing dialogue in respect of the organisation's underlying deficit and concerns that the reasons for this are not sufficiently understood. Focus remains on the UHB's savings plans; whilst positive progress on this is acknowledged, there are still concerns regarding the proportion of savings yet to be delivered and identified for the forthcoming financial year. A separate line of discussion, not detailed in the letter, is the expectation that any investment in improving Referral to Treatment Times should be part of the UHB's baseline planning. Whilst noting in the main the letter has a positive tone, there was concern that the statement regarding a lack of understanding around reasons for the deficit appears again in the correspondence. Although it was recognised that some savings schemes are not recurrent, it will be a landmark moment for the organisation when this position is achieved. It was requested that work is undertaken through the Finance Committee to ensure the Health Board is in a position to understand and communicate reasons for the underlying deficit; and that assurance is provided by the next meeting of ARAC that this work has progressed.

- **Annual Review of the Committee Terms of Reference & Membership** – the Committee approved the Audit & Risk Assurance Committee's Terms of Reference for onward ratification by the Board on 28th March 2019.

- **Financial Assurance Report** – the Committee received the Financial Assurance report. Whilst breaches of the No PO, No Pay policy have not reduced, the value has, and the organisation is continuing to address this issue. The losses and special payments for approval were presented, including clarification regarding drug wastage, in response to an action from the previous meeting. Members heard that the UHB has received a draft report following a due diligence review carried out by the UHB's tax advisors and is currently reviewing the findings and working with the aforementioned to finalise the report by the end of March 2019. In respect of GP Out of Hours (OOH), HMRC have agreed that the UHB's liability may be offset by the amount of income tax and National Insurance Contributions that it can identify as having been self-assessed by the affected GPs. It is intended to select a random sample of GPs to evaluate how they have dealt with this in their tax return. Noting the update with regards to GP OOH, it was observed that this was the first statement indicating that HMRC will allow an offset of tax self-declared by GPs. There were concerns, however, that the onus appears to be on the UHB. It was explained that it is HMRC's view that this issue is the 'fault' of the organisation for not appropriately operating/ applying PAYE processes. The organisation will be selecting a sample of GPs in the OOH service and requesting information regarding how they have treated payments for this in their tax declaration, in order to report findings to HMRC. HMRC will be looking to establish that the relevant information is easily and clearly identified in the tax returns. It was suggested that, in view of current fragilities in the GP OOH service, a sensitive and personal (ie face to face) approach should be employed in selecting the GPs to sample rather than the approached detailed to the Committee. In respect of the Receivables section of the Financial Assurance Report, it was suggested that future iterations should include an indication of when issues are likely to be resolved. The Committee approved the losses and debtors write-offs noted within the report.

- **Annual Statement of Financial Procedures** – the Committee noted the Annual Statement of Financial Procedures.

- **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 heard that financial/accounts audit planning is underway, along with interim testing and that work is on target for year-end. In terms of performance audit, upcoming work includes the Integrated Care Fund (ICF) review, Clinical Coding Follow-up review, Orthopaedics Follow-up review and local work focusing on operational quality and safety arrangements.

- **Wales Audit Office Annual Plan 2019** – the Committee received the Wales Audit Office (WAO) Annual Plan 2019, which sets out work WAO plan to undertake during the year and is split into Financial and Performance Audit work. A slight reduction in fees is anticipated and WAO will continue to explore opportunities for further economies. Noting plans to conduct an All Wales Thematic Review of Quality Governance arrangements, it was queried whether this will duplicate/overlap with local HDdUHB work on quality and safety. Members were advised that this is a common theme within Health Boards and that the All Wales review will have a slightly broader scope. It will be ensured, however, that HDdUHB gain the benefits of both exercises without unnecessary duplication, and fee/cost implications will be considered. Members were assured that significant planning for Brexit is taking place. Whilst the reduction in audit fees will equate to a reduction in the number of days provided, there will be no impact on the quality or coverage of audit work; it is likely to manifest in a reduction in multiple WAO attendance at committees. It was agreed that there will be a discussion regarding the local audit work, with this presented to the next meeting.

- **WAO Structured Assessment 2016 and 2017** – a report updating the Committee on progress with WAO recommendations was received. It was agreed that the Structured Assessment 2016 Improvement Plan can be closed.

- **WAO Structured Assessment 2018 and Management Response** – the WAO Structured Assessment 2018 and Management Response were presented to the Committee, with Members reminded that ARAC will track progress in implementing its recommendations. Members noted that the quality and safety issues highlighted would feed into the local quality governance review work, rather than the Structured Assessment, as to do otherwise would result in duplication.

- **Operating Theatres Update (response to WAO & IA reviews)** – a report updating the Committee on progress in relation to Operating Theatres was received. Whilst the progress made was acknowledged and welcomed, Members expressed concern regarding the pace of change, particularly in respect of Internal Audit recommendations. It was explained that the amount of time required to resolve HR issues and the associated risks within both Operating Theatres and Radiology had been underestimated. Assurance was requested in respect of the robustness of processes utilised to close incidents recorded on the DATIX system, in order to secure the rapid and significant reduction in incidents detailed in the report. It was agreed that a further update would be provided to the June 2019 meeting of ARAC with this matter being raised to the Board’s attention.

- **AGW Report on Expenditure on Agency Staff by NHS Wales** – an AGW report on agency staff expenditure was presented to the Committee. Members were reminded that HDdUHB has historically been an outlier in terms of agency staff expenditure. However, in 2017/18 there has been a dramatic reduction in spend on agency staff, with HDdUHB achieving the highest reduction in variable pay across all Health Boards. It was confirmed that this topic features regularly in Targeted Intervention discussions and that WG have recognised the organisation’s work in this regard. In addition, the UHB is part of the All Wales group and there are ongoing discussions with ABMUHB regarding potential regional opportunities, including a regional nurse bank. Members noted that the main reasons for agency use varies between staff groups, and that the UHB is considering the value of utilising alternative professions, such as Physician Assistants and Advanced Nurse Practitioners.

- **AGW Report on Medicines Management in Primary & Secondary Care** – a report updating the Committee on progress in relation to Medicines Management was received. Members were advised that a number of the outstanding actions are nationally owned, thereby limiting what is possible at a local level. Progress on other actions was, however, included in the report, with key achievements and gaps are summarised within the main themes of quality and safety, workforce and technology. A particularly noteworthy development is approval of a replacement pharmacy system, which will support future e-prescribing. The timeframe for full implementation (led by NWIS) is Q1 2020/21. Members observed that a number of actions are marked as ‘completed’, which may be correct in terms of specific work, although the full scope of the recommendation may not have been delivered; as many of these are long term aims. It was suggested that ‘partially completed’ may be more appropriate.

- **Internal Audit (IA) Progress Report** – the Committee reviewed the Internal Audit Progress Report 2017/18, noting developments since the previous meeting.

- **Internal Audit Plan 2019/20** – the Committee were advised that the process to develop the Internal Audit Plan 2019/20 has commenced, with potential risk areas having been identified from the Corporate Risk Register. The plan will be presented for ARAC’s consideration at the April 2019 meeting.

- **Procurement and Disposal of IT Assets Report Updated Management Response** – an updated management response was presented to the Committee. Concerns were expressed that the management response does not provide a clear sense of where the organisation is and the work that is being undertaken to take matters forward, particularly in respect of development of an IT asset register. Clarification of this matter was offered verbally at the meeting, although it was acknowledged that certain challenges exist in this regard. It was explained that the UHB utilises a system which collects details, including serial numbers, of equipment being used on its network. This is, however, a 90 day ‘snapshot’. This system does not include/record details of IT equipment which is disposed of or destroyed; this information is collected on a separate spreadsheet. Noting the ‘snapshot’ nature of the current system, it was suggested that this presents an issue when equipment disappears from the log, as the reason for this is not necessarily recorded. It was noted, however, that if the asset has been disposed of, it will be recorded on the spreadsheet. The scope of ARAC’s request was clarified as:

    - Where and how IT equipment is issued;
    - How IT equipment is tracked;
    - How the disposal of IT equipment is recorded.

  It was suggested that Internal Audit and the IT Department work together to plot the information and establish where gaps exist, and match this to recommendations in IA reports. The Committee agreed that, due to the concerns raised, this matter requires reporting to the Board.

- **IM&T Directorate Reissued Report and Updated Management Response** – the reissued report and an updated management response was presented to the Committee. Referencing concerns expressed at the previous meeting regarding compliance with the European Working Time Directive (EWTD). Parts of the IM&T directorate are unique in their working practices and, whilst the organisation strives to meet EWTD requirements in terms of breaks for switchboard staff, this is challenging at night for lone workers. A long term solution would require ‘invest to save’ funding; a short term solution would involve asking site management whether other staff could provide meal break cover, although this would require them to cover switchboard responsibilities such as bleeps and crash calls. As stated in the management response, the UHB is taking steps to modernise the current switchboard system, however this will not be completed until 2021/22. Serious concerns were expressed about a system whereby it could be perceived that the UHB is condoning staff not being able to take basic meal and comfort breaks. Whilst the intention to make changes was noted, it was suggested that the current arrangement is not sustainable until 2021/22 and that a contingency must be identified. Members were advised that staff are able to take comfort breaks, the issue is that they are unable to leave the switchboard for other breaks such as meal breaks. The current switchboard consoles do not allow calls to be diverted to other sites, due to their age; this will be addressed by the new switchboard equipment being installed. The UHB intends to move away from a lone worker model for its switchboards; however, this requires a modernisation of the relevant technology. The first new switchboard is being installed next year. The Committee suggested that alternative interim solutions should be explored, such as a formal arrangement whereby Porters are up-skilled to cover switchboard staff breaks. The Director of Planning, Performance & Commissioning agreed to explore this option, advising that site management would need to be consulted regarding any proposed usage of portering staff. It was agreed that the management response should be further amended with formal advice being taken and documented from the Workforce and OD Directorate. It was agreed that the issue of EWTD non-compliance should be highlighted to Board.

- **PC and Laptop Security Follow-up Report** – this report, which had been awarded a Limited Assurance rating due to matters outstanding, was presented to the Committee. It was noted that the recommendations involve and implicate departments and individuals other than IT; and it must be ensured that the organisation has prepared a management response which is realistic in terms of implementation. Members were advised that colleagues in Estates and site leads will be consulted. It was agreed that further clarity around both ownership and timescales for completion is required and that the management response should be amended and resubmitted accordingly. The Committee further agreed that, due to the concerns raised, this matter required reporting to the Board.

- **Records Management** – this report, which had been awarded a Limited Assurance rating, was presented to the Committee. It was noted that, for a number of the recommendations, the Responsible Officer is ‘to be agreed’, with the Director of Operations as interim lead. In respect of why leadership is not clear, it was explained that this area sits within the portfolios of various Executive Directors. The report, which reflects that this has been an issue for several years and has been raised previously as a matter of concern by staff in the relevant department. There has, however, until now been an unfortunate lack of progress. In an attempt to address the situation, the Health Records Manager has undertaken two specific pieces of work which will feed into an overall action plan.   The Committee enquired whether additional investment is required, and were informed that there a number of potential savings opportunities, for example in terms of storage costs, which will not require additional resources. The investment requirement relates primarily to implementation of scanning processes. It was agreed, however, that ownership and leadership of this area is required. Whilst noting that the management response suggests compliance with requirements, the Committee requested assurance that the underlying issues are being addressed. It was agreed that a report would be provided to the Business Planning & Performance Assurance

Committee. It was further agreed that this report should include information on the impact of the WG embargo on the destruction of records. The Committee agreed that, due to the concerns raised, this matter should be reported to the Board.

- **Internal Audit (IA)** – the Committee reviewed the following IA reports which had achieved substantial and reasonable assurance:

    - Treasury Management (Substantial Assurance)
    - Charitable Funds (Substantial Assurance)
    - Consultancy Services Follow-Up (Substantial Assurance)
    - Ombudsman Case Review (Case Ref 4190) (Reasonable Assurance)
    - Safeguarding of Children & Vulnerable Adults (Reasonable Assurance)

- **Mental Health Legislation Assurance Committee (MHLAC) Assurance Report around the Discharge of their Terms of Reference** – the Committee received a report detailing MHLAC activities during 2017/18. The Committee was assured that the Mental Health Legislation Assurance Committee 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.

- **WAO Management of Follow-up Outpatients Across Wales** – the Committee received an All Wales summary report on this topic. The review has raised the profile of this issue at a national level and will be discussed at a Public Accounts Committee, with two Health Boards (neither being HDdUHB) giving evidence.

- **Counter Fraud Update** – an update was received, with Members noting that a new case management system will be introduced on 1st April 2019, which will offer various improvements, including benchmarking data on an All Wales and UK basis.

- **Counter Fraud Policy** – the UHB's Counter Fraud Policy was presented for ARAC's consideration, as part of the policy consultation process. Members were reminded that the policy would ultimately be considered and approved by BPPAC.

- **Audit Committee Work Programme** – The Committee noted the work programme for the financial year 2018/2019.

- **Private Session with Regulators** – in line with the Audit Committee Handbook and the Audit and Risk Assurance Committee Terms of Reference, Committee Members met privately with Internal Audit Service, the Specialised Services Unit, Wales Audit Office and Counter Fraud subsequent to the closure of the meeting.

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

- The Committee approved the Audit & Risk Assurance Committee's Terms of Reference for onward ratification by the Board on 28th March 2019
- Concerns around ongoing WG questions regarding the organisation's underlying deficit and suggestions that the reasons for this are not sufficiently understood.

  - The Committee requested that work is undertaken through the Finance Committee to ensure the Health Board is in a position to understand and communicate reasons for the underlying deficit; and that assurance is provided by the next meeting of ARAC that this work has progressed.
- Concerns regarding the pace of change in relation to Operating Theatres, particularly in respect of Internal Audit recommendations. Assurance was also requested in respect of the robustness of processes utilised to close incidents recorded on the DATIX system.
  - It was agreed that a further update would be provided to the June 2019 ARAC meeting.
- Concerns that the Procurement and Disposal of IT Assets management response does not provide a clear sense of where the organisation is and the work that is being undertaken to take matters forward.
  - The scope of ARAC's request was clarified and it was suggested that Internal Audit and the IT Department work together on this matter. However, it was also agreed that this matter should be raised to the Board.
- Concerns regarding EWTD non-compliance among switchboard lone-workers, identified within the IM&T Directorate report.
  - The Committee suggested that alternative interim solutions should be explored and that the management response should be further amended. However, it was also agreed that this matter should be raised to Board.
- Concerns regarding the management response to the PC and Laptop Security Follow-up Report.
  - It was agreed that further clarity around both ownership and timescales for completion is required and that the management response should be amended and resubmitted. However, it was also agreed that this matter should be raised to Board.
- Concerns regarding the findings of the Records Management report, particularly a lack of progress and a need for ownership and leadership of this area.
  - It was agreed that a report would be provided to the Business Planning & Performance Assurance Committee, to include information on the impact of the WG embargo on the destruction of records. However, it was also agreed that this matter should be raised to Board.

Risgiau Allweddol a Materion Pryder:
Key Risks and Issues/Matters of Concern:

- Continued concerns regarding the implications of HMRC requirements in relation to the GP OOH service and the process to be employed in this regard.
  - The Committee suggested that, in view of current fragilities in the GP OOH service, a sensitive and personal approach should be employed in selecting the GPs to sample.

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

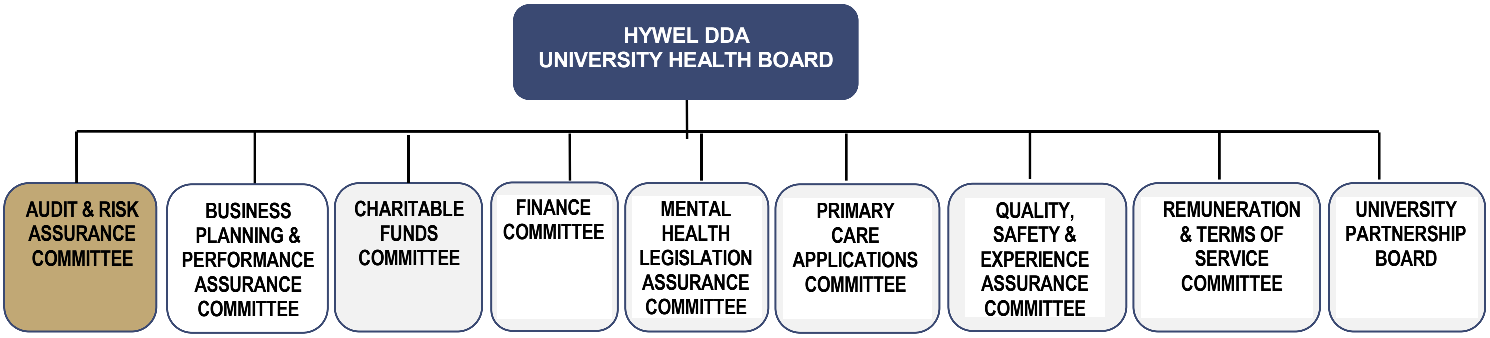
Adrodd yn y Dyfodol:
Future Reporting:

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:

23rd April 2019

GIG CYMRU
NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board


HYWEL DDA
UNIVERSITY HEALTH BOARD

- 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
- REMUNERATION & TERMS OF SERVICE COMMITTEE
- UNIVERSITY PARTNERSHIP BOARD

AUDIT & RISK ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Audit Committee Hywel Dda Health Board Hywel Dda Health Board	08.12.2009 28.01.2010 22.07.2010	Approved Approved Approved
V2	Audit Committee	07.06.2011	Approved
V3	Hywel Dda Health Board	29.09.2011	Approved
V4	Audit Committee	11.09.2012	Approved
V5	Audit Committee	11.08.2015	Approved
V6	Audit & Risk Assurance Committee	13.10.2015	Approved
V7	Hywel Dda University Health Board	26.11.2015	Approved
V8	Audit & Risk Assurance Committee	11.10.2016	Approved
V8	Hywel Dda University Health Board	26.01.2017	Approved
V9	Audit & Risk Assurance Committee	09.01.2018	Approved
V9	Hywel Dda University Health Board	29.03.2018	Approved
V.10	Audit & Risk Assurance Committee	19.02.2019	Approved
V.10	Hywel Dda University Health Board	28.03.2019	

AUDIT & RISK ASSURANCE COMMITTEE

1. Constitution

1.1 The Audit Committee has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. On 1st June 2015, the Committee took on an enhanced role and was re-named the Audit & Risk Assurance Committee (the Committee).

2. Membership

2.1 The membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice-Chair)
4 x Independent Members

2.2 The following should attend Committee meetings:

In Attendance
Director of Finance
Assistant Director of Financial Planning
Board Secretary (Lead)
Representative of the Auditor General
Head of Internal Audit
Capital/Private Finance Initiative (PFI) Auditor
Local Counter Fraud Specialist
Head of Assurance and Risk
Head of Clinical Audit (as and when required)

2.3 Membership of the Committee will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, *together with a third of the In Attendance members*.

3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the University Health Board (UHB) Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

3.4 The Committee may also co-opt additional independent external ‘experts’ from outside the organisation to provide specialist skills.

3.5 Should any ‘in attendance’ officer member be unavailable to attend, they may nominate a deputy ~~with full voting rights~~ to attend in their place, subject to the agreement of the Chair.

3.6 The Chief Executive, as the Accountable Officer, should be invited to attend, as a minimum when the Committee considers the draft internal audit plan, ~~and~~ to present the draft ~~Annual Governance Statement~~ Accountability Report and the annual accounts, and on request by the Committee.

3.7 The Chairman of the UHB should not be a member of the Audit & Risk Assurance Committee and will not normally attend but may be invited by the Committee Chair to attend all or part of a meeting to assist with its discussions on any particular matter.

3.8 The Head of Internal Audit, Capital/PFI Auditor and the representative of the Auditor General shall have unrestricted and confidential access to the Chair of the Audit & Risk Assurance Committee at any time, and vice versa.

3.9 The Committee will meet with Internal, Capital/PFI and External Auditors and the Local Counter Fraud Specialist without the presence of officers on at least one occasion each year.

3.10 The Chair of the Audit & Risk Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.11 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

4.1 The purpose of the Audit & Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB’s system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.

4.2 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

4.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

4.4 The Committee’s principle duties encompass the following:

4.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation’s activities, both clinical and non-clinical.

4.4.2 Seek assurance that the systems for financial reporting to Board, including those of budgetary control, are effective, and that financial systems processes and controls are operating ~~Maintain an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control.~~

4.4.3 Work with the Quality, Safety and Experience Assurance Committee, the Business Planning and Performance Assurance Committee and Finance Committee to ensure that ~~clinical~~ governance and risks are part of an embedded assurance framework that is 'fit for purpose'.

5. Key Responsibilities

The Audit and Risk Assurance Committee shall provide advice, assurance and support to the Board in ensuring the provision of high quality, safe healthcare for its citizens, as follows:

Governance, Risk Management and Internal Control

5.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

5.2 In particular, the Committee will review the adequacy of:

5.2.1 all risk and control related disclosure statements (in particular the Accountablity Report ~~Annual Governance Statement~~ and the Annual Quality Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;

5.2.2 the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

5.2.3 the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and

5.2.4 the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.

5.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

5.4 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

5.5 The Committee will seek assurance that effective systems are in place to manage risk, that the organisation has an effective framework of internal controls to address principal risks (those likely to directly impact on achieving strategic objectives), and that the effectiveness of that framework is regularly reviewed.

5.6 Monitor the assurance environment and challenge the build-up of assurance on the management of key risks across the year, and ensure that the Internal Audit plan is based on providing assurance that controls are in place and can be relied upon (particularly where there is a significant shift between the inherent and residual risk profile), and review the internal audit plan in year as the risk profile changes.

5.7 Consider and recommend to the Board approval of any changes to the Risk Management Framework and oversee development of the Board Assurance Framework.

5.8 Invite Lead Directors of Board level Committees to attend the Audit & Risk Assurance Committee at least annually to receive assurance that they are effectively discharging their Terms of Reference and ensuring that principal risks are being managed effectively.

5.9 Provide assurance with regard to the systems and processes in place for clinical audit, and consider recommendations from the Effective Clinical Practice Sub-Committee on suggested areas of activity for review by internal audit.

5.10 The Committee will be responsible for reviewing the UHB’s Standing Orders and Standing Financial Instructions and Scheme of Delegation annually, (including associated framework documents as appropriate), monitoring compliance, and reporting any proposed changes to the Board for consideration and approval.

5.11 To receive annually a full report of all offers of gifts, hospitality, sponsorship and honoraria recorded by the UHB and report to the Board the adequacy of these arrangements.

5.12 To review and report to the Board annually the arrangements for declaring, registering, and handling interests.

5.13 Approve the writing-off of losses or the making of special payments within delegated limits.

5.14 Receive an assurance on Post Payment Verification Audits through quarterly reporting to the Committee.

5.15 Receive a report on all Single Tender Actions and extensions of contracts.

Internal Audit & Capital/PFI

5.16 The Committee shall ensure that there is an effective internal audit and capital/PFI function established by management that meets mandatory Internal Audit Standards for NHS Wales and provides appropriate independent assurance to the Committee, Chief Executive and Board.

5.17 This will be achieved by:

- 5.17.1 review and approval of the Internal Audit Strategy, Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation;
- 5.17.2 review of the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter;

5.17.3 Regular consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;

5.17.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and

5.17.5 annual review of the effectiveness of internal audit.

External Audit

5.18 The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work. This will be achieved by:

5.18.1 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors and inspection bodies in the local health economy;

5.18.2 discussion with the External Auditors of their local evaluation of audit risks and assessment of the Local Health Boards/NHS Trusts and associated impact on the audit fee; ~~and~~

5.18.3 review all External Audit reports, including agreement of the annual Audit Report and Structured Assessment before submission to the Board, and any work carried outside the annual audit plan, together with the appropriateness of management responses; and

5.18.4 review progress against the recommendations of the annual WAO Structured Assessment.

Other Assurance Functions

5.19 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications on the governance of the organisation.

5.20 The Committee's programme of work will be designed to provide assurance that the work carried out by the whole range of external review bodies is brought to the attention of the Board. This will ensure that the Health Board is aware of the need to comply with related standards and recommendations of these review bodies and the risks of failing to comply. These will include, but will not be limited to, any reviews by Inspectors and other bodies (e.g. Healthcare Inspectorate Wales, Welsh Risk Pool, etc), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc).

5.21 The Audit & Risk Assurance Committee and the Quality, Safety & Experience Assurance Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit & Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety & Experience Assurance Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. The Internal audit function will also have a role in providing assurance on the Annual Clinical Audit Plan.

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5.22 The Audit & Risk Assurance Committee will also seek assurances where a significant activity is shared with another organisation and collaboratives, in particular the NHS Wales Shared Services Partnership, ~~and~~ Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and other regional committees. The Audit & Risk Assurance Committee will expect to receive assurances from internal audit performed at these organisations that risks in the services provided to them are adequately managed and mitigated with appropriate controls.

Management

5.23 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

5.24 The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit), as they may be appropriate to the overall arrangements.

5.25 The Committee may also request or commission special investigations to be undertaken by Internal Audit, directors or managers to provide specific assurance on any areas of concern that come to its attention.

Financial Reporting

5.26 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board, focusing particularly on:
5.26.1 the ISA 260 report to those charged with governance;
5.26.2 changes in, and compliance with, accounting policies and practices;
5.26.3 unadjusted mis-statements in the financial statements;
5.26.4 major judgemental areas;
5.26.5 significant adjustments resulting from the audit;
5.26.6 other financial considerations include review of the Schedule of Losses and Compensation.

5.27 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Board Secretary), at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director.

6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead ~~Executive~~ (Board Secretary).

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of ~~meetings of the Committee~~ and procedures of such Committee meetings.

8.3 The External Auditor, Head of Internal Audit and Capital/PFI Auditor may request a meeting if they consider one is necessary.

9. Accountability, Responsibility and Authority

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
- 10.1.2 sharing of information.

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.

10.4 The Committee will consider the assurance provided through the work of the Board's other Committees and Sub-Committees to meet its responsibilities for advising the Board on the adequacy of the UHB's overall assurance framework.

10.5 The Committee Chair, supported by the Committee Secretary, shall:

- 10.5.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within six weeks of the end of the financial year and timed to support the preparation of the ~~Annual Governance Statement~~ Accountability Report. This should specifically comment on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self assessment activity against relevant standards. The report will also record the results of the Committee's self assessment and evaluation.
- 10.5.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
- 10.5.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

10.6 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committees performance and operation, including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Delivering the Hywel Dda University Health Board Health and Care Strategy: A portfolio of programmes – scoping, governance and delivery
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTORS:**	Dr Philip Kloer, Medical Director & Director of Clinical Strategy
SWYDDOG ADRODD: **REPORTING OFFICERS**	Libby Ryan-Davies, Transformation Director

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

Presented today for the Board's approval is the strategic portfolio programme scoping, governance and delivery document. The document defines the approach to the delivery of Hywel Dda University Health Board's (UHB) health and care strategy *A Healthier Mid and West Wales: Our future generations living well,* approved by the Board in November 2018.

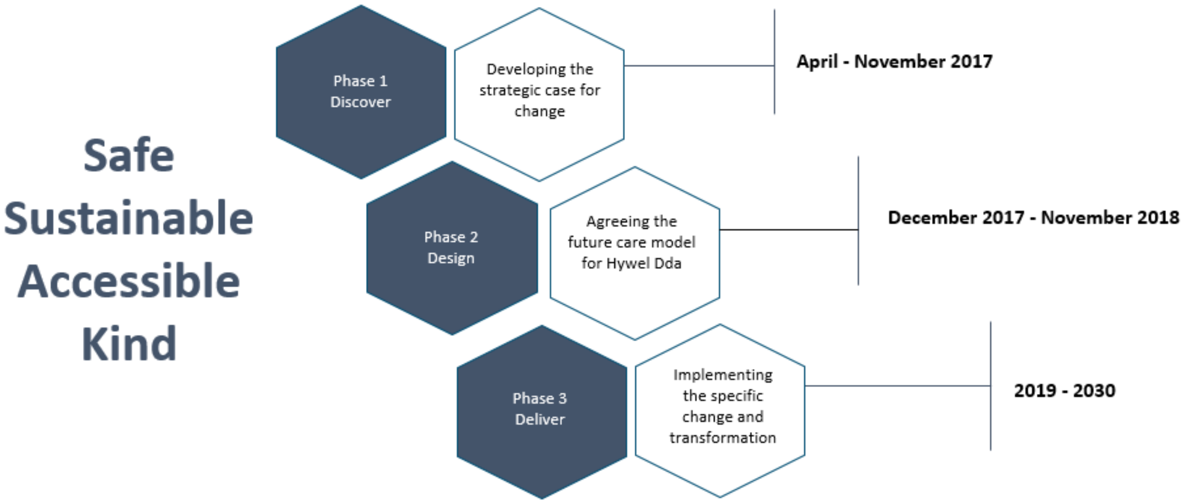
This document describes the work undertaken since November 2018 to develop the programme scoping, governance and delivery arrangements which will drive the work required. This includes extensive work with the Executive Team to shape the portfolio management approach and associated documentation and specifically to:

- Scope the individual change programmes as part of the portfolio to delivering the changes set out in the health and care strategy.
- Define the programme governance arrangements, within the context of aligning the governance of the University Health Board (UHB), Local Authorities and the Regional Partnership Board in a formal way and to ensure that the statutory bodies reduce duplication of effort and work together in greater alignment on all programmes of work that deliver our ambitions.
- Design a refined 'check and challenge' approach, based on the learning from phases 1 and 2 of the Transforming Clinical Services programme, to provide assurance that the delivery of projects is consistent with the design principles set out in the health and care strategy.
- Progress the development of a suite of communication products to summarise the health and care strategy for our population.
- Scope the capacity and capability requirements to establish and deliver the proposed portfolio of programmes.

Cefndir / Background

The Transforming Clinical Services (TCS) programme was established as a clinically led programme of work to design the UHB’s health and care strategy to guide the future delivery of health and care for the next generation and beyond. The programme has been led by our doctors, nurses and other healthcare professionals who have worked together to consider how we best provide health and care services that are safe, sustainable, accessible and kind, built on a scrutiny of health and care systems around the world, and an extensive programme of engagement, consultation and co-production.

The TCS programme has been organised in three phases to date – Discover, Design and Deliver – as follows:


Safe
Sustainable
Accessible
Kind
Phase 1
Discover
Developing the strategic case for change
April - November 2017
Phase 2
Design
Agreeing the future care model for Hywel Dda
December 2017 - November 2018
Phase 3
Deliver
Implementing the specific change and transformation
2019 - 2030

Phases 1 and 2 are complete, and the programme is now moving into phase 3 – Delivery, hence the need to review existing programme arrangements and agree the scope, governance and approach, as we move ahead with delivery of this large scale transformation programme.

Phase 1 (Discover) ran from June to November 2017. A major part of this phase was a 12-week listening and engagement exercise ‘The Big Conversation’, where we asked the public, staff and stakeholders what is important to them in terms of their health and healthcare. Alongside this our three clinically led programme groups: Community Care, Planned Care, and Urgent and Emergency Care considered:

- Our challenges and opportunities - what works well and what needs to improve or change, as part of our case for change
- The ‘must dos’ - what legislation requires us to do
- Best practice - what we can learn from successful health systems around the world
- Listening and engagement - what we heard from the public, staff and stakeholders during engagement

The outputs from Phase 1 were emerging themes and principles which the programme groups recommended should underpin the design of a future model of care. In November 2017, our Board agreed that these principles should be worked up into options for the future model of care, and approved the commencement of phase 2 (Design).

Phase 2 (Design) focused with our clinicians, healthcare staff and key stakeholders on developing proposed future models of care via an iterative process of options development. The process of developing options was informed by our mid and west Wales family, “Teulu Jones” (the Jones Family), which was used to test different changes to our health and care system through a person and family lens. In April 2018, the Health Board agreed that three proposals would be subject to a 12-week formal public consultation exercise.

Following the formal consultation period, the outputs of phases 1 and 2 of the TCS programme, including all that we heard during listening, engagement and consultation, were conscientiously considered by our clinicians, healthcare professionals and key stakeholders, culminating in 11 clinical recommendations for the future model of health and care representing the collective view of our clinicians.

The UHB health and care strategy was approved by the Health Board at its meeting in November 2018. It sets the strategic direction for delivering care that is safe, sustainable, accessible and kind and describes:

- Our 20-year vision for the population health outcomes for current and future generations; and
- Our 10-year health and care strategy.

The strategy establishes a parity of esteem between physical health, mental health and learning disabilities across the age span, and is based on the implementation of an integrated social model of health. It will deliver whole system change to realise our population health ambitions, and signals a fundamental shift from our current emphasis on hospitals to a focus on working in partnership with people and communities to keep people well in or close to their own homes.

Our strategy directly responds to what we heard from the public, staff and stakeholders during ‘The Big Conversation’ engagement and ‘Our Big NHS Change’ and ‘Transforming Mental Health’ public consultations, and translates the 11 clinical recommendations that were approved at the Board meeting in September 2018. The strategy also reflects the 18 Hywel Dda Community Health Council (CHC) recommendations made following public consultation, including the CHC’s expectation that the UHB continues to engage with the public on changes described in the strategy and, where these are assessed to be significant service change, to undertake further public consultation.

Having our health and care strategy in place means we can be sure that our short and medium term planning is aligned to deliver our long-term vision. The health and care strategy sets a direction of travel for the next 20 years and therefore does not contain detailed plans. The portfolio programme scoping, governance and delivery document, sets out the programme structure and approach to the development of the detailed delivery plans required to drive the work over the years to come.

Asesiad / Assessment

Since Board approval of the health and care strategy in November 2018, significant work has been undertaken to plan for the delivery phase. This has included: scoping a portfolio of programmes and enablers; considering the necessary governance structure in the context of ongoing work to strengthen regional governance; and developing a ‘check and challenge’ process to underpin the portfolio.

This work has been written into the scope, governance and delivery document that is presented today for Board's approval. The document describes the scope of the portfolio and its programmes, how the work in each programme will be organised and the associated governance arrangements. It is an initial document that is subject to change as the portfolio is established and the programmes mature. Initial milestones, benefits and risks are identified, with the caveat that the programme groups will develop these further and in more detail when the programmes are established, and more detailed programme documentation will be developed including Programme Initiation Documents and detailed Implementation Plans.

1. Portfolio of Programmes

There is a recognised need to work at scale and pace in order to realise the transformational change described in our health and care strategy. The paper considered at the Health Board meeting in November 2018 presenting our health and care strategy advised that in moving into the delivery phase there is a need to review and refresh the TCS programme and approach to ensure it remains fit for purpose. It is recognised within the initial portfolio scope that, given the scale of the work, we will need to continue to monitor and review our approach to the delivery phase and adapt or add programmes to the portfolio as required.

Significant work has been undertaken by the Executive Team to develop the proposed portfolio of programmes and enablers as set out in the scoping, governance and delivery document, which has been informed by:

- A series of workshops with the Executive Team
- Ongoing discussions with Directors
- Existing Board-approved frameworks, including the *Health and Wellbeing Framework*, the *Quality Improvement Strategic Framework* and the *Framework for Continuous Engagement and Consultation*
- Learning from other health boards in Wales and wider programmes across the UK
- A scoping of clinical service sustainability priorities
- Ongoing consideration of regional partnership governance arrangements
- Extensive consideration of our capacity and capability resource requirements to deliver a portfolio of programmes of this scale
- Continued consideration of public and stakeholder interest in the strategy to inform our plans for communications and continuous engagement

1.1 Change programmes

Our health and care strategy signals transformational change across the whole system and states our commitment to a parity of esteem between physical health, mental health and learning disabilities across the age span. In order to move ahead at pace to deliver the strategy, three change programmes are proposed within the portfolio scope, as follows:

- Transforming our Communities (Director Lead: Jill Paterson)
- Transforming our Hospitals (Director Lead: Joe Teape)
- Transforming Mental Health and Learning Disabilities (Director Lead: Joe Teape)

It is recognised that these change programmes are interconnected and therefore we expect to have a number of projects which span across all three programmes.

The portfolio as set out above has been refined over the course of discussions with the Executive Team and has been further developed from the proposed programme approach set out in the report to Board in November 2018. The portfolio scope, governance and delivery document sets out a change from the five previously proposed change programmes of:

- Prevention and early intervention at scale
- Integrated community services
- Transforming our hospitals
- Operational delivery, performance and turnaround
- Partnerships and commissioning

Over the course of refining the portfolio scope with the Executive Team, it was recognised that, whilst prevention and early intervention at scale, operational delivery, performance and turnaround and partnerships and commissioning were not stand-alone change programmes, they fundamentally underpinned the three main change programmes now proposed. Also, it was agreed that Transforming Mental Health and Learning Disabilities constitutes one of the main change programmes given that the work in this area is at a more advanced stage than the other two proposed change programmes.

Subject to Board approval of the portfolio scope, programme groups will be established for the three change programmes. Terms of Reference will be developed for each of the programme groups, with co-chairing arrangements across health and social care providing the necessary leadership and direction to deliver the programmes of work.

The change programme scopes are set out in the Programme Delivery Plans contained within the scoping, governance and delivery document. These change programme scopes have been developed collaboratively with the identified Director Lead and the Principal Project Managers assigned to each change programme, and subsequently reviewed and agreed by the Executive Team.

These Programme Delivery Plans set out the initial priorities for the establishment of the three change programmes and cover:

- Programme deliverables
- Programme assumptions
- Programme dependencies
- Programme risks
- First year actions

The deliverables set out in each Programme Delivery Plans are organised according to whether they signal service re-design or transformational change. In doing so, the deliverables are differentiated according to: those that are focused on changing not ‘what’ we do but ‘how’ we do it (i.e. re-design); and those that focus on changing both the ‘what’ and the ‘how’ of what we do (i.e. transformational).

As a dynamic document, the deliverables, assumptions, dependencies and risks identified in the Programme Delivery Plans are subject to change as the programmes are initiated and mature over time.

The actions identified for each of the change programmes describe the initial steps to establish the programme groups and commencement of priority areas of work. Examples of actions include but are not limited to:

- Develop Programme Initiation Documents and detailed Programme Plans
- Establish programme group Terms of Reference, memberships and meeting schedules
- Establish any sub-groups and their scopes and memberships
- Review learning to date and plan learning visits/meetings
- Review planning assumptions underpinning the portfolio and agree final assumptions
- Develop and sign-off programme-specific communications and engagement plans
- Agree the approach to programme evaluation
- Prepare and sign-off proposed projects prior to applying the check and challenge approach

1.2 Enablers

The three change programmes will be supported by a number of enabling mechanisms. These include an integrated enabling group which will incorporate membership from the following key areas and include partner agencies where appropriate to inform the development of the models described in the strategy:

- Workforce and Organisational Development
- Finance and Procurement
- Capital, Estates and Infrastructure (physical estate and digital infrastructure)
- Informatics and Modelling

Terms of Reference will be developed for the integrated enabling group, aligned to the Terms of Reference developed for the three change programmes. The integrated enabling group will be supported by other enabling mechanisms, which will further advise and inform the development of future models, ie:

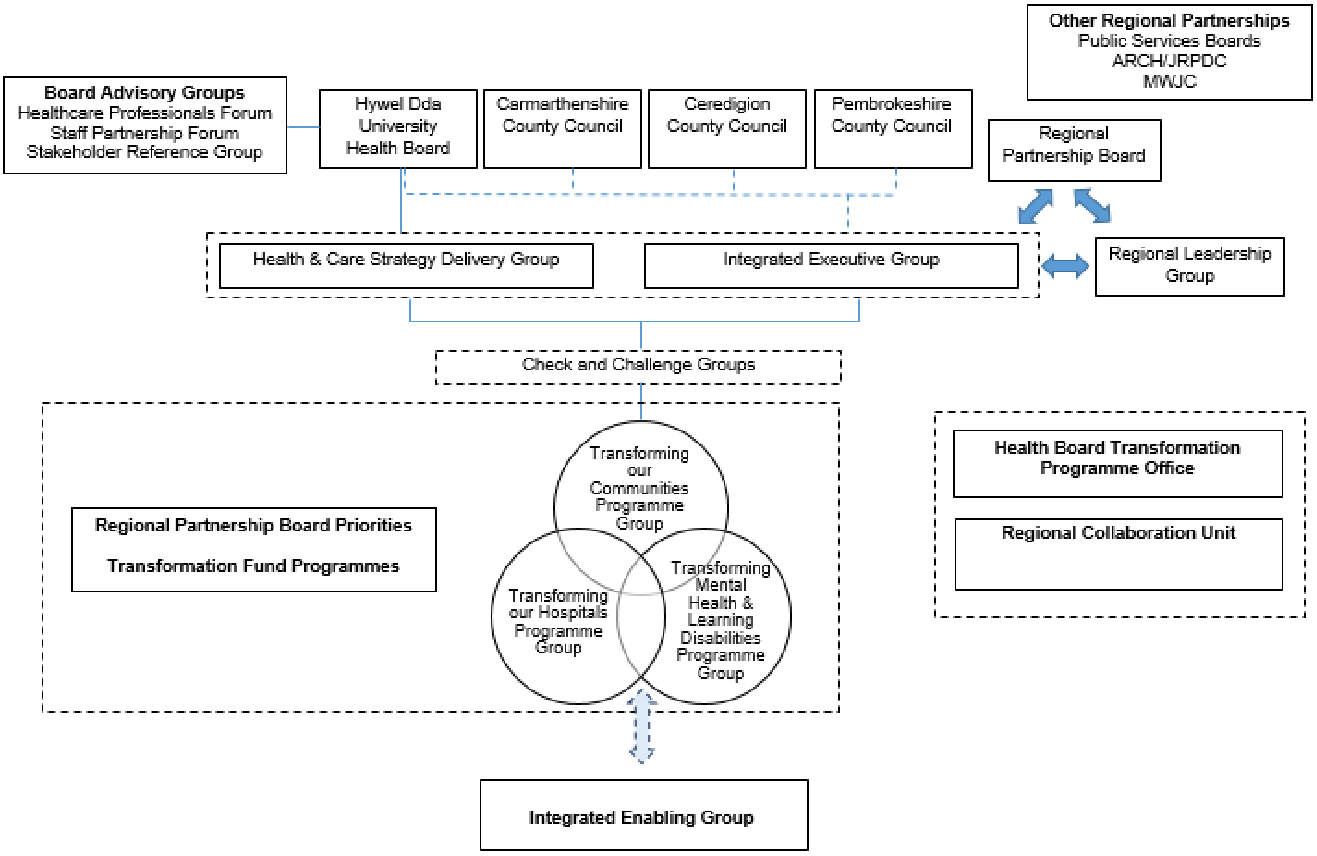
- Continuous Engagement, Diversity and Inclusion
- Digitally enabled Mid and West Wales
- Continuous Improvement
- Transport and Access

These were key areas of feedback throughout the course of listening, engagement and consultation with the public, staff and stakeholders.

2. Governance

The UHB health and care strategy will now move from its previous development phase under the Health Board’s Strategy Development governance arm, to the delivery phase under the Health Board’s Operational Delivery and Performance Management governance arm.

A summary version of the governance arrangements is set out below (for detailed governance diagram see the scoping, governance and delivery document, page 11), with the caveat that the structure will adapt as required and will evolve as the portfolio of programmes is established and matures:


Other Regional Partnerships
Public Services Boards
ARCH/JRPDC
MWJC
Board Advisory Groups
Healthcare Professionals Forum
Staff Partnership Forum
Stakeholder Reference Group
Hywel Dda University Health Board
Carmarthenshire County Council
Ceredigion County Council
Pembrokeshire County Council
Regional Partnership Board
Health & Care Strategy Delivery Group
Integrated Executive Group
Regional Leadership Group
Check and Challenge Groups
Regional Partnership Board Priorities
Transformation Fund Programmes
Transforming our Communities Programme Group
Transforming our Hospitals Programme Group
Transforming Mental Health & Learning Disabilities Programme Group
Health Board Transformation Programme Office
Regional Collaboration Unit
Integrated Enabling Group

The Senior Responsible Officer for the portfolio of programmes is Dr Philip Kloer, Medical Director and Director of Clinical Strategy. The three change programme groups will be led by a nominated Director.

A UHB Health and Care Strategy Delivery Group will be established, reporting directly to Board, and Terms of Reference have been developed. It will be responsible for monitoring the progress of the portfolio of programmes and will be accountable for ensuring the delivery of the health and care strategy in accordance with Board approved timescales.

The membership of the Health and Care Strategy Delivery Group will be drawn from the Health Board's Executive Team and will include the transformation portfolio lead. Over time, it is intended that the membership of this group will be brought together with the Regional Partnership Board's (RPB) equivalent, the Integrated Executive Group (IEG), which has as its members the Directors of Social Services from Carmarthenshire, Ceredigion and Pembrokeshire and Directors from the Health Board who are leading the change programmes. The aim will be to find a practical way of working that satisfies the governance requirements of both UHB and the RPB through one group membership (see Board paper 'West Wales Regional Partnership Board (RPB) – Governance', agenda item 5.2).

The Health and Care Strategy Delivery Group will be responsible for monitoring the progress of the portfolio of programmes until these further arrangements are in place. Each programme will have a designated lead who will report directly into the Health and Care Strategy Delivery Group. These underpinning governance arrangements will enable the Health Board to ensure that the programmes have a sound basis before allowing decisions to be made.

All decisions relating to the Transformation Fund, Integrated Care Fund and other Welsh Government grant delivery will remain with the RPB governance arrangements as per Welsh Government requirements, with assurance reports provided to the Board.

The change programmes and enablers will sit within a Transformation Programme Office that will bring together programme leads across health and social care and in some cases wider public sector partners, consisting of a hub of programme management and enabling support mechanisms. This office will bring together subject matter experts on a range of key areas including finance, workforce, governance, modelling and informatics, communication and engagement, diversity and inclusion, prevention and population health. The Transformation Programme Office will ensure a consistent set of principles and ways of working across the portfolio and all partners will work closely together and align methods, training and approaches and agree standard templates to make sure that we develop a single agreed approach to programme and project management. Progress against plan will be summarised and included within the highlight report to the Health and Care Strategy Delivery Group for onward reporting to the Board.

3. Check and Challenge Process

A check and challenge process has been designed to provide assurance that the delivery of the three change programmes, associated projects, service changes and pathway re-design is consistent with the principles set out within the health and care strategy and is fully aligned across the whole portfolio. This check and challenge process has been built on the significant learning throughout phases 1 and 2 of the TCS programme and the success of check and challenge session with a wide range of stakeholders. This process provides a supportive space, using a range of internal and external stakeholder groups and mechanisms to test and challenge projects to ensure they are delivering truly aspirational and transformational change over the years to come. A multidisciplinary and multi-stakeholder check and challenge approach will be led by a team of supportive experts, consisting of members of the Health and Care Strategy Delivery Group and other key representatives to ensure that the key principles of UHB business are followed, namely:

- Health and Wellbeing Framework (and the 6 questions of the Wellbeing Lens appended to the scoping, governance and delivery document)
- Framework for Continuous Engagement and Consultation
- Equality, Diversity and Inclusion
- Evidence based innovation, research and benchmarking
- *A Healthier Mid and West Wales* Design Principles (appended to the scoping, governance and delivery document)
- Clinical Input
- Quality/Patient Care
- Applying the Teulu Jones Lens
- NHS Wales Planning Framework
- Workforce supply and feasibility
- Finance/Affordability (including Turnaround and Value Based Health Care)
- Legal Impacts
- Risk

The process will support the Health and Care Strategy Delivery Group to determine whether proposals are suitable for final sign-off and/or any additional required actions. It will ensure that the proposals can progress more confidently to the next stage of development, implementation or realisation.

The approach to the check and challenge process will further develop as the portfolio matures.

4. Approach to Communications and Continuous Engagement

Our health and care strategy sets out our direction of travel for the next 20 years and beyond. We need to communicate this both to the people who were actively involved in listening, engagement and consultation during phases 1 and 2 of the TCS programme, and to our general population in a simple and easy to understand way in order that they have the opportunity to shape the detail of what this means for them and their communities.

The scale of the transformational change required is such that it will affect every single person in our population. Therefore we need to make every effort to communicate with as wide a range of people as possible, communicating in ways that are accessible and suitable to their individual needs. For this reason we will communicate and continuously engage and try to use every opportunity to make this vision relevant and real to people, as every conversation counts.

In addition to our usual communication methods with staff and the general public, we will provide a range of tools for our leaders and partners who meet communities and individuals as part of their day to day business. This toolkit will provide staff and partners with advice and guidance on how to approach this communication, with resources such as:

- A bilingual summary version of the strategy
- Alternative versions of this summary including easy read, Polish and Arabic
- A bespoke youth version
- An animation which will include British Sign Language
- An audio version

The toolkit will further develop over time as more specific changes are identified in localities through continuous engagement with the public, staff and partners. This means that our communication and engagement will be responsive to how we co-design the models of care for the future.

Furthermore, and subject to Board approval of the portfolio, each of the proposed change programmes will develop individual detailed communications and engagement plans, in line with the UHB’s commitment to continuous engagement.

5. Resourcing the Portfolio and Delivering the Health and Care Strategy

The scale of work required to establish and operationalise the proposed portfolio of programmes to deliver our health and care strategy is significant, and therefore requires additional capacity and capability to enable delivery. The resource implications associated with the portfolio have been identified through:

- Discussions in Executive Team meetings and with individual Directors about how best to organise Directorates and teams, and in particular the specific resources necessary to successfully deliver the early years of the strategy;
- Presentation and subsequent discussion at the Board Seminar in February 2019 on the scope of the portfolio and resourcing of a team to establish and deliver the portfolio of programmes.

The identification of resource requirements has been informed by recent research into similar transformation programmes across the UK, including but not limited to those in Aneurin Bevan University Health Board, Taunton and Somerset NHS Foundation Trust, and Dorset Clinical Commissioning Group. While these are smaller programmes than the proposed UHB portfolio of programmes, each has indicated the requirement for a core team consisting of a range of programme management, improvement and other expertise to manage the portfolio programme processes and co-ordinate the programme delivery plans.

Building on this learning, the resource requirements for a core programme team have been identified. This includes scoping of capacity and capability already available within the organisation, and the additional support required. The core programme team will include programme managers, clinical leadership, subject matter expertise, service improvement support, communications and engagement expertise, workforce, capital and financial planning support. Having carefully assessed these requirements, the reasonable level of investment deemed necessary amounts to £2.583m. Through the UHB's Targeted Intervention status, support for this investment has been requested from the Welsh Government. In recognition that this is a priority for the UHB, we will seek ways to make as much progress as possible in the absence of Welsh Government support. Given the UHB's position, this would inevitably mean that the pace of progress would be slower and the financial plan for next year somewhat more at risk; however, the ambition remains the same.

The scale of the engagement and consultation undertaken as part of the TCS programme has led to an expectation of delivery at pace from the public, staff and stakeholders, and therefore further confidence needs to be built via the delivery of tangible progress. The identified resources will enable the required progress to be made to deliver the health and care strategy over the coming years with a focus on the following key priorities:

- Support for turnaround - productivity and efficiency gains as set out in the health and care strategy and underpinning design assumptions
- Fragile service sustainability - pathway redesign of identified clinical sustainability priority areas
- Year 1 deliverables in relation to the health and care strategy - early deliverables in relation to the *Transforming our Communities* and *Transforming Mental Health and Learning Disabilities* programmes

These identified resources also enable the implementation of key Board approved frameworks for Health and Wellbeing, Continuous Engagement and Consultation, and Quality Improvement.

In addition to the above priorities, we recognise that there will be resourcing requirements to support the more technical elements of the capital planning process for a potential new build hospital and enable the progression of business case development. In particular this includes the need to identify a suitable site in the agreed zone between Narberth and St Clears based on reviewing the experience of others, and our estimation is that this will require c. £750k including c. £250k to enable additional technical estates, capital planning and communications support and c. £500k of external consultant estates specialist support.

Argymhelliad / Recommendation

The Board is asked to:

1. Approve the Scoping, Governance and Delivery document (and the appended Programme Delivery Plans and Check and Challenge process), and in doing so approve the initiation of the portfolio of programmes.
2. Approve the proposed portfolio governance (aligned to the Regional Partnership Board governance), with view to bringing together the portfolio programme outlined in the Scoping, Governance and Delivery document and the RPB priority groups and Transformation Fund groups in order that there is one key mechanisms reporting into shared governance.
3. Formally dis-establish the strategy development arm of the Health Board's governance arrangements (Health Strategy Committee) including the underpinning structure.
4. Approve the Terms of Reference of the Health and Care Strategy Delivery Group.
5. Approve the development of a Transformation Programme Office team to drive forward delivery of the health and care strategy, as part of business as usual.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Risk Register Reference:	651
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:	Transforming Clinical Services: • Engagement Review findings (ORS Report) • Phase 1: 'Discover' Output Report - The Case for Change (Phase 1 Output Report) • Consultation closing Report The Parliamentary Review of Health and Social Care in

	Wales – A Revolution from Within: Transforming Health and Care in Wales The King's Fund - Developing accountable care systems Lessons from Canterbury, New Zealand (2017) The King's Fund - Transforming our health care system: Ten priorities for commissioners (2016) The King's Fund - Reimagining community services: making the most of our assets (2018) The King's Fund - New care models Emerging innovations in governance and Organisational form (2015)
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 the Board:	HDdUHB Executive Team HDdUHB Board Seminar HDdUHB Community Health Council Shadow Executive Board of the Regional Partnership Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Integrated Impact Assessment approved by Board 29th November 2018
Ansawdd / Gofal Claf: Quality / Patient Care:	Integrated Impact Assessment approved by Board 29th November 2018
Gweithlu: Workforce:	Integrated Impact Assessment approved by Board 29th November 2018
Risg: Risk:	Integrated Impact Assessment approved by Board 29th November 2018
Cyfreithiol: Legal:	Integrated Impact Assessment approved by Board 29th November 2018
Enw Da: Reputational:	Integrated Impact Assessment approved by Board 29th November 2018
Gyfrinachedd: Privacy:	Integrated Impact Assessment approved by Board 29th November 2018
Cydraddoldeb: Equality:	Integrated Impact Assessment approved by Board 29th November 2018

GIG CYMRU
NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

A Healthier Mid and West Wales Portfolio of Programmes

SCOPING, GOVERNANCE AND DELIVERY DOCUMENT

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Scoping and Delivery Document	Document Ref and Version No: 1.0
Senior Responsible Officer: Dr Philip Kloer	Portfolio Manager: TBC
Programme Director: TBC	Date: 21st March 2019

Document Change Control

Date of Issue	Version	Reviewed By	Summary of Changes
21/03/2019	1.0	Final version for Board approval	

CONTENTS

1. Purpose

The purpose of this Scope, Governance and Delivery Document is to define the scope of the portfolio of programmes that will deliver the *A Healthier Mid and West Wales*: *Our future generations living well* strategy and the structure of the portfolio of programmes that make up this approach. This will include how the work in each programme will be organised, the programme governance and a delivery plan for the establishment of each programme.

This initial scoping, governance and delivery document will be developed into detailed programme documentation for each aspect of the portfolio, including Programme Initiation Documents and detailed plan.

Initial milestones, benefits and risks have been identified, however the portfolio will respond flexibly as more detail emerges. Additional milestones, benefits and risks will be incorporated as the portfolio matures.

This document is for approval through the agreed Health Board governance arrangements, and for communication to stakeholders.

This document will also form the basis of how the Health Board manages and assesses the success of the portfolio of programmes. This document will allow the Health Board to ensure the programmes have a sound basis before allowing major decisions to be made which may significantly alter the overall aims of the approach. It will act as a base document against which the Health and Care Strategy Delivery Group and Transformation Programme Office can assess progress, change management issues and on-going viability, and will be used at the conclusion of the portfolio of programmes to undertake a review. It also provides a single source of reference, so that people can quickly and easily find out what the programmes are about and how the approach is being managed.

2. Background

Our Case for Change

Hywel Dda University Health Board (HDdUHB) is one of seven health boards in Wales and serves the population of mid and west Wales in Carmarthenshire, Ceredigion and Pembrokeshire. The Health Board plans, secures and delivers healthcare for 384,000 people, managing and funding the majority of care and support that people receive in hospitals, health centres, GP surgeries, dentists, pharmacists, opticians and other settings, including within the community. As there is a very large border with other counties, communities in south Gwynedd, north Powys and west Glamorgan also rely on the Health Board’s services. Equally the population accesses health services, including more specialist care, at hospitals outside of the

Hywel Dda area such as Morriston Hospital, in Swansea and University Hospital of Wales, in Cardiff.

The needs of people across Wales have changed significantly since 1948 when the NHS was established. Life expectancy was lower and the most common conditions people faced were infectious diseases, injuries, heart attacks and strokes. Now, more people live into older age and although this is great news, it brings with it increasing health and social care issues. The most significant challenge is that more people are living with mental health issues and chronic conditions such as diabetes, heart disease, chronic obstructive pulmonary disease and dementia, often in combination. Demand for care is expected to grow even further because the population across the region is predicted to increase from around 384,000 residents in 2016 to approximately 410,000 in 2036. Despite all the advances there is still a large gap of over 10 years in how long people stay healthy between the best off and the worst off in society.

This directly impacts on the services the Health Board provides and creates specific challenges for how care is organised and delivered across the Hywel Dda area. Workforce challenges are at a critical level, as despite huge effort there continue to be difficulties in recruitment and retention of the number of permanent staff which are needed to deliver health and care services as they are currently organised. This is one of the main reasons for the failure to provide services within budget. Some services rely on temporary staff to operate and whilst everyone tries to provide the best care possible, temporary staff cannot provide the same levels of quality and safety as permanent staff. There is a need to reorganise the way services are delivered and attract more highly motivated and skilled people to work with the Health Board. The estate is also ageing with many outdated buildings, facilities and digital systems, making it difficult to provide care within a modern environment, or to take full advantage of developments in digital technology that will become vitally important in the years to come.

The Health Board shares the Welsh Government’s vision for everyone to have long, healthy, happy lives. This includes people having control of their own health and well-being, in an environment that enables them to look after themselves and others. To deliver this there is a need to make sure the right health and social care services are available to help people stay well, to get better when they are ill, and to live the best life possible when they have problems that will not get better. As a public service, the Health Board must offer value for money within budget, and at the same time ensure the care delivered is safe and of high quality. It is a fine balancing act.

The Health Board’s strategy, ‘*A Healthier Mid and West Wales: Our future generations living well*’ signals this shift of focus, towards a social model for health which presents enormous opportunities to think and act differently in the way health and care services are delivered in collaboration with key partners such as the people who live and work in the Hywel Dda area. The Health Board endeavours to influence and maximise the role the health service can play in keeping people well. This is fully aligned with the national plan '*A Healthier Wales: Our Plan for Health and Social Care*' published by the Welsh Government, and the Regional Partnership Board (RPB) will play a crucial role in the delivery of this shared agenda.

Our Transforming Clinical Services Programme

Our health and care strategy was developed as part of an overarching Transformation Programme, called Transforming Clinical Services (TCS). The TCS programme was established to address the challenges facing the Health Board and has involved engagement and consultation with the public, staff and other key stakeholders to design new models of health and care. By using the four guiding principles of **safe, sustainable, accessible** and **kind** a focus has been maintained on how the Health Board can meet the changing needs of the local population both now and in the future.

Our guiding principles mean that our future services will:

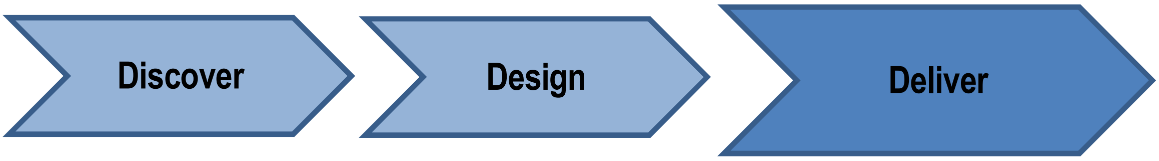
Be **safe** – safe and high quality care to secure equitable services and the best possible experiences and outcomes for patients in an environment that promotes staff wellbeing and effectiveness.

Be **sustainable** – services which are fit for future generations, focused on promoting wellbeing and preventing ill-health in the first instance, and staffed by the right people working in a joined-up way.

Be **accessible** – will enable patients to use services when and where they need them, with an emphasis on as much care close to home as possible using innovative solutions, particularly digital technology advancements.

Be **kind** – delivering compassionate services in the right place and at the right time, including a focus on promoting wellbeing and avoiding ill-health, and using patient experiences to make services better.

TCS has taken a phased approach, covering three distinct phases:



The programme has been clinically led from its outset, with the involvement of a full range of clinicians and health professionals throughout Phases 1 (Discover) and 2 (Design). The programme has also been very heavily informed by engagement and consultation with the public, staff and stakeholders during the last two years, which culminated in a formal consultation – 'Our Big NHS Change'. From this, a set of clinical recommendations for the transformation of health and care services was agreed, which were translated into the long-term health and care strategy '*A Healthier Mid and West Wales: our future generations living well'*.

Specifically within Phase 3 (Deliver) the purpose of the programme approach will be to manage the change necessary to deliver HDdUHB's health and care strategy. This strategy is HDdUHB's direct response to the challenges faced and what was heard from the engagement and consultation undertaken throughout Phases 1 and 2 of the programme. The strategy outlines a shared vision, and aspirations for how we will transform and deliver health and care services that are fit for future generations, in line with the recommendations made at the conclusion of Phase 2. Upon completion of Phase 3, the aim is to have reorganised services as laid out in our strategy.

The timelines set out in the Delivery Plans at the end of this document detail the steps that will be taken to initiate and form the portfolio of programmes that will deliver Phase 3.

Our Health and Care Strategy '*A Healthier Mid and West Wales: Our future generations living well*'

Our health and care strategy outlines our long-term vision and aspirational outcomes against three strategic goals. It is written in recognition that health is co-created in communities, through family, friends and neighbours. Accordingly, improving health outcomes in mid and west Wales and creating a sustainable healthcare system for the future will require a shift from our current focus on hospital-based care and treatment to a focus on prevention and on empowering and building the resilience of people and communities.

We also recognise in our strategy that our hospitals are embedded in our communities and will continue to play a key role as part of a wider health and care system delivering a broad range of services. Specifically, hospitals will play an important role in providing clinical excellence and specialist support when it is needed the most.

Our health and care strategy is supported by a health and wellbeing framework that promotes a fundamental shift in focus from treatment to prevention and will establish a climate that enables and promotes new ways of working and create a movement for change to deliver on our three strategic goals.

3. Scope

Our health and care strategy will be delivered through a portfolio of programmes. The programmes will work together to deliver the transformation necessary to realise the vision and goals set out in the strategy.

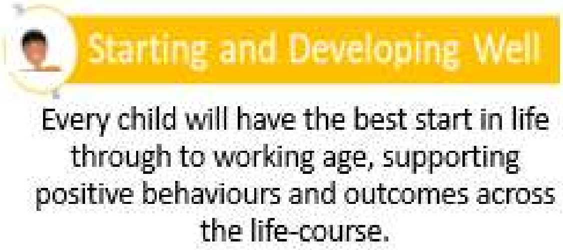
The scope of the portfolio of programmes spans the three counties of Carmarthenshire, Ceredigion and Pembrokeshire and each of the localities within them, and locality plans will both inform and reflect system-wide transformational changes in each area according to the specific needs of their populations.

As such, subject to agreement across the Health Board and RPB, shared programme groups for Transforming our Communities, and Transforming Mental Health and Learning Disabilities will be developed over time, which will sit across the Health Board and RPB, alongside the Health Board’s Transforming our Hospitals group (where joint working opportunities will be maximised wherever appropriate). These shared programme groups will be co-chaired, report simultaneously to both and will effectively discharge the functions of each body.

The focus of the programmes will be to contribute to the delivery of the Health Board’s vision, strategic goals and long term outcomes, as set out in *A Healthier Mid and West Wales*:

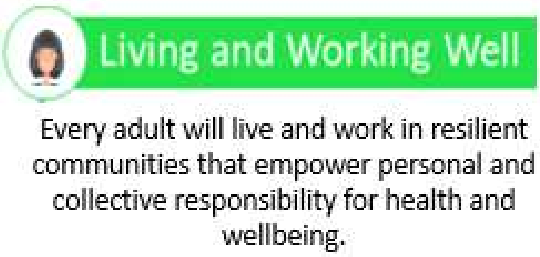
Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.

This focuses on three interconnected phases across the life-course, each with an associated strategic goal:



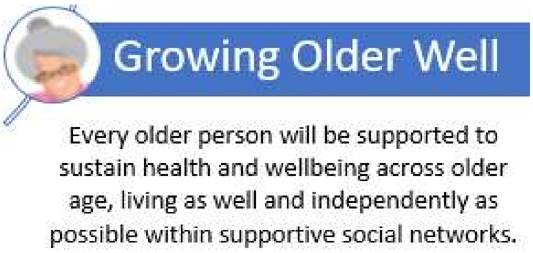
Starting and Developing Well

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 independently as possible within supportive social networks.

4. Portfolio Governance

The programme governance is set out in Fig. 1. This structure will adapt as required and will evolve as the portfolio of programmes develops and matures. There are a number of key principles which are agreed:

- A Health and Care Strategy Delivery Group
- An Integrated Executive Group across Health Board Executives and Local Authority Directors of Social Services
- Shared Programme Groups (where appropriate)
- Co-Chairing arrangements (where appropriate)
- A consistent approach to programme management across Health Board and RPB programmes

Health Board and regional governance arrangements will be reviewed further to ensure alignment between the portfolio of programmes and regional priorities and workstreams. In particular, the Health Board's assurance mechanisms will be reviewed to take account of the portfolio governance arrangements, in order to ensure that appropriate shared assurance is in place.

The Senior Responsible Officer for the portfolio of programmes is Dr Philip Kloer, Medical Director and Director of Clinical Strategy. The three change programme groups will be led by a nominated Director.

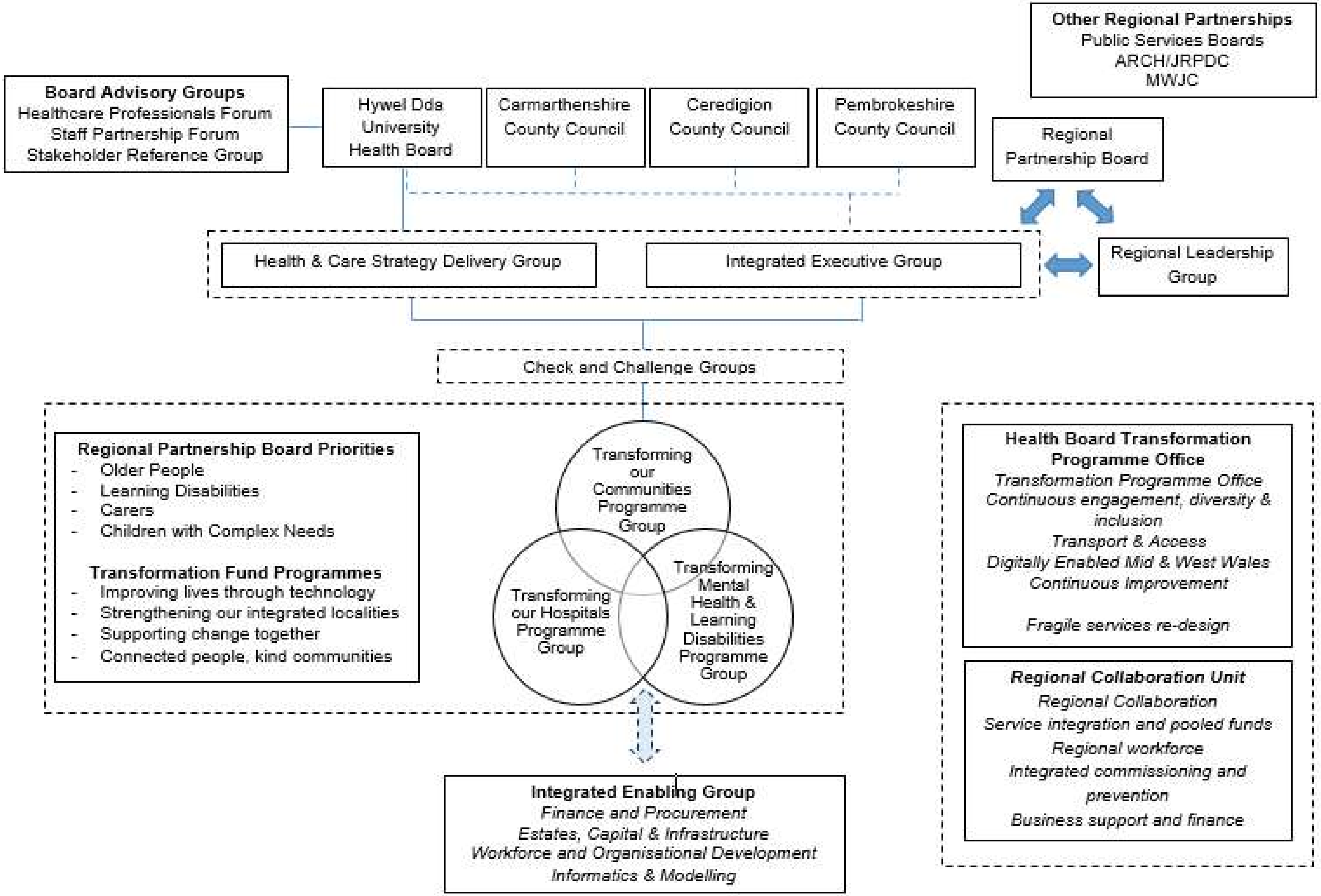
The portfolio of programmes will be overseen by the Health and Care Strategy Delivery Group, which will be responsible for monitoring the progress of the portfolio of programmes and will be accountable for ensuring that the Health Board's strategy *A Healthier Mid and West Wales* is delivered, in accordance with the timescales directed by the Board. One meeting of the Health Board's Executive Team in eight will be utilised for the Health and Care Strategy Delivery Group, with key individuals invited to attend. The designated Director lead will report directly into the Health and Care Strategy Delivery Group.

The Health and Care Strategy Delivery Group will report into the HDdUHB Public Board.

The portfolio will be supported by a Transformation Programme Office. This will act as a hub of programme management and enabling support mechanisms. The Transformation Programme Office will bring together Subject Matter Experts on a range of key areas including finance, workforce, modelling and informatics, communication and engagement, preventions and population health. The

Transformation Programme Office will ensure a consistent set of principles and ways of working across the portfolio. There is an aspiration to transfer the principles and ways of working to a regional programme management hub, which will act as a virtual network across the Regional Collaboration Unit, which provides the programme and administrative support to the RPB, and the HDdUHB Transformation Programme Office. The hub will bring together programme management resources where appropriate, to increase connectivity and capacity, and to reduce duplication.

Fig 1. Governance


Other Regional Partnerships
Public Services Boards
ARCH/JRPDC
MWJC
Board Advisory Groups
Healthcare Professionals Forum
Staff Partnership Forum
Stakeholder Reference Group
Hywel Dda University Health Board
Carmarthenshire County Council
Ceredigion County Council
Pembrokeshire County Council
Regional Partnership Board
Health & Care Strategy Delivery Group
Integrated Executive Group
Regional Leadership Group
Check and Challenge Groups
Regional Partnership Board Priorities
- Older People
- Learning Disabilities
- Carers
- Children with Complex Needs
Transformation Fund Programmes
- Improving lives through technology
- Strengthening our integrated localities
- Supporting change together
- Connected people, kind communities
Transforming our Communities Programme Group
Transforming our Hospitals Programme Group
Transforming Mental Health & Learning Disabilities Programme Group
Health Board Transformation Programme Office
Transformation Programme Office
Continuous engagement, diversity & inclusion
Transport & Access
Digitally Enabled Mid & West Wales
Continuous Improvement
Fragile services re-design
Regional Collaboration Unit
Regional Collaboration
Service integration and pooled funds
Regional workforce
Integrated commissioning and prevention
Business support and finance
Integrated Enabling Group
Finance and Procurement
Estates, Capital & Infrastructure
Workforce and Organisational Development
Informatics & Modelling

5. Portfolio Structure

Change Programmes

The successful delivery of the strategy will be through a portfolio of three change programmes:

1. **Transforming our Communities**

   This programme will establish a model for the delivery of services at a local level within the context of a social model for health and well-being, as outlined in *A Healthier Mid and West Wales*, and in line with the principles of '*A Healthier Wales'.*

   This will mean:
   - Care is provided closer to home and available 24/7
   - People are supported to remain healthy and there is a focus on wellbeing
   - Services are seamless and joined up
   - Communities are supported to develop resilience
   - Localities are empowered to determine local approaches that work
   - Sustainability of primary care
   - Pressure on secondary care is reduced
   - Capital developments in community and primary care are designed and delivered to support the shift to more care closer to home

2. **Transforming our Hospitals**

   This programme will transform our hospital model to provide the most specialist health and care support through a network of hospitals across mid and west Wales, as set out in our health and care strategy. The scope of the programme will cover:

   - Capital developments around the new urgent and planned care hospital, Prince Philip and Bronglais hospitals and the repurposing of Withybush and Glangwili hospitals, including capital developments during the interim period prior to the new hospital becoming operational and the development of research, education and innovation facilities

   - Transformation of clinical pathways informed by the identification of fragile services which embrace a preventative approach

   - Key areas of regional working across mid and south west Wales

   - Linkages across the portfolio of programmes, including agreement of planning assumptions across programmes and their alignment with the Turnaround programme

3. **Transforming Mental Health and Learning Disabilities**

   This programme will continue to be committed to delivering the agreed co-produced model of care where services work actively with their communities to minimise, as far as reasonably possible, the development of mental health problems, and to work together with individuals, communities and partner organisations to provide services that support when it is most needed. The work has followed an ethos of continuous engagement and co-production, working collaboratively with staff, service users, the Community Health Council (CHC) and other key partners. By taking a proactive and holistic approach, promoting mental health and providing early interventions before mental illness is manifested, it may be possible to reduce the impact of mental illness. It is therefore the aim that the service works actively with its communities to minimise, as far as reasonably possible, the development of mental health problems and work together with individuals, communities and partner organisations.

This document includes high level Delivery Plans for each of the change programmes, which sets out the broad scope and deliverables for each programme and how the detailed plan will be developed.

Integrated pathway design will run through the programmes to ensure that an integrated approach to work is undertaken.

Enabling Mechanisms

To facilitate the successful delivery of the transformation programme, the change programmes will be supported by a number of enabling mechanisms.

An Integrated Enabling Group will provide direction, co-ordination and initial oversight to inform the development of the models described in the strategy. The Integrated Enabling Group will inform, and be informed by, the programme groups and will incorporate the following key areas of work:

- **Workforce and Organisational Development**

  Providing focus on giving the health and care workforce the skills and expertise required to deliver new models of care in an integrated health and care system. It will focus on workforce planning and redesign, organisational development and transformation.

- **Finance and Procurement**

  Ensuring that the new service model is delivered to budget and that contractual agreements are made in line with the financial parameters set.

- **Capital, Estates and Infrastructure (Physical Estate and Digital Infrastructure)**

  Focusing on asset optimisation, ensuring that our estate is organised in a way that will support the sustainable delivery of the new service model.

- **Informatics and Modelling**

  Forming a basis upon which the detailed design work can proceed. Initially it will validate the baseline activity and capacity then share this with the delivery groups to ensure a common starting point. Once clinical and service assumptions have been agreed it will then model demographic, service and pathway changes over time to inform the agreement of the future model through the governance structure and its working groups. As assumptions are modified through agreement the modelling will be updated. The aim is to have a consistent, agreed view.

The Integrated Enabling Group will be supported by other enablers in relation to the following areas, which will further advise and inform the development of future models:

- **Continuous Engagement, Diversity and Inclusion**

  Ensuring that methods of continuous engagement are in place and new models of care are co-produced with members of the public, staff and other stakeholders in our seven localities, including those with protected characteristics, through a multi-sector co-ordinating community of practice/network with partners.

- **Continuous Improvement**

  Ensuring a focus on continuous improvement, through the delivery of the quality improvement goals; alignment with organisational goals; and support of the implementation of key pathway re-design priorities, in order to enable delivery of the strategy.

- **Digitally Enabled Mid and West Wales**

  Delivering the digital innovation and ambition signalled in *A Healthier Mid and West Wales* across the health and care system, to support new approaches to service delivery, improve local health and wellbeing outcomes and address the challenging needs of our diverse population by the improved use of technology enabled care. The areas of focus include prevention and self-care, integrated care delivery, high quality information and improved outcomes requires a programme wrap around the projects to ensure delivery and benefits realisation.to service delivery.

- **Transport and Access**

  Ensuring that key transport networks and solutions are designed with partners to ensure that the public and all service users can access services regardless of their location (in line with the new model of care).

The enablers will sit within the Transformation Programme Office, ensuring that Subject Matter Experts on a range of key areas including finance, workforce, modelling and informatics, communication and engagement, preventions and population health both inform, and are informed by programme group activity, supported with an appropriate level of programme management support.

Linkage to Organisational Frameworks and Priorities

The work of the programmes and enabling mechanisms will also be guided by a number of existing frameworks and organisational priorities, and linkages will be overseen by the Transformation Programme Office. Existing frameworks and priorities will also be used to provide assurance through a check and challenge process.

- **Health and Wellbeing Framework**

  Ensuring the focus on population health, putting initiatives in place that will help people to stay healthy and avoid getting unwell. Ensuring alignment with the health and wellbeing framework, including the organisational long term (20 year) vision and strategic goals and the prevention and early intervention agenda.

- **Framework for Continuous Engagement**

  Ensuring a coherent, consistent approach towards co-production and service change around health (and in the future social care, or any other integrated service with other public sector partners) that is fit for the future and takes into account the duties of both the CHC and Health Board.

- **Quality Improvement Strategic Framework**

  Focusing on engaging and enabling the whole workforce to improve the quality of its services. The framework is aligned to our approach to quality assurance and organisational development, describing the quality goals which will be underpinned by annual priorities to deliver improved patient outcomes and overall experience of care.

- **Applying the Teulu Jones Lens**

  Testing any changes through a person and family lens, to understand how these changes will look and feel for families.

- **Turnaround**

  Maximising the productivity and efficiency gains through the Turnaround programme, to support the sustainable delivery of the new service model.

- **Value Based Health Care**

Delivering greater value within allocated budget, including achieving best value for money and more effectively managing limited resources

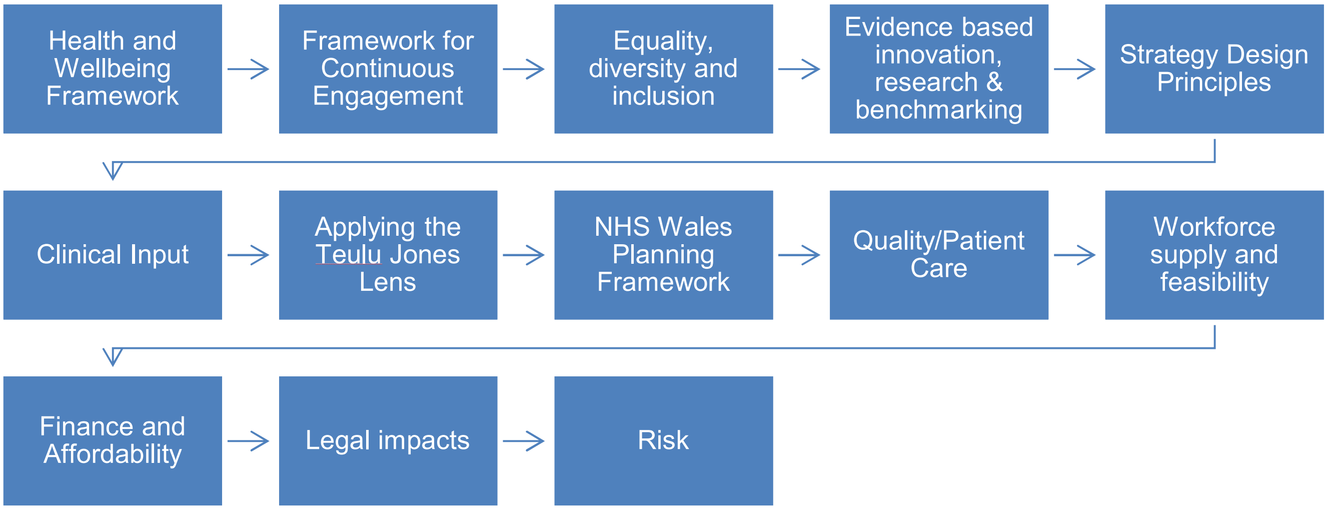
- **Partnerships and Commissioning**

Ensuring that alignment with existing key partnerships, such as the RPB, continues to be strengthened and that further partnerships are developed with local authorities and third sector organisations. Ensuring that the right services are commissioned, in based on the needs of service users.

Approach to Check and Challenge

The Check and Challenge approach, outlined in Appendix 1, provides assurance that the delivery of any projects, service changes and pathway re-design is consistent with the principles set out within *A Healthier Mid and West Wales*, and is fully aligned across the portfolio. The process will ensure that the programme or project can progress more confidently to the next stage of development, implementation or realisation. It will also provide a supportive space to test and challenge the proposals to ensure that they are delivering truly aspirational and transformational change.

The process is not designed to be a linear approach, but rather will allow for a cyclical view, recognising the inter-relationship between key elements and principles. The key elements and principles are demonstrated in the following diagram:


Health and Wellbeing Framework
Framework for Continuous Engagement
Equality, diversity and inclusion
Evidence based innovation, research & benchmarking
Strategy Design Principles
Clinical Input
Applying the Teulu Jones Lens
NHS Wales Planning Framework
Quality/Patient Care
Workforce supply and feasibility
Finance and Affordability
Legal impacts
Risk

6. Our approach to transformation and change

Delivering Transformational Change – the Hywel Dda Way

We are about to embark on a period of significant transformation that will fundamentally alter the way we deliver health and care services in the future. Our plans are hugely ambitious in scale and will require a clear and robust approach to ***how*** we deliver change of this magnitude. We are therefore proposing to develop a methodological approach to delivering transformational change: 'The Hywel Dda Way', which will enable us to successfully manage our portfolio of programmes and provide a standardised 'How To' guide, supplying the necessary tools and advice on how to implement transformation and change successfully.

In developing 'The Hywel Dda Way', we will look to build on the strong foundations that are already in place within the Health Board, particularly the agreed approach we have adopted around our Quality Improvement Strategic Framework (QISF); where we will look to include this as part of the broader areas covering our approach to planning, portfolio management and evaluation. In this context we will create a single, standardised approach which takes the best elements of what we currently have, the learning from what works elsewhere, and the tried and tested management approaches recognised more widely, to help establish 'The Hywel Dda Way'.

Portfolio Management

The portfolio of programmes will be managed through standardised portfolio, programme and project management methodology (including Prince II and Managing Successful Programmes).

The programmes within the portfolio will lead on the transformation and change necessary to successfully deliver our strategy over an anticipated 10 year timeframe.

Building on Phases 1 and 2, we will continue to co-produce the new models of health and care that have been outlined in our strategy, with the participation of staff, patient and public groups as well as external stakeholders and service providers.

The learning undertaken to inform this delivery phase will be built upon, including what we heard during engagement and consultation, and we will continue to be committed to continuous engagement throughout the delivery phase.

Throughout delivery we will:

- Identify the benefits
- Monitor the impact of revised service models to demonstrate improvement
- Re-design services in a phased way

- Check and challenge all changes to ensure they are consistent with our strategy
- Evaluate our successes and failures
- Establish formalised learning/sharing opportunities

Portfolio Establishment Arrangements

Following Board approval of the Scope, Governance and Delivery Document (including Terms of Reference for groups where relevant), the portfolio of programmes will be established through the following key actions:

- Agreement of a schedule of meetings of the Health and Care Strategy Delivery Group
- Agreement of reporting templates and frequency of reporting
- Agreement of approach to benefits realisation management
- Agreement of approach to evaluation
- Agreement of portfolio governance and commencement of governance review
- Establishment of programme groups and associated actions

7. Objectives

The key objectives of Phase 3 (Deliver) are:

- To align the key deliverables of the transformation programme with the organisation’s long-term health and care strategy, *A Healthier Mid and West Wales*.
- To facilitate the successful implementation of the initiatives within each change programme.
- To ensure an integrated way of working between all of the change programmes and enabling mechanisms.
- To define the roles and responsibilities of each programme.
- To clarify the elements that are delivered through partnerships.

8. Design Principles and Design Assumptions

The scopes and deliverables presented within this document will be underpinned by a set of design principles.

The three transformation change programmes will:

- Deliver changes that will meet our four guiding principles - to be **safe**, **sustainable**, **accessible** and **kind**
- Work closely and collectively with others to maximise the positive impact we can make on the health and wellbeing of local people.
- Transform the way we provide our health and care services placing prevention and early intervention at the heart of everything we do.
- Support the development of a community model, centred on a population-based health and wellbeing approach, which is focused on promotion of happy and healthy living and prevention of ill-health.

The agreed design principles which were set out within the *A Healthier Mid and West Wales* strategy will be followed, this means that transformation change programmes will:

Develop a wellness approach for our public and our staff, working across the whole system, to improve people's health. We will work together to focus on well-being, to **prevent** illness and to anticipate and predict poor health so that we can **intervene and help early on**.
Provide **safe** and high quality services, and ensure as a minimum that our services do no harm, so that people can live safely within their communities. The changes to our hospital services and the way care and treatment is delivered to our population will be carefully managed in a phased way, which prioritises **safety** and enables the delivery of agreed standards of quality leading to sustainability.
Support people to have **independent** lives, where they are enabled to manage their health and well-being, focused around their own homes and localities. This includes speeding up recovery after treatment and care, and supporting self-management of long-term conditions. We will work together with key partners and our staff to help build resilience and support people to live well within their own communities.
Listen to the **voices** of our population**,** and provide the information and support to make decisions about the care and treatment they receive, based on what matters to them. We will use innovative approaches to continuously engage and work with patients carers, service users, staff and partners every step of the way. Listening to these voices will inform how we improve our whole system approach to health and care and co-design future services models.
Continuously engage to **personalise** and tailor our health and care services to the needs and preferences of both individuals and localities, with a focus on supporting

people to manage their own care and outcomes. We will use technology and innovative transport solutions to provide more choice and better access to care where it is needed.
Work with partners and our staff across the whole system to develop integrated services, where social, primary and secondary care are not seen in isolation but work together to provide services which are **seamless** and improve the experience for the individual by providing less complex better coordinated care. We will focus on addressing the challenges we see in mid and west Wales around access, travel and transport by working together in partnership to deliver innovative solutions tailored for our geography.
Work with all partners to deliver more efficient and **higher value** health and care services which deliver better outcomes and a better experience for people. We will invest in our staff and explore innovative workforce solutions so that we can recruit, train and retain the best workforce for mid and west Wales.
Use research, knowledge and information, with our partners, to design **evidence driven** health and care services with people, which are based on what works, shared learning, and innovative solutions. We will develop and **evaluate** better tools and ways of working.
Work in partnership to **upscale** good practice around the delivery of the best possible health and care services that exist locally, regionally and nationally. We will work together to take opportunities offered through Welsh Government funding, such as the Transformation Fund.
Work in collaboration to find **transformative** ways of delivering safe, sustainable, accessible and kind services, so that we work differently to achieve our vision. We will maximise the use of technology as a key enabler for transformation and explore innovative approaches to workforce design.

A Healthier Mid and West Wales is underpinned by a set of design assumptions for our future model of health and care, as outlined in the table that follows. As we move into delivery the assumptions will be reviewed and the revised and finalised assumptions will guide the detailed work of the three change programmes:

Scenario	**Design Assumptions**
Population	Impact of an increase in the population over 7 years
Site Changes	The flow of patients to the nearest site providing the required service • the propensity to travel to new facilities, modelling the impact of Hywel Dda patients travelling an additional 15 minutes to new Hywel Dda facilities rather than travel out of area.
Admission Avoidance	A reduction to the existing levels of emergency admissions for ambulatory case sensitive conditions by 40%

Bed Discharge	A reduction in lengths of stay to the median of the peer group
Outpatient Change	A reduction in follow up outpatient appointments by 25%
A&E/MIU Change	A reduction in overall level of A&E and MIU attendance by 10%, set against demographic growth
Acute to Community Step Down - Beds	50% of patients in an acute bed will step down to a community bed within 72 hours of admission
Acute to Community Hub Shift - Outpatients	90% of new and follow up appointments will take place in a community setting
Daycase Community Hub Shift	For medical specialties, 50% of daycases will take place in a community setting
A&E / MIU Proportions	30% of attendances currently presenting at A&E will present at MIUs instead

9. Portfolio Establishment Milestones

The delivery of the strategy through this portfolio of programmes is anticipated to span a 10 year timeframe. Once established, the programme groups will determine the detailed plans and associated timescales and milestones.

The key milestones for the establishment of the portfolio of programmes are included in the table below. The portfolio milestones will be reviewed and developed as the portfolio matures, specifically with the inclusion of programme milestones.

Portfolio Establishment Milestones	Target date
Establishment of three programme groups and associated project groups and workstreams with schedule of regular meetings in place.	**30-06-2019**
Development of detailed plans for all programmes.	**31-07-2019**
Identification of programme milestones.	**31-07-2019**
Development of a detailed portfolio timeline (Gantt chart) based on detailed programme milestones.	**31-08-2019**
Review and re-design of Health Board and regional governance arrangements to ensure alignment with the portfolio of programmes, through a phased approach.	**31-03-2020**

Development of a benefits realisation management methodology.	**30-06-2019**
Development of a robust process for the management of risks.	**31-07-2019**
Establishment of a variety of evaluation methods.	**31-07-2019**
Completion of Integrated Impact and Equalities Impact Assessments for the portfolio to identify interdependencies and cumulative potential impact of changes across the portfolio of programmes.	**30-06-2019**
Development of detailed communications and engagement plan based on the final programme plans.	**31-07-2019**
Allocation of leadership of each of the fragile service pathways to an individual change programme to lead service re-design across the whole system.	**31-07-2019**
Recognition of the linkage with existing productivity and efficiency projects (as part of the Turnaround programme) and map the key deliverables for the first 12 months.	**01-04-2019**

10. Benefits

The benefits the portfolio will deliver will be categorised into four areas, according to the Health Board's Wellbeing Objectives. These are demonstrated overleaf with some illustrative, although not exhaustive, example benefits and measures:

Improved population health through prevention and early intervention

Sample benefits	Sample measures
✓ More resilient communities ✓ Every Child having the best start in life through to working age, supporting positive behaviours and outcomes across the life-course ✓ Every adult living and working in resilient communities that empower personal and collective responsibility for health and wellbeing	- A sense of community; - People feeling lonely; - People who volunteer; - People feeling able to influence decisions affecting their local area - Proportion of funding spent on mainstream preventative services;

✓ Every older person being supported to sustain health and wellbeing across older age, living as well and as independently as possible ✓ A healthier workforce ✓ A greener and more sustainable Health Board	- Increase in social prescribing; - Crime and community safety; - Emissions of greenhouse gases within Wales - Status of Biological diversity in Wales - Evidence of assets based approaches through different conversations; - Use of the Health and Wellbeing Framework tools across health, social care and partnerships to embed the new ways of working into every conversation, plan and process - Impact on primary interventions – maternal weight and smoking cessation in pregnancy; early years including vaccinations and immunisations; emotional resilience of children and young people; focus on reducing smoking prevalence; and clinical and behavior risk management in primary care.

People supported to live active, happy and healthy lives

Sample benefits	Sample measures
✓ Less incidence of ill-health ✓ Less demand on health and care services ✓ People living more independently and for longer ✓ Improved management of long term conditions ✓ More care at or closer to home ✓ Less variance	- Life expectancy at birth; - Healthy life expectancy at birth including the gap between the least and most deprived; - Percentage of adults/children who have fewer than two healthy lifestyle behaviours; - Working age adults/older people in good health; - Risk taking behaviours (e.g. adolescents/adults who smoke, alcohol

✓ Reduction in the gap in healthy life expectancy	consumption above guidelines, obesity); - Good health behaviours (e.g. breastfeeding rates; adults meeting physical activity guidelines; adults eating five fruit or vegetable portions a day; children/adolescents/adults of a healthy weight, vaccination rates at age 4, Screening rates) - Mental wellbeing among children and young people/adults - Mean mental well-being score for people - Disease prevalence (diabetes, cardiovascular disease, cancers, respiratory illness) - Working age/older people free from limiting long term illness; - Life satisfaction among working age adults/older people; - School attendance; - School leavers with skills and qualifications; - Crime and community safety;

Improved efficiency and quality of services through collaboration with people, communities and partners

Sample benefits	Sample measures
✓ Improved access to services ✓ Reduced length of stay ✓ Improved quality of clinical services for urgent and emergency assessment and treatment; inpatient treatment; out of hospital care, support and treatment; and planned assessment and treatment	- Waiting times; - Unscheduled care and crisis service; - Tier 1 performance; - Length of stay; - Clinical outcome measures;

✓ Improved patient experience and reported outcomes ✓ Sustainable and resilient services that meet the needs of current and future generations ✓ Increased performance of the Health Board as a centre of excellence for primary, community and hospital based care ✓ Balanced Health Board financial position ✓ Delivering the most efficient services within our budget ✓ People are fully engaged in designing future services ✓ Opportunities for people to influence decisions	- Audits against quality standards; - Workforce recruitment and retention; - PROMS and PREMS; - Planned and unscheduled care programmes; - NHS bench-marking data; - Comparative outcome analysis; - Patient experience and patient stories; - Valuation data; - Reduced complaints, incidents and claims; - Monitoring of annual financial performance; - Whole budget percentage shift of financial resource from secondary care services to primary and community care; - Whole budget percentage shift of spending on illness to spending on prevention; - Engagement and participation rates; - Engagement and participation with protected groups; - People feeling able to influence decisions affecting their local area - Emissions of greenhouse gases within Wales

A sustainable, skilled and flexible workforce to meet the changing needs of the modern NHS

Sample benefits	Sample measures
✓ A highly skilled and engaged workforce ✓ More sustainable workforce models based on new types of registered health care professional roles ✓ More career opportunities targeted at our local population ✓ Staff are enabled to work at the top of their license ✓ Less reliance on locum and agency staff	- Vacancy rates; - Turnover; - Number of new roles established at all levels within the organisation; - Staff survey results; - Absence rates; - Variable pay costs for agency and locum staff; - Staff wellbeing; - Good health behaviours in the workplace;

A full benefits mapping exercise will be undertaken for the portfolio of programmes, supported by a clear benefits realisation management approach, which will ensure that the potential benefits are achieved.

11. Risks, constraints and exclusions

A comprehensive programme Risk Register has been developed and updated throughout Phases 1 and 2. This will be refreshed for Phase 3 (Delivery) and will be managed by the Project Management Lead and monitored by the Programme Groups. Risk assessments will be undertaken prior to commencement of projects and will be ongoing throughout project duration. Open risks will be reviewed by the Health and Care Strategy Delivery Group and will be rapidly escalated where necessary. Risks will also be entered on the corporate Risk Register.

Identified risks for patients and Health Board are as follows:

- ➢ Continuous engagement:
    - capacity to maintain continuous engagement, especially to work more actively with key groups;
    - political and public interest, ongoing protective activity particularly focussed on Pembrokeshire and other key areas.

- Finance:
    - current and ongoing financial constraints;
    - availability of capital and revenue funding;
    - failure to deliver within resources and release the value;
    - failure to secure resources to deliver the portfolio.
- Capacity: availability of key individuals and their ability to commit time as required to implement the selected service model
- Capability: availability of specific and specialist skills and knowledge required to deliver the programme plan, both internally and externally
- Continuity: management of the disruptive aspects of change for patients
- Workforce:
    - resistance to change in terms of possible opposition from existing staff to adapt ways of working to fit proposed programme model;
    - complex workforce planning and re-design; multi-sector workforce consideration including unpaid carers;
    - ongoing retention of existing workforce;
    - difficulty regarding recruitment of new workforce and workforce availability;
    - ensuring skills development timelines are aligned to service transformation.
- Brexit: continuity of safe service provision, effective management of the consequences of Brexit

The following constraints and exclusions have been identified:

- Uncertainty regarding availability of capital and revenue finance;
- Funding – a business case needs to be submitted and approved by the Welsh Government in order to build the new urgent and planned care hospital;
- The programme needs to complement directorate and locality plans in terms of short term and longer term deliverables; and maximise productivity and efficiency aligned with the Turnaround programme;
- Engaging multiple stakeholders some of which are external to the Health Board;
- Existing pressures on services;

- Sustainability of existing service models and associated workforce during programme of change and transition to any new configuration (business continuity);

- Culture and behaviours of staff, public and other stakeholders, including the potential for resistance to change;

- Public opinion on the new model of care and service changes in the interim period

- Partners appetite to support the change, risk tolerance and capacity to change;

- Dependencies associated with timelines for delivery of national programmes e.g. NHS Wales Informatics Service (NWIS), Welsh Health Specialised Service Committee (WHSSC), NHS Wales Shared Services Partnership etc.

12. Programme assumptions, dependencies and interfaces

Outline of the assumptions, dependencies and interfaces:

Programme Assumptions

There are a number of key assumptions that have been made that will determine the success of the portfolio of programmes:

- Doing nothing is not an option and carrying on with our business as usual will not enable us to meet future demand with the resources that we have available to us
- Services will be redesigned and doing different things is necessary to achieve transformation as detailed within the *A Healthier Mid and West Wales*

- Services will be reconfigured and doing things differently in different areas will be needed to facilitate transformation
- Managing demand differently needs a commitment to, and focus on, population health management
- The programme outcome will be a health and care system for Hywel Dda that closes the gap in terms of finance, quality and inequality of service provision
- The national strategic direction will remain unchanged in its focus on prevention, wellbeing and care closer to home, in line with the Welsh Government's 'A Healthier Wales: Our plan for Health and Social Care'

- Any service redesign will impact on the requirements for primary, community and hospital based services

- Proposed future changes may require formal consultation and the Health Board will liaise directly with the Hywel Dda CHC on this issue, in line with the agreed Changes to Services Proforma

- There will be a robust process in place to ensure that programme activities complement and align to the vision of the health and care strategy

- ➢ Programmes will deliver on the Health Board's responsibilities under the Wellbeing of Future Generations (Wales) Act

Dependencies and interfaces

This portfolio of programmes is dependent on the delivery of commitments set out in *A Healthier Mid and West Wales*, including:

- Successful approval of associated business cases by Welsh Government, including infrastructure and capital projects;
- The integration of health and social care and the ongoing involvement of Local Authority partners, particularly through the RPB, is critical to securing this;
- Support of key partners including the Community Health Council, Public Services Boards, Partnership Forum, other Health Boards, Welsh Ambulance Services Trust (WAST), Welsh Health Specialised Services Committee (WHSCC), collaboratives (Mid Wales Joint Health and Social Care Committee and A Regional Collaboration for Health) and Welsh Government.

There are key interfaces between the Health Board's portfolio of programmes and its operational performance, delivery and business continuity to ensure that decisions to be made in relation to short term service sustainability do not impact on the delivery of long term strategic direction and implementation.

13. Contractual arrangements

The programme may result in a review of any existing service contracts to ensure commissioned services are fit for purpose in order to support any new service model. The programme provides opportunity for integrated delivery of services with GMS, the voluntary sector and social care partners through modernised joint commissioning practice. The programme will:

- ➢ Scope existing commissioned service contracts and service specifications as required
- ➢ Complete contract reviews with existing providers as required
- ➢ Undertake any re-tendering as indicated against a revised service specification as required.

14. Organisation

The portfolio of programmes will be overseen by the Health and Care Strategy Delivery Group which will be accountable for ensuring that *A Healthier Mid and West Wales* is delivered, in accordance with the timescales directed by the Board. The Committee will oversee the portfolio of programmes that will deliver the change and transformation set out within the strategy.

One meeting of the Health Board's Executive Team in eight will be utilised for the Health and Care Strategy Delivery Group, with key individuals invited to attend. The Health and Care Strategy Delivery Group will comprise at a minimum the following:

- Chief Executive Officer
- Medical Director and Director of Clinical Strategy
- Transformation Programme Lead
- Deputy Chief Executive/Director of Operations
- Director of Primary Care, Community and Long Term Care
- Director of Planning, Performance, Informatics & Commissioning
- Director of Partnerships and Corporate Services
- Director of Public Health
- Director of Workforce and OD
- Director of Nursing, Quality and Patient Experience
- Director of Therapies and Health Science
- Director of Finance
- Turnaround Director
- Board Secretary

Members may nominate deputies to attend with delegated authority as deemed appropriate by said member.

Reporting members

- Leads/ Deputies from each Enabling Group
- Programme Management Office

Programme Leads

Transforming our Communities	
Director Lead(s)	Director of Primary Care, Community and Long Term Care Director of Social Services, Ceredigion County Council
Clinical Lead	TBC

Transforming our Hospitals	
Director Lead	Deputy Chief Executive/Director of Operations
Clinical Lead	TBC

Transforming Mental Health and Learning Disabilities	
Director Lead	Deputy Chief Executive/Director of Operations
Regional Lead	Head of Mental Health, Learning Disability and Safeguarding Services, Carmarthenshire County Council
Clinical Lead	Associate Medical Director MHLD

Integrated Enabling Group Leads

Coordinating Lead
Strategic Change Finance Director

Workforce and Organisational Development
Lead – Director of Workforce and Organisational Development
Deputies - Head of Organisational Development / Assistant Director Workforce and Organisational Development

Capital and Estates
Lead - Director of Planning, Performance, Informatics and Commissioning
Deputy – Director – Estates, Facilities and Capital Management

Finance and Procurement
Lead - Director of Finance
Deputy – Strategic Change Finance Director

Modelling and Informatics
Lead - Director of Planning, Performance, Informatics and Commissioning
Deputy – Assistant Director of Informatics

Enabler Leads

Continuous Engagement, Diversity and Inclusion
Lead – Director of Partnerships and Corporate Services
Deputy – Head of Engagement
Deputy – Head of Communications

Digitally enabled mid and west Wales
Lead – Director of Planning, Performance, Informatics and Commissioning
Deputy – Assistant Director of Informatics

Transport and Access
Lead – Deputy Chief Executive/ Director of Operations
Deputy – Transport and Sustainable Travel Manager

Continuous Improvement
Lead – Director of Nursing, Quality and Patient Experience
Deputy – Assistant Director of Nursing and Quality

Framework and Organisational Priority Leads

Health and Wellbeing Framework
Lead – Director of Public Health

Teulu Jones Lens
Lead – Clinical Director of Transformation

Turnaround
Leads – Turnaround Director / Deputy Chief Executive/Director of Operations

Value Based Health Care
Lead – Medical Director and Director of Clinical Strategy

Partnerships and Commissioning
Leads – Director of Partnerships and Corporate Services / Director of Planning, Performance, Informatics and Commissioning.

15. Stakeholder Communication and Engagement

Communication and engagement with stakeholders will be key to the success of the portfolio of programmes. Communication and engagement will take a number of different forms and the status of the programmes will be shared with the following stakeholders via a series of channels and materials.

More details are available within the Framework for Continuous Engagement, but the broader mechanisms are listed below:

Stakeholder	Example methods of communication and engagement
Hywel Dda staff and staff side unions	Staff engagement workshops and programme newsletters on intranet, global emails, staff briefings and team meetings.
Regional Partnership Board	Updates at Board and Programme Group meetings, face-to-face meetings and workshops.
Local authorities across the three counties	Updates at directorate and locality Boards, monthly bulletins and face to face meetings.

Patients/service users/families/ carers	Face to face meetings/online and written updates with supporting information/communication individually from clinicians/opportunities for experts by experience groups.
Health Board Execs/Non-Execs	Updates given via Directors Brief/the Organisational Overview (OOH)/briefs to relevant Board Committees.
Community Health Council (CHC)	Updates at CHC Committees representation of CHC within both the overarching programme and sub-programme team,
Communities/public (including pressure and lobby groups)	Newsletters/update at public meetings/online and face-to-face engagement events.
Press and media	Regular briefings in association with Hywel Dda media team.
Third sector providers	Newsletters/ updates at Community Network meetings/ involvement with the Stakeholder Reference Group.
Primary care	Quarterly newsletters distributed through GP practices/libraries/ community centres/optometrists/ dentists/residential and nursing homes, etc.
WAST and police services; transport providers	Newsletters/updates at key forums/face to face meetings.
Public Services Boards	Updates at key meetings/circulate newsletters to members.
Welsh Government, AMs, MPs	CEO updates.
Other Health Boards	Updates via Directors of Planning and joint committees (e.g. with ABMUHB) Shared learning to date so that HDdUHB is seen as an example of best practice in health and care transformation
Professional bodies/HIW/CCSIW	Update via Professionals Forum.
Educators/community groups	Newsletters/circulate information via usual channels.

A more detailed Communication and Engagement plan will be developed for each change programme. This will be based on the completion of a robust stakeholder mapping exercise for each separate area of work and will include an equality impact assessment.

16. Monitoring, Control and Reporting

Throughout the portfolio the position of key elements of scope, time, quality, risk and benefit will be monitored, tracked and reported. On approval by the Board, the programme will set the baseline for scope, timescale and benefit.

Progress against plan will be reviewed at weekly checkpoint meetings. Following these meetings, the Transformation Programme Office will update the project stage plan and overall schedule with progress for the week.

Progress against plan will be summarised and included within the highlight report to the Health and Care Strategy Delivery Group. A common approach, process and templates will be agreed with other partners (RPB and others) who are involved in elements of the delivery of the health and care strategy to ensure one single consistent and streamlined approach to performance monitoring.

Project Monitoring & Control

Area	Activity	Documentation	Responsible
Scope	Regular reviews of the PID and other programme documentation will be performed to ensure the project remains in scope.	PID	Transformation Programme Office
Time	Actual time to date and forecast to complete (duration and effort) will be maintained weekly.	Delivery Plan	Programme Manager
Quality	Quality reviews performed against products will be tracked through to acceptance.	Quality Log, Product Descriptions	Programme Manager
Issues and Risks	Open issue actions and risk mitigations will be progress reviewed at least once per week.	RAID Log	Programme Manager
Actions	Outstanding actions will be progress reviewed at least once per week.	RAID Log	Programme Manager
Dependencies	Dependencies will be progress reviewed at least once per week.	RAID Log	Programme Manager
Change	Any open change requests will be progress reviewed at least once per week.	Change Log	Programme Manager
Benefits	Forecast benefit will be reviewed at the end of each stage and/or at the point of change.	Benefit profiles	Programme Manager
Lessons	Lessons will be recorded during the project and	Lesson Log	Programme Manager

Area	Activity	Documentation	Responsible
	reviewed at the end of each stage and when the project is closed.		

Reporting

Reporting will be through a Programme Management Office approach. Reporting is based on measurement against progress, outputs and milestones. Reports will focus on exceptions to the agreed baseline, supported by high level information on progress. They will not be a running commentary on activity. Reports will be honest and open so that appropriate senior management support can be provided. The key reports being provided during the programme are:

Report	Frequency	Content	Originator	Recipients
Highlight report	Weekly	• Achievements in the current period. • Achievements expected in the next period. • Issues and new risks and suggestions concerning their resolution	Programme Manager	Transformation Programme Office
Portfolio report	Bi-monthly	• Progress against baseline. • Issues & variances	Transformation Programme Office	Health and Care Strategy Delivery Group
Board Committee Reports (as agreed)	Per Board schedule	• Progress against baseline. • Issues & variances	Transformation Programme Office	Health and Care Strategy Delivery Group
Planning sub-committee report	Bi-monthly	• Progress against baseline. • Issues & variances	Transformation Programme Office	Programme Team Delivery Group
Exception report	When tolerance margins exceeded	• Describes forecast deviation, analysis of both the exception and the options for the way forward.	Transformation Programme Office	Programme Team Delivery Group

Report	Frequency	Content	Originator	Recipients
		- Recommended option.		
End Stage report	At end of stage	- Summary of progress to date and the overall programme situation. - Sufficient information for Programme Board to make decision on what to do next.	Transformation Programme Office	Programme Team Delivery Group

Escalation

Normal escalations will be via the formal reporting process, however emergency escalations will be via the Transformation Programme Office, to the Health and Care Strategy Delivery Group. Any suitable means of communication will be used, although all escalations will be formally recorded through the issue management process. All escalations will be included in the Programme Highlight Report. Where necessary, the Health and Care Strategy Delivery Group will escalate issues to the Board.

17. Evaluation and Post implementation review

A range of methods for evaluation will be developed, which will align with regional and national approaches to ensure consistency. This will provide a coherent approach towards:

- Monitoring and evaluation of programme quality for the duration of the programme;
- Monitoring and evaluation of the programme delivery/work-plan outputs for the duration of the programme;
- Monitoring and evaluation of programme outcomes for the duration of the programme;
- Agreement of performance measures in relation to programme quality, outputs and outcomes

HDdUHB continues to be committed to working with University partners through the University Partnership Board and in particular will seek support and expertise in research and the evaluation of programmes.

A Closure Report will be completed at programme end. The Transformation Programme Office will take responsibility for ensuring a post implementation review takes place. Programme Managers will provide monthly/bi-monthly updates to the Health and Care Strategy Delivery Group.

Hywel Dda University Health Board

A Healthier Mid and West Wales

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Programme Delivery Plan – Transforming our Communities Programme

1. Background

The following Delivery Plan is subject to change and sets out the initial priorities for the establishment of the Transforming our Communities programme, to contribute to the delivery of *A Healthier Mid and West Wales*. The document provides an overarching/high level view of the delivery and expected goals and timescales. A detailed plan will be developed by the programme group, once established.

The Delivery Plan details the initial deliverables for the establishment of programme, and the actions that will be taken to achieve this. There will be an indication of timescale, expected outcome and dependencies for each action.

2. Programme Description/Scope

This programme will establish a model for the delivery of services at a local level within the context of a social model for health and well-being, as outlined in *A Healthier Mid and West Wales*, and in line with the principles of '*A Healthier Wales'.*

This will mean:

- Care is provided closer to home and available 24/7
- People are supported to remain healthy and there is a focus on wellbeing
- Services are seamless and joined up
- Communities are supported to develop resilience
- Localities are empowered to determine local approaches that work
- Sustainability of primary care
- Pressure on secondary care is reduced
- Capital developments in community and primary care are designed and delivered to support the shift to more care closer to home

This will lead to improved:

- Population health
- Health and well-being outcomes
- Quality of care
- Primary care sustainability
- Access to local services, including out of hours
- Self-care/independence
- Care for people at home and in the community

3. Programme Deliverables

The deliverables to be achieved on completion of this programme are split into ‘transformational’ and ‘service re-design’:

3.1. Transformational deliverables

- To define the scope and deliver integrated structures across health and social care in 7 localities that will:
    - have oversight and management of core budgets/resources, developing a whole population approach to care management, reporting in a pooled/integrated way on all the resources used by a population;
    - be responsible for key performance and delivery targets;
    - be responsible for the sustainability and development of local integrated services and particularly primary care;
    - embed prevention and early intervention and drive through a truly population health approach;
    - deliver the Primary Care Model for Wales in line with the strategic programme;
    - adhere to a set of principles for how the needs of the most vulnerable in the population will be addressed through an aggressive care management approach for each locality, with localised approaches;
    - be responsible for continuous engagement with the populations they serve, to inform service development and design, and support working in an integrated way across not only health and social care but with public health, other public sector organisations, the third sector, housing, education and many other services;

  - work within an Integrated Executive and County structure which provides corporate oversight and consistent management of key functions
- To develop a set of core principles that will be applicable across all three Counties/seven localities, providing an overarching structure but allowing the flexibility to support local development;
- To undertake a wide-scale mapping exercise to inform locality design, in partnership with other public and third sector organisations, to:
  - understand the profile of community services and existing integrated approaches;
  - identify community assets and local resources;
  - identify clinical and community leaders across general practice, community nursing, therapies who are leading change;
  - identify population need (utilising existing population needs assessments) and undertake population risk stratification at scale.
- To review the initial assumptions, including against the mapping exercise, and use the final assumptions to inform locality design and key deliverables;
- To support the development of effective and dynamic Integrated Care Networks - which will exist whether there is a Health and Well-being Centre within the network or not - working with local populations to define their purpose and scope;
- To support the development of effective and inclusive Health and Well-being Centres, defining the range of services and scope of provision that will exist in each, including how they support asset based community development and resilience;
- To plan, design and build the major capital developments associated with the delivery of Health and Well-being Centres;
- To implement transformative digital solutions within the community, to support the delivery of more integrated care closer to home, including the Welsh Community Care Information System and Technology Enabled Care.
- To establish the Enhanced Care at home approach;
- To remove variability and promote equality of outcomes across all 7 localities, recognising the differing needs of populations and access to services;
- To contribute to the development of a multi-agency and multi-sector wellness approach which works across a full range of services including education, leisure and regeneration;

3.2. Service re-design deliverables

- To deliver the 2019/20 (Year 1) Priorities and Actions from the Annual Plan from the three County and Primary Care Plans;
- To lead or contribute to the completion of pathway re-design of fragile services across the whole-system, embedding a preventative approach, leading or working effectively with other programme groups where relevant;
- To consider the development of services/pathways that re-design activity and services from secondary care to the community into the subsequent release of resources;
- To contribute to the re-design of services at Glangwili and Withybush Hospitals, to support the shift towards more care closer to home, in line with *A Healthier Mid and West Wales*.

4. Programme Assumptions

- The programme group will work in close alignment with the other programme groups within the portfolio;
- The programme group will include clinical membership;
- Input from the public, staff and key stakeholders, through continuous engagement, will be integral. This will be in line with the Health Board's Framework for Continuous Engagement;
- The consultation process has indicated broad support for the proposed community model, however, the elements and features of the future service model are still to be co-produced;
- Principles for integrated localities will be agreed however delivery will be tailored at individual locality level;
- The development of integrated community services will contribute to the reduction in secondary care costs as part of the Health Board's overall aim to remove £54million from the budget;
- Equalities issues will be considered throughout the delivery process, which will be supported by a continual assessment of the equality impacts of changes/new models being delivered. Integrated Impact Assessments (IIA) and Equality Impact Assessments (EqIA) will identify any potential positive and negative impacts and mitigations of proposed changes, including (for EqIA) those on people with protected characteristics

- Delivery will be consistent with the Primary Care Model for Wales, and priority areas of Primary Care Workstreams (24/7 model; Data and Digital Technology; Workforce and Organisational Development; Communication and Engagement; Transformation and the vision for clusters); Seamless working in Health Boards and with partners; and Primary Care Contract reform
- Year 1 Priorities and Actions from the Annual Plan will accelerate the realisation of programme deliverables.

5. Programme Dependencies

- The progression of an integrated structure which delivers our commitment to work in an integrated way across health and social care at regional and locality level to develop services that are seamless;

- The development of integrated community approaches is reliant on the release of resources for investment and the maximisation of funding opportunities such as the Transformation Fund and associated programmes for delivery of projects;
- Delivery of elements of the model is dependent on existing capital programmes and successful capital business case approval;
- The Programme must be delivered within the context, and be cognisant, of the Regional Partnership Board and associated priorities and delivery structures.

6. Programme Risks

- Failure to appropriately resource the programme and delivery including programme leadership, management, support and specialist expertise input;
- Failure to secure clinical engagement and buy-in;
- Key enabling infrastructure is not in place

Clinical Lead	**Director Lead**	**Programme Manager**
TBC	Director of Primary Care, Community and Long Term Care	Principal Project Manager

Strategic Goals and Wellbeing Objectives – please indicate which goals and objectives are addressed:	
Hywel Dda UHB Strategic Goals	Starting and Developing Well
	Living and Working Well
	Growing Older Well
Hywel Dda UHB Wellbeing Objectives	Improve population health through prevention&early intervention
	Support people to live active, happy&healthy lives
	Improve efficiency&quality of services through collaboration with people, communities&partners
	Develop a sustainable skilled workforce

Strategic Links to Healthier Wales – please select which strategic links are met:

Design Principles

Prevention and Early Intervention	Seamless
Safety	Higher value
Independence	Evidence driven
Voice	Scalable
Personalised	Transformative

Quadruple Aim

Improved population health & wellbeing
Better quality & more accessible health & social care services
Higher value health & social care
A motivated & sustainable health & social care workforce

Programme Delivery Plan

The following plan contains initial target dates for actions relating to the establishment of the programme, that mat be amended following the completion of the Programme Initiation Document and establishment of the Programme Group.

Action	Completed by	Expected Outcome	Dependencies
Develop a Programme Initiation Document	30-04-19	Programme is formally initiated and appropriate documentation is in place to form the basis for programme management and progress monitoring.	Board approval of *A Healthier Mid and West Wales* portfolio scoping, governance and delivery plan
Establish the Programme Group - Terms of Reference - Membership	30-06-19	Programme Group is established with effective governance in place and all stakeholders are represented at the appropriate level.	Securing commitment and capacity from the membership.
Establish a schedule of meetings	30-06-19	Schedule of future meetings is in place to ensure that the Board and sub-groups meet regularly.	Schedule of Board and Committee meetings.
Establish sub-groups and their scopes and membership	31-07-19	Programme structure is appropriately supported by sub-groups which are designed to progress programme delivery.	Establishment of the Programme Group and first meeting held. Securing commitment and capacity from the membership.
Develop and sign off a detailed plan - Develop and document the detailed scope - Agree detailed work-plan and actions for Year 1 - Agree higher-level actions for years 2+ - Identify all key programme delivery milestones - Agree roles and responsibilities - Agree reporting mechanisms	31-07-19	Forward workplan in place for the programme outlining short, medium and long-term actions to deliver *A Healthier Mid and West Wales*. Agreement of a work-plan to guide which:	Alignment (where cross-overs of scope exist) with work-plans of *Transforming our Hospitals* and *Transforming Mental Health and Learning Disabilities* programmes

Action	Completed by	Expected Outcome	Dependencies
- Develop and maintain a risk and issues log - Review alignment of work-plan with the Integrating Community Services and Transforming Mental Health and Learning Disabilities programmes - Review whether work-plan is working towards key planning assumptions - Review complementarity of programme work-plan with the HDdUHB Turnaround programme		- Sets out short, medium and long term programme actions - Aligns with the Portfolio Plan and key planning assumptions - Aligns fully with other action/delivery plans - Complements the Turnaround programme	
Undertake a full benefits mapping exercise for the programme, as part of the benefits realisation management approach.	31-07-19	The potential benefits are identified, effectively managed and achieved.	Methodology for benefits realisation management has been agreed. Capacity of key stakeholders to attend workshops.
Review learning to date and available evidence: - Recap Phase 1 ○ Output report - Recap Phase 2 ○ Consultation Closing Report	30-05-19	Detailed Programme Plan is fully informed by learning and evidence to date gathered throughout the phased approach.	Resources and project capacity to undertake the review.
Arrange a series of learning visits/conference calls to identify best practice and learning points for	31-03-20	Detailed Programme Plan is fully informed by national and international best practice.	Resources and project capacity to support learning visits.

Action	Completed by	Expected Outcome	Dependencies
integrated community services nationally and internationally.			
Review needs assessments and undertake a wide-scale asset and resource mapping exercise.	31-12-19	Locality design is informed by population need and available assets and resources.	Commitment of resource to undertake mapping.
Review planning assumptions underpinning the portfolio of programmes and agree finalised assumptions.	30-06-19	Final assumptions are agreed across the programmes and inform future model design.	Availability and capacity of senior informatics and modelling support.
Undertake new iterations of modelling where appropriate, in line with the agreed future model of health and care, and in accordance with the agreed finalised assumptions.	31-07-19	Programme work plan and outputs are informed by the latest informatics and modelling.	Capacity to undertake modelling.
Agree a process for the implementation of Transformation Funding, in line with approved projects.	30-04-19	Transformation Funding is allocated and spent appropriately within agreed Welsh Government timeframe.	Must be undertaken within the context of the Regional Partnership Board approach and delivery mechanisms.
Merge the pre-existing Transformation Fund group with the Transforming our Communities Programme Group.	30-06-19	A single overarching structure to remove duplication and increase capacity.	Establishment of the Programme Group with agreed governance.
Ensure that proposed projects are appropriately prepared for the Check and Challenge process, and signed-off prior to submission.	31-03-20	Sufficient information is prepared to support the proposed project through the check and challenge process.	Proposed projects are shared with and reviewed by the Programme Group within appropriate timescales.
Sign-off a programme communications and engagement plan.	31-07-2019	The programme is informed by a plan for programme communications and engagement that demonstrates a measurable	Appropriate resources in place to support continuous engagement. Stakeholder mapping exercise has been completed/updated.

Action	Completed by	Expected Outcome	Dependencies
		approach to “working together every step of the way with our stakeholders, patients, carers, citizens and partners when designing, developing, reviewing or changing services” (as per Framework for Continuous Engagement and Consultation), which is underpinned by transparent, clear and accessible communications. All stakeholders are kept informed throughout the delivery of the programme.	Outcomes of initial Equalities Impact Assessment screening and identification of potentially impacted groups. This assessment will be an ongoing continuous process throughout the entire project.
Agree the approach to programme evaluation to include: • Monitoring and evaluation of programme quality for the duration of the programme; • Monitoring and evaluation of the programme delivery/ work-plan outputs for the duration of the programme; • Monitoring and evaluation of programme outcomes for the duration of the programme;	31-07-19	Ongoing evaluation to ensure that the programme is being delivered: • with the desired quality • to achieve required programme delivery/ work-plan outputs • to achieve required programme outcomes (e.g. measurable change to the system)	Appropriate resources in place to support/ undertake evaluation activity

Action	Completed by	Expected Outcome	Dependencies
- Agreement of KPI's/ Performance Measures in relation to programme quality; outputs; outcomes			
Ensure alignment with the Turnaround programme and use to support and facilitate the delivery of key strategic actions in the next 12 months.	31-03-20	Early progress is made with the development of the community model and quick wins are identified and maximised.	Effective alignment of turnaround projects with *A Healthier mid and west Wales* and programme deliverables.
Accelerate the delivery of priority actions from the Annual Plan and effectively link to the achievement of programme deliverables.	31-03-20	Early progress is made with the development of the community model and quick wins are identified and maximised.	Annual Plan actions are appropriately resourced and delivered.
Deliver integrated localities in shadow form.	31-03-20	A structure is in place for the delivery of integrated localities.	Regional governance is in place to support ongoing discussions and to secure agreement. Confidence of all partners that the regional governance will effectively support future integrated structures. Continuous engagement with all stakeholders.

Hywel Dda University Health Board
A Healthier Mid and West Wales

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Programme Delivery Plan – Transforming our Hospitals Programme

1. Background

The following Delivery Plan is subject to change and sets out the initial priorities for the establishment of the Transforming our Hospitals programme to contribute to the delivery of the Hywel Dda University Health Board (HDdUHB) Health and Care Strategy, '*A Healthier Mid and West Wales: Our future generations living well*'. The document provides an overarching/high level view of the delivery and expected goals and timescales. A detailed implementation plan will be developed by the programme group.

The Delivery Plan details the initial deliverables for the establishment of programme, and the actions that will be taken to achieve this. There will be an indication of timescale, expected outcome, dependencies and risks for each action.

2. Programme Description/Scope

The Transforming our Hospitals programme will seek to deliver the changes required to transform our hospital model to provide the most specialist health and care support through a network of hospitals across mid and west Wales, aligned with the future hospital model of care described in our health and care strategy. As such, the scope of the programme will cover the new urgent and planned care hospital, Prince Philip and Bronglais hospitals and the repurposing of Withybush and Glangwili hospitals.

A Transforming our Hospitals group will be established to oversee and deliver the changes planned during the transition years to the new model of care. It will provide the leadership for ensuring the key deliverables of the Transforming our Hospitals programme are delivered, in accordance with specified timescales. The group will connect and be the interface between operational teams (including Out of Hours) and the strategic direction. It will oversee and deliver a variety of projects including those key actions identified in the annual plan. Membership of the group is listed in the programme group's Terms of Reference, and spans secondary, primary and community care and mental health, and includes representation from HDdUHB informatics and patient and public engagement, and from service users, carers, the Welsh Ambulance Service Trust and Hywel Dda Community Health Council.

3. Programme Deliverables

The Transforming our Hospitals group will provide a governance structure and the leadership and direction for ensuring the following identified high-level goals of the Transforming our Hospitals programme are delivered in accordance with specified timescales, as follows:

<u>Transformational deliverables</u>

1. To transform the model of acute care delivery across Hywel Dda University Health Board as part of a new hospital configuration with a new hospital and re-purposed existing hospital sites, specifically via:

    a) The planning, design and build of a new urgent and planned care hospital (including feasibility study, site selection, 5 Case Business Case development, capital works projects), transforming the model of acute care delivery via a split of planned and urgent care on one site and informed by international best practice on hospital care.

    b) The delivery of associated capital elements of re-purposing existing hospital sites.

    c) The delivery of major capital developments required during the interim period across all existing hospital sites (e.g. day case unit at Prince Philip Hospital).

    d) The scoping and development of the research, education and innovation elements of hospital infrastructure design (e.g. Health Education Centre facilities and Institute of Life Sciences).

    e) The review, testing and agreement of the planning assumptions underlying the portfolio of programmes and ensure programme work-plan is working towards key assumptions.

Service re-design deliverables

2. To undertake, in collaboration with the other programmes groups where relevant, pathway redesign work informed by identification of fragile services, mapped against national and international best practice and opportunities for secondary prevention.

4. Programme Assumptions

The Transforming our Hospitals programme group will work to the following assumptions:

- The programme group will work in close alignment with the other programme groups within the portfolio
- The programme group will include clinical membership
- Effective communications and engagement will ensure understanding of the need for change by the public, staff and stakeholders
- Hospital-based service changes will be evidence based and informed by high quality informatics and modelling
- Hospital-based service changes will be co-produced and informed by the continuous engagement of the public, staff and stakeholders, in line with the Health Board's Framework for Continuous Engagement, and sufficient time will be allowed in project timetables to do this effectively

- Integrated Impact Assessments (IIA) and Equality Impact Assessments (EqIA) will identify any potential positive and negative impacts and mitigations of proposed changes, including (for EqIA) those on people with protected characteristics

5. Programme Dependencies

The key dependencies include:

- Capacity of operational teams, programme & project management, senior modelling and informatics support, business case writing
- Specialist expertise from enabling groups
- Timeliness and outcomes of feasibility study and 5 case business case process

6. Programme Risks

The key risks include:

- Lack of capacity to deliver on programme aims
- Lack of clinical engagement and/or buy-in
- Lack of senior informatics support
- Lack of enabling mechanism structure

Clinical Lead	**Director Lead**	**Programme Manager**
TBC	Director of Operations / Deputy Chief Executive Officer	Principal Project Manager

Strategic Goals and Wellbeing Objectives – please indicate which goals and objectives are addressed:		
Hywel Dda UHB Strategic Goals	Starting and Developing Well	
	Living and Working Well	
	Growing Older Well	
Hywel Dda UHB Wellbeing Objectives	Improve population health through prevention&early intervention	
	Support people to live active, happy&healthy lives	
	Improve efficiency&quality of services through collaboration with people, communities&partners	
	Develop a sustainable skilled workforce	

Strategic Links to Healthier Wales – please select which strategic links are met:		
Design Principles		**Quadruple Aim**
Prevention and Early Intervention	Seamless	Improved population health & wellbeing
Safety	Higher value	Better quality & more accessible health & social care services
Independence	Evidence driven	Higher value health & social care
Voice	Scalable	A motivated & sustainable health & social care workforce
Personalised	Transformative	

Programme Delivery Plan

The following plan contains initial target dates for actions relating to the establishment of the programme, that mat be amended following the completion of the Programme Initiation Document and establishment of the Programme Group.

Action	Completed by	Expected Outcome	Dependencies
Develop a Programme Initiation Document	30-04-19	Programme is formally initiated and documentation is in place to form the basis for programme management and progress monitoring	Board approval of *A Healthier Mid and West Wales* portfolio scoping, governance and delivery plan
Establish the programme group - Terms of Reference - Membership	30-06-19	Programme group is established with effective governance in place and all stakeholders are represented at the appropriate level	Availability and commitment of proposed members Schedule of Board and committee meetings
Establish meeting frequency and dates	30-06-19	Monthly meetings are diarised for all members	Dates of committee and other meetings
Establish sub-groups and their scopes and memberships	31-07-19	Project teams with clinical leadership are established, enabling early progress on selected areas of work	Availability and commitment of project teams
Identify and learn from areas of best practice - Desktop review of national and international hospitals and service change programmes - Learning visits to identified areas of best practice	31-03-20	Programme Plan and the thinking and ambitions of the programme group is informed by examples of best practice around the world	Availability of key personnel to attend visits
Review learning to date and available evidence: - Phase 1 programme group principles - Phase 1 output report	30-05-19	Programme Plan is informed by the learning of the Transforming Clinical Services programme	Capacity to pull together the learning points

Action	Completed by	Expected Outcome	Dependencies
- Phase 2 consultation closing report - Integrated Impact Assessment - Equality Impact Assessment			
Develop and sign-off a detailed Implementation Plan - Agree detailed work-plan and actions for Year 1 - Agree higher-level actions for years 2+ - Agree roles and responsibilities - Agree reporting mechanisms - Develop and maintain a risk register and issues log - Review whether work-plan is working towards key planning assumptions - Align work-plan with: ○ The *Transforming our Communities* and *Transforming Mental Health and Learning Disabilities* programme plans ○ The HDdUHB Turnaround programme (and use to support and facilitate the delivery of key strategic actions in the next 12 months) ○ The key identified priorities of regional initiatives relating specifically	31-07-19	Agreement of a work-plan to guide which: - Sets out short, medium and long term programme actions - Aligns with the Portfolio Plan and key planning assumptions - Is mapped and aligned to the other programme plans, the Turnaround programme (first year strategic actions) and regional priorities	Agreement of work-plan activities Alignment (where cross-overs of scope exist) with work-plans of *Transforming our Communities* and *Transforming Mental Health and Learning Disabilities* programmes

Action	Completed by	Expected Outcome	Dependencies
to HDdUHB acute hospital sites, including the Joint Regional Planning and Delivery Committee, A Regional Collaboration for Health and the Mid Wales Joint Committee for Health and Social Care			
Review initial planning assumptions underpinning the portfolio of programmes and agreed finalised assumptions	30-06-19	Planning assumptions are agreed across the programmes and are used to ensure complementarity of programme work-plans	Alignment (where cross-overs of scope exist) with work-plans of *Transforming our Communities* and *Transforming Mental Health and Learning Disabilities* programmes
Undertake new iterations of modelling where appropriate, in line with the agreed future model of health and care, and in accordance with the agreed finalised assumptions.	31-07-19	Programme work-plan and outputs are informed by the latest informatics and modelling	Availability and capacity of senior informatics and modelling support
Agree approach and roles & responsibilities regarding continuous engagement and co-production	31-07-19	The programme works to ensure the voice of the population is included in planning, development and decision making, as per HDdUHB and Hywel Dda CHC Framework for Continuous Engagement and Consultation.	Capacity of key personnel to participate in continuous engagement activities Skills and abilities of key personnel to enable a truly co-productive approach
Sign-off a programme communications and engagement plan	31-07-19	The programme is informed by a plan for programme communications and engagement that demonstrates a measurable approach to "working together	Stakeholder mapping Outcomes of initial Equalities Impact Assessment screening and identification of potentially impacted groups. This assessment will be an

Action	Completed by	Expected Outcome	Dependencies
		every step of the way with our stakeholders, patients, carers, citizens and partners when designing, developing, reviewing or changing services" (as per Framework for Continuous Engagement and Consultation), which is underpinned by transparent, clear and accessible communications. All stakeholders are kept informed throughout the delivery of the programme.	ongoing continuous process throughout the entire project. Appropriate resource is in place to support continuous engagement.
Agree the approach to programme evaluation to include: • Monitoring and evaluation of programme quality for the duration of the programme; • Monitoring and evaluation of the programme delivery/ work-plan outputs for the duration of the programme; • Monitoring and evaluation of programme outcomes for the duration of the programme;	31-07-19	Ongoing evaluation to ensure that the programme is being delivered: - With the desired quality to achieve required programme delivery/ work-plan outputs - To achieve required programme outcomes (e.g. measurable change to the system)	Appropriate resources in place to support/ undertake evaluation activity

Action	Completed by	Expected Outcome	Dependencies
- Agreement of KPI's/ Performance Measures in relation to programme quality; outputs; outcomes			
Ensure proposed projects are appropriately prepared for the Check and Challenge process, and signed-off prior to submission.	31-03-20	Sufficient information is prepared to support the proposed project through the check and challenge process.	Proposed projects are shared with and reviewed by the Programme Group within appropriate timescales.
Commence the business case process(es) incorporating new build hospital and other capital works on existing sites	30-04-19	Business case(s) identifying the individual projects required to deliver the future hospital model, within the context of whole system change and the portfolio of programmes Business cases for hospital sites are underway to ensure timely delivery of changes	Information from enabling groups Senior informatics and modelling capacity Procurement of business case writing support Capacity of key personnel (clinicians, finance, project management, etc.) to contribute to developing cases
Commence process for undertaking feasibility study and options appraisal to progress consideration of location of new hospital	30-04-19	Selection of a suitable site for capital development, including cost considerations Feasibility study report detailing: Methodology, Stakeholder engagement, Options, Appraisal and risks, Next steps	Approval to commence feasibility study within timescale Undertaking of feasibility study to timescales
Agree selected priority pathways for redesign, in collaboration with other programme groups	31-07-19	Pathways redesign work forming part of the programme work-plan	Capacity to identify/collate/review key information to inform prioritisation

Action	Completed by	Expected Outcome	Dependencies
- Review identified fragile services - Identify, collate and review national and international best practice - Review opportunities for secondary prevention		is agreed and project work can commence	

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Programme Delivery Plan – Transforming Mental Health & Learning Disabilities

1. Background

The following Delivery Plan is subject to change and sets out the initial priorities for the establishment of the Transforming our Communities programme, to contribute to the delivery of *A Healthier Mid and West Wales*. The document provides an overarching/high level view of the delivery and expected goals and timescales. A detailed plan will be developed by the programme group, once established.

The national strategic direction for mental health is to move services to a more community focused model of service delivery wherever it is appropriate and safe to do so. Policy has clearly and consistently indicated the changes needed in the way community-based care in Wales is delivered. The range of community mental health services has extended significantly in recent years and the core values and drivers remain focused on delivering services within and alongside local community infrastructures however there remains significant opportunity to deliver more services within the community.

There is a need to promote better mental wellbeing among the whole population and address the needs of those with mental health problems, ensuring that those who are most vulnerable or in need are appropriately prioritised. There is a focus on how to improve the lives of service users and their families using a recovery and enablement approach. It recognises the huge impact and cost to society from poor mental health and mental illness borne by individuals, families, society and the wider economy.

The overarching imperative and emphasis of the Mental Health and Learning Disability service is the promotion of mental wellbeing, mental illness prevention, co-production, appropriate and easy access, early interventions and timely treatment.

The delivery of Mental Health and Learning Disability services are continuously developing in order to have the greatest impact on improving and maintaining mental well-being.

It is recognised that the treatment of mental illness is an essential service, however it can often be reactive. By taking a proactive and holistic approach, promoting mental health and providing early interventions before mental illness is manifested, it may be possible to reduce the impact of mental illness. It is therefore the aim that the service works actively with its communities to minimise, as far as reasonably possible, the development of mental health problems and work together with individuals, communities and partner organisations.

Work has already begun in order to tackle these issues. The Transforming Mental Health programme (as presently termed) begun the delivery phase in April 2018. Similarly work to transform Learning Disabilities is also underway with work on that programme (as presently termed) beginning May 2018.

2. Programme Description/Scope

The programme consists of 2 parts namely:

- Transforming Mental Health
- Transforming Learning Disabilities

Transforming Mental Health and Transforming Learning Disabilities currently operate and run as two separate programmes. The Transforming Mental Health programme (as currently known) is within the delivery phase beginning April 2018 - this based on an agreed model of care following a public consultation in 2017.

The Transforming Mental Health elements includes work to implement a consensus model of care with staff, stakeholders, service users and carers based on the following principles:

- To have a 24 hour/ 7 day a week service
- To have no waiting lists
- To move away from hospital admission and treatment to hospitality and time out
- To provide meaningful day time opportunities for our service users

As part of this activity a number of sub-groups have been developed specifically:

- Workforce & Cultural change
- Estates & Infrastructure
- Digital & IT
- Transport
- Pathways
- Business Continuity
- Joint Partnership & Commissioning

The Transforming Learning Disabilities programme is driven by a recognition that Learning Disabilities service provision is too heavily reliant on care within inpatient settings and that a greater emphasis on care within the community will no doubt support people with learning difficulties in achieving greater equity in health and wellbeing outcomes, as well as in accessing opportunities for meaningful life experiences. Local and national drivers also advocate the development of stronger community teams, enhanced to provide more crisis care and support to commissioned services

The Transforming Learning Disabilities project (or programme as presently termed) was formed in May 2018. Initial work has included the recruitment of a Project Manager, development of documentation and management structures/ work-streams formed. Task and finish groups have been formed specifically for:

- Residential care

- Inpatients & crisis response
- Community Teams for Learning Disabilities
- Commissioned services

3. Programme Deliverables

The deliverables to be achieved on completion of this programme are split into ‘transformational’ and ‘service re-design’. These transformational or service re-design deliverables are also presented under the sub-headings associated with either Transforming Mental Health or Transforming Learning Disabilities.

3.1. Transformational deliverables

Transforming Mental Health:

The proposed future vision is centred on having one a single point of contact and access to a range of services that span age and specialities, delivered in partnership across health, social care and third sector. The Transforming Mental Health (TMH) project includes work to implement a consensus model of care with staff, stakeholders, service users and carers based on the following principles:

- To have a 24 hour/ 7 day a week service
- To have no waiting lists
- To move away from hospital admission and treatment to hospitality and time out
- To provide meaningful day time opportunities for our service users

This transformational change will enable the delivery of enhanced community mental health provision, with a resulting reduced reliance on in-patient services. The recovery model defines the philosophy of the service. This means that the individual is supported to ‘recover’ their life so that it feels worthwhile and so that they are working towards aspirations and goals that give value and meaning to their lives. Although they may not ‘recover’ fully from their illness, they find themselves living in and contributing to the community.

The ethos of TMH is to work collaboratively including working with partners, stakeholders and service users to work across traditional boundaries. The new service model is based on the premise to have 24 hour/ 7 day a week service; to have no waiting lists; to move away from hospital admission and treatment to hospitality and time out and to provide meaningful daytime opportunities for service users.

Transforming Learning Disabilities:

It is recognised Learning Disabilities services also need to be transformed to ensure that all people with a learning disability are recognised and treated as full citizens, equal in status and value to other citizens of the same age.

As such the Transforming Learning Disabilities Service project will be transformed via:

- Being produced alongside people with people with a learning disability, their families, carers, staff and key stakeholders working with us, using strong regional and local partnership arrangements to look beyond traditional NHS services to address the real needs to the Learning Disabilities population.
- A move to build up community services, reduce inpatient provision and reduce the amount of time people with a learning disability spend in inpatient care. The ambition is to reduce the number of mental health hospital beds for people with a learning disability and to promote independence in community environments where possible.

People whose learning disability is more significant and who require an adapted environment and/or intensive specialist treatment and care would be admitted to a specialist unit if they require inpatient care. These specialist beds would then be increasingly co-located within mainstream hospital settings as part of integrated specialist inpatient services, rather than in isolated stand-alone units. With the right support at the right time in the community, use of inpatient services should be rare and only for clearly defined purposes.

Also recognising that occasionally the needs of individuals can increase there will be investment in local crisis beds and an in-reach/ outreach team providing safe short intensive support when needed. The new model will also recognise that local populations have different needs, and the range of providers have different strengths and weaknesses. The mix of services put in place will need to reflect that diversity.

3.2. Service re-design deliverables

Transforming Mental Health

Specific deliverables associated with the Transforming Mental Health elements include:

- Development of a Single Point of Contact (SPOC)
- Development of a Central Assessment Centre
- Development of a Central Treatment Unit
- Development of Community Mental Health Centres (CMHC) across the 3 Local Authority areas of Hywel Dda

The new consensus model of care includes a 24/ 7 Central Assessment Unit, a 24/ 7 Central Treatment Unit. Additionally there would be Community Mental Health Centres with sites being located in each local authority again being provided on a 24 hour 7 day a week basis providing Health Board wide coverage and an equality of service.

Supporting the proposed vision is centred on having one single point of contact and access to a range of services that span age and specialities, delivered in partnership across health, social care and third sector. The Health Board will continue to engage with stakeholders to identify and agree the most appropriate way to implement the proposed model and comply with all governance and best practice guidance requirements set out.

Transforming Learning Disabilities

The Transforming Learning Disabilities project comprises two main elements namely:

- Build strong communities, support people to live closer to home and to only admit people to hospital when absolutely necessary.
- Work with our social care and third sector partner organisations on the development of person-centred services; working across organisational boundaries to support improved outcomes for the population with learning disabilities

This includes work associated with:

- Residential care – to scope ideas for the re-provision of care currently given by the Health Board to clients of Bro Myddin, Carmarthen, Begelly and Greville Court, Pembrokeshire; including property ownership, service registration, tenant status and care provision

- Inpatients & crisis response – to progress work to resettle long-stay patients currently residing at Ty Bryn. Additionally to scope ideas for the reconfiguration of inpatient services and development of a crisis response service; including joint working with Adult Mental Health (AMH) to develop more appropriate pathways for people with people with learning disabilities requiring admission. Further work to include establishment of a crisis response team, and joint working with Carmarthenshire Local Authority

- Community Teams for Learning Disabilities (CTLD's) – understand current service activity and best practice examples of CTLD's elsewhere to develop a more future proofed service model

- Commissioned services

Note:

All existing deliverables (as noted within the currently termed ‘Transforming Mental Health’ and ‘Learning Disability Improvement programmes) will be reviewed in the establishment of the portfolio of programmes detailed within the programme scope (comprising the Transforming Mental Health project and Transforming Learning Disabilities project). This will include a review of activity in relation to:

- Promotion of mental wellbeing
- Mental and emotional resilience of our children and young people
- Older Adult Mental Health (and its linkages across all programmes within the portfolio e.g. service provision within Hospital & Community settings)
- Review of services for people with a co-existing Mental Health and substance misuse issues
- Review of our approach to commissioned services

4. Programme Assumptions

Transforming Mental Health & Learning Disabilities programme assumptions include:

- There is an availability of Welsh Government capital funding to support implementation
- That a prevention based service will provide a more sustainable service and one which delivers better outcomes for service users
- There will be significant engagement with stakeholders, service users and carers throughout implementation
- Doing nothing is not an option. Carrying on with our current model will not enable us to safeguard our services to meet future demand for support Mental Health & Learning Disabilities service provision.
- There is a commitment to progress the redesign of existing Mental Health and Learning Disabilities services, as detailed within the Health Boards Annual Plan/ Integrated Medium Term Plan (IMTP)

- A preventative, community-based service, informed by best practice ways of working, will be more sustainable and will deliver better outcomes for service users

5. Programme Dependencies

Transforming Mental Health & Learning Disabilities programme dependencies include:

- Dependent on the progression of the activity outlined within the Annual Plan/ IMTP and the associated infrastructure, capital and revenue considerations.
- Dependent on the support of the Local Mental Health Partnership Board, and delivery against the Together for Mental Health Delivery plan.
- Associated infrastructure, capital and revenue considerations.
- Dependent on the support of Hywel Dda's Executive Board, the Community Health Council (CHC), the West Wales Regional Partnership Board (RPB), the Regional Learning Disabilities Programme Group (LDPG), our Local Authority Partners, Local LD Partnership Boards, Public Service Boards, neighbouring Health Authorities and the Welsh Government

6. Programme Risks

Transforming Mental Health & Learning Disabilities key risks include:

- Capital works or changes in working practices may cause disruption to services and staff, and service capacity may be compromised
- The significant commitments which are already placed on the All Wales Capital Programme are likely to have an impact on this proposed plan and the phasing of delivery
- The risk of negative media attention to implementation or public resistance to changes.

- Unknown revenue costs from the development of new premises in line with the programme may exceed the estimated revenue costs.
- Risk of agencies involved in the implementation of the programme not aligning priorities due to the individual organisational need and funding priorities
- The financial position of the Health Board may result in there not being enough resource available to drive this programme.
- Current services may become unsustainable prior to us delivering the required changes to make services sustainable and fit for the purpose of meeting current and future demand. This could affect the timeline and deliverability of this Programme.
- Capital works or changes in working practices may cause disruption to services and staff, and service capacity may be compromised.
- The risk of negative media attention to implementation or public resistance to changes; including resistance by the families of our clients in receipt of residential care.
- Risk of agencies involved in the implementation of the programme not aligning priorities due to the individual organisational need and funding priorities.
- Increased spend on commissioned services, as a result of moving towards a more community-focused model of care.
- Disengagement by Local Authority partners, caused by a shift of cost from Health to Social Care services.
- Disengagement by staff, due to an unwillingness to adapt to new service models.

Clinical Lead	**Director Lead**	**Programme Manager**
Associate Medical Director & Clinical Director, Mental Health & Learning Disabilities Services	Deputy Chief Executive/ Director of Operations	Principal Project Manager

Strategic Goals and Wellbeing Objectives – please indicate which goals and objectives are addressed:		
Hywel Dda UHB Strategic Goals	Starting and Developing Well	
	Living and Working Well	
	Growing Older Well	
Hywel Dda UHB Wellbeing Objectives	Improve population health through prevention&early intervention	
	Support people to live active, happy&healthy lives	
	Improve efficiency&quality of services through collaboration with people, communities&partners	
	Develop a sustainable skilled workforce	

Strategic Links to Healthier Wales – please select which strategic links are met:

Design Principles

Prevention and Early Intervention	Seamless
Safety	Higher value
Independence	Evidence driven
Voice	Scalable
Personalised	Transformative

Quadruple Aim

Improved population health & wellbeing
Better quality & more accessible health & social care services
Higher value health & social care
A motivated & sustainable health & social care workforce

Programme Delivery Plan

The following plan contains initial target dates for actions relating to the establishment of the programme, that mat be amended following the completion of the Programme Initiation Document and establishment of the Programme Group.

Action	Completed by	Expected Outcome	Dependencies
To undertake a review of existing structures & documentation (TMH & TLD projects) – assess whether still fit for purpose	30-04-19	An understanding whether existing structures are fit for purpose or amendments are needed to deliver outputs/ outcomes	Board approval of *A Healthier Mid and West Wales* portfolio scoping, governance and delivery plan
Review whether current work plans already formed (as part of TMH & TLD projects) are fit for purpose	30-06-19	An understanding whether current work plans fit with the overall portfolio delivery approach (and is working towards planning assumptions that support *A Healthier Mid & West Wales*)	Alignment (where cross-overs of scope exist) with work plans of *Transforming our Communities* and *Transforming our Hospitals*
Review already developed work-streams within the Transforming Mental Health & Transforming Learning Disabilities against the Check and Challenge process – amend existing work-streams if appropriate	30-06-19	An understanding whether current projects fit with the overall portfolio delivery approach (and is working towards planning assumptions that support *A Healthier Mid & West Wales*)	Alignment (where cross-overs of scope exist) with work plans of *Transforming our Communities* and *Transforming our Hospitals*
Establish single Programme Group to cover Transforming Mental Health & Transforming Learning Disabilities: - Terms of Reference - Membership	30-06-19	Programme Group is established with effective governance in place and all stakeholders are represented at the appropriate level	Securing commitment and capacity from the membership
Review current schedule of meetings currently in place for: - Transforming Mental Health	30-06-19	An understanding whether meetings schedule are fit for purpose or amendments are	Alignment (where cross-overs of scope exist) with work plans of *Transforming our Communities* and *Transforming our Hospitals*

Action	Completed by	Expected Outcome	Dependencies
- Transforming Learning Disabilities		needed to deliver outputs/ outcomes	
Review membership/ roles & responsibilities of current work-stream groups already in place – agree whether fit for purpose	30-06-19	An understanding whether current personnel involved in the programme are fit for purpose or amendments are needed to deliver outputs/ outcomes	Alignment (where cross-overs of scope exist) with work plans of *Transforming our Communities* and *Transforming our Hospitals*
Review current communications and engagement plan(s) developed/ currently in place for: - Transforming Mental Health - Transforming Learning Disabilities	31-07-19	An understanding whether current communications and engagement plan(s) are fit for purpose or amendments are needed to deliver outputs/ outcomes	Alignment (where cross-overs of scope exist) with work plans of *Transforming our Communities* and *Transforming our Hospitals*
Review and agree planning assumptions underpinning the portfolio of programmes.	30-06-19	Planning assumptions are agreed across the programmes and are used to ensure complementarity of programme work-plans	Alignment (where cross-overs of scope exist) with work plans of *Transforming our Communities* and *Transforming our Hospitals*
Undertake new iterations of modelling where appropriate, in line with the agreed future model of health and care, and in accordance with the agreed finalised assumptions.	31-07-19	Programme work plan and outputs are informed by the latest informatics and modelling.	Availability and capacity of senior informatics and modelling support
Develop one set of programme documentation (work plans etc.) for the Transforming Mental Health & Learning Disabilities programme	31-07-19	Single set for of documentation for the Transforming Mental Health & Learning Disabilities programme	Alignment (where cross-overs of scope exist) with work plans of *Transforming our Communities* and *Transforming our Hospitals*
Sign-off a programme communications and engagement plan	31-07-19	The programme is informed by a plan for programme	Appropriate resources in place to support continuous engagement.

Action	Completed by	Expected Outcome	Dependencies
		communications and engagement that demonstrates a measurable approach to "working together every step of the way with our stakeholders, patients, carers, citizens and partners when designing, developing, reviewing or changing services" (as per Framework for Continuous Engagement and Consultation), which is underpinned by transparent, clear and accessible communications. All stakeholders are kept informed throughout the delivery of the programme.	Stakeholder mapping Outcomes of initial Equalities Impact Assessment screening and identification of potentially impacted groups. This assessment will be an ongoing continuous process throughout the entire project.
Agree the approach to programme evaluation to include: • Monitoring and evaluation of programme quality for the duration of the programme; • Monitoring and evaluation of the programme delivery/ work-plan outputs for the duration of the programme;	31-07-19	Ongoing evaluation to ensure that the programme is being delivered: • With the desired quality • To achieve required programme delivery/work-plan outputs • To achieve required programme outcomes (e.g.	Appropriate resources in place to support/ undertake evaluation activity

Action	Completed by	Expected Outcome	Dependencies
- Monitoring and evaluation of programme outcomes for the duration of the programme; - Agreement of KPI's/ Performance Measures in relation to programme quality; outputs; outcomes		measurable change to the system)	
Undertake a full benefits mapping exercise for the programme, as part of the benefits realisation management approach	31-07-19	The potential benefits are identified, effectively managed and achieved	Methodology for benefits realisation management has been agreed. Capacity of key stakeholders to attend workshops.
Ensure alignment with the Turnaround Programme and use to support & facilitate the delivery of key strategic actions in the next 12 months	31-07-19	Alignment of the strategic Healthier Mid and West Wales Portfolio of Programmes and Turnaround activity	Appropriate resources in place to support/ undertake alignment activity
Ensure that new/proposed work-streams are appropriately prepared for the Check and Challenge process, and signed-off prior to submission	31-03-20	Sufficient information is prepared to support the proposed project through the check and challenge process.	Proposed projects are shred with and reviewed by the Programme Group within appropriate timescales.
FURTHER ACTIONS TO BE CONFIRMED POST REVIEW PERIOD ENDING 30-07-19			

NOTE – The Transforming Mental Health Programme and Learning Disability Service Improvement Programme (as presently termed but to be amended to Transforming Mental Health project and Transforming Learning Disabilities project) are already formed and number of actions currently in place – these actions can be found within the already developed documentation. These actions have <u>not</u> been included here as it is anticipated these will be reviewed as part of the overall agreement of the Transforming Mental Health & Learning Disabilities Programme.

Appendix 1

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A Healthier Mid and West Wales – Programme Check and Challenge Process

As part of the portfolio management approach, a supportive Check and Challenge process will be in place, which provides assurance that the delivery of any projects, service changes and pathway re-design is consistent with the principles set out within '*A Healthier Mid and West Wales: Our future generations living well'*, and fully aligned across the portfolio. The approach will also provide a supportive space to test and challenge the proposals to ensure that they are delivering truly aspirational and transformational change.

Through an assembled team of experts, supportive Check and Challenge team discussions will ensure that the Health Board's key principles are embedded within all projects, service changes and pathway re-design, to enable transformation and different ways of working.

The aim of the process will be to provide both a check and challenge to provide assurance that programme and project activities fulfil a set of key requirements. The process will ensure that the programme or project can progress more confidently to the next stage of development, implementation or realisation. Similarly should the teams require support for more ambitious or challenging models, independent review by supportive experts will support and stretch the teams to deliver the type of transformation required to deliver *A Healthier Mid and West Wales* and to provide the benefits described.

The approach will check and challenge against the Health Board's key priority areas:

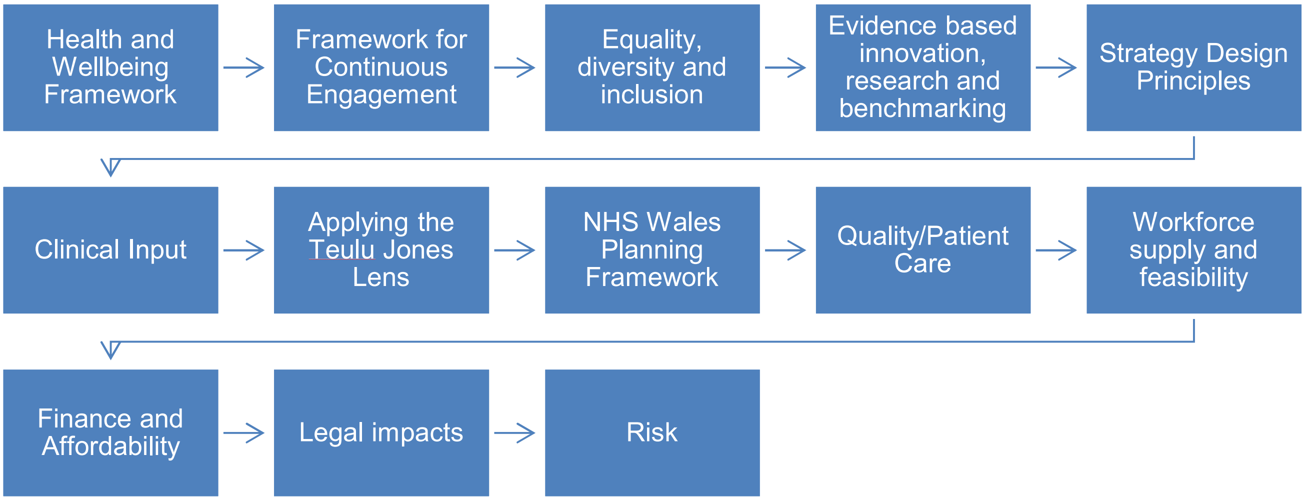
a. Health and Wellbeing Framework (and the 6 questions of the Wellbeing Lens) (**Appendix 1a**)
    i. What are we trying to achieve and why?
    ii. How will the action shift the system from illness to wellbeing?
    iii. How will we know we have made a difference?
    iv. How will our action shift the balance of power towards individuals/communities?
    v. Who are we going to involve in designing and/or delivering the action?
    vi. Is this something the community can do for themselves? Do they need help to do it? Or is it something only we can do?

b. Framework for Continuous Engagement
c. Equality, Diversity and Inclusion
d. Evidence based innovation, research and benchmarking
e. *A Healthier Mid and West Wales* Design Principles (**Appendix 1b)**
f. Clinical Input
g. Quality/Patient Care
h. Applying the Teulu Jones Lens
i. NHS Wales Planning Framework
j. Workforce supply and feasibility
k. Finance/Affordability (including Turnaround and Value Based Health Care)
l. Legal Impacts
m. Risk

This process will support the Health and Care Strategy Delivery Group to determine whether proposals are suitable for final sign off and/or whether any additional action is required.

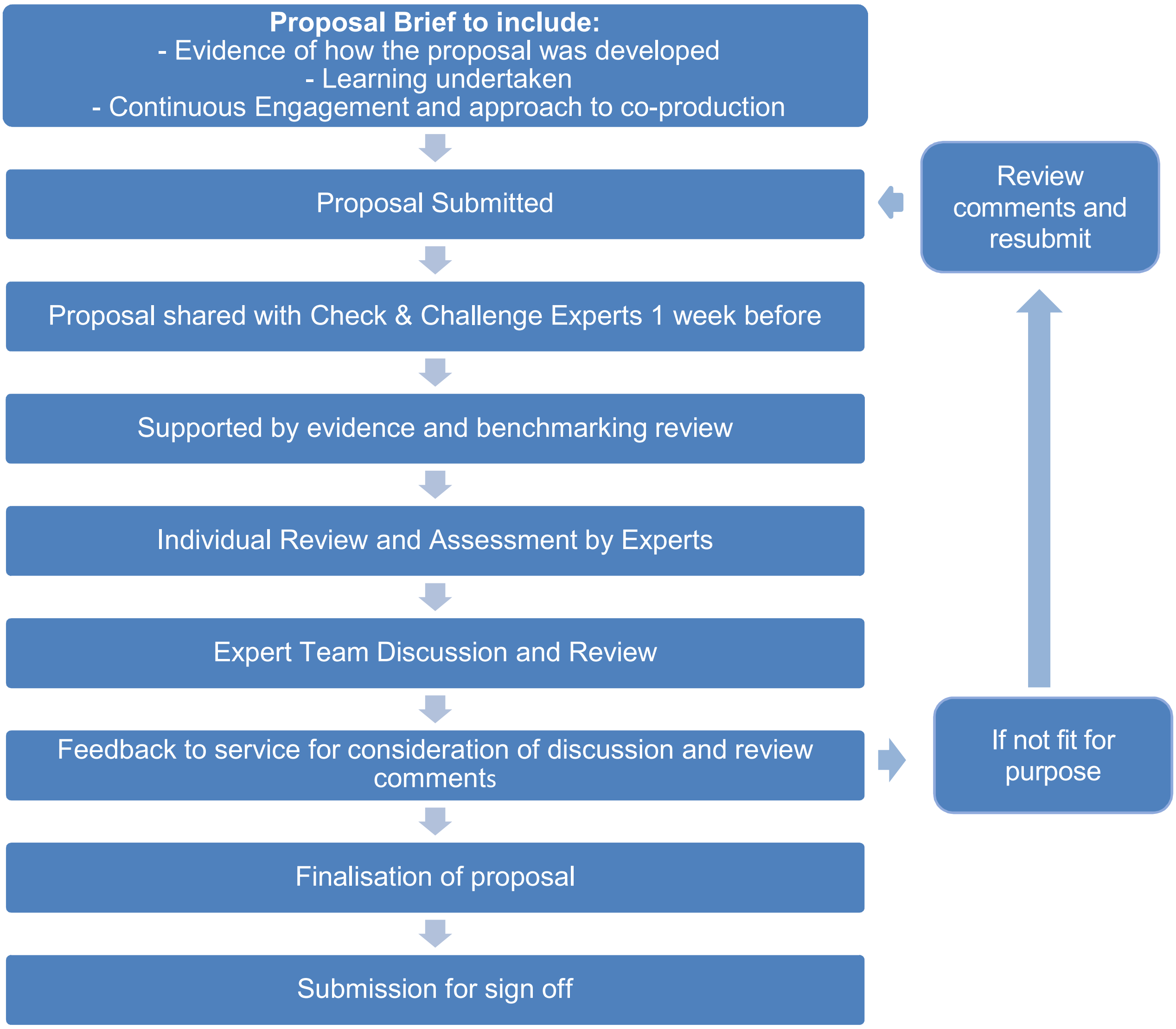
Existing Health Board reference groups will also make a key contribution to the check and challenge process, including the Stakeholder Reference Group, Healthcare Professionals Forum and Staff Partnership Forum.

The process is not designed to be a linear approach, but rather will allow for a cyclical view, recognising the inter-relationship between key elements and principles. The key elements and principles are demonstrated in the following diagram:


Health and Wellbeing Framework
Framework for Continuous Engagement
Equality, diversity and inclusion
Evidence based innovation, research and benchmarking
Strategy Design Principles
Clinical Input
Applying the Teulu Jones Lens
NHS Wales Planning Framework
Quality/Patient Care
Workforce supply and feasibility
Finance and Affordability
Legal impacts
Risk

The approach will develop as the portfolio of programmes develops. It will be continually reviewed and will allow flexibility to facilitate meaningful conversations which are both challenging and supportive, in order to deliver the best and most transformational proposals. The approach will be further co-produced by those who have experienced the process so that it remains dynamic and positive.

Each proposal will go through the same process, as outlined in the diagram below.


Proposal Brief to include:
- Evidence of how the proposal was developed
- Learning undertaken
- Continuous Engagement and approach to co-production
Proposal Submitted
Proposal shared with Check & Challenge Experts 1 week before
Supported by evidence and benchmarking review
Individual Review and Assessment by Experts
Expert Team Discussion and Review
Feedback to service for consideration of discussion and review comments
Finalisation of proposal
Submission for sign off
If not fit for purpose
Review comments and resubmit

Where the proposal is determined to be higher risk to the overall programme, or be a high cost, volume area, there will be external support on the panel.

Check and Challenge Experts

The Check and Challenge discussion will be led by a team of supportive experts, consisting of members of the Health and Care Strategy Delivery Group and other key representatives. It will be multi-disciplinary and stakeholder in nature, with team members being responsible for providing credible views and opinions in review of the proposals. The team discussion will be made up of the following as a minimum:

Professional Expertise	Lead
Public Health	TBC
Continuous Engagement	TBC
Equality, Diversion and Inclusion	TBC
Continuous Improvement	TBC
Medical (Secondary & Primary representation)	TBC
Nursing (Acute Community & Primary Care)	TBC
Clinical Support Staff including Diagnostic and Therapy Services, Psychology and Pharmacy	TBC
Workforce	TBC
Finance	TBC
Legal	TBC
Operational delivery	TBC
Planning	TBC
Patient Representative	TBC
External experts	TBC

The process will be administered and supported by a Programme Manager. They will be responsible for benchmarking and testing the evidence base ahead of the group discussion.

The team discussion has the potential to declare the proposal as ‘not fit for purpose’ following initial review. In this eventuality, the proposal will need to be reviewed to ensure that the areas where it was felt further work was required have been resolved. Where the commentary is less significant but further recommendations are made, the update will be processed on the proviso the proposal is financially viable.

Check and Challenge Guide Questions

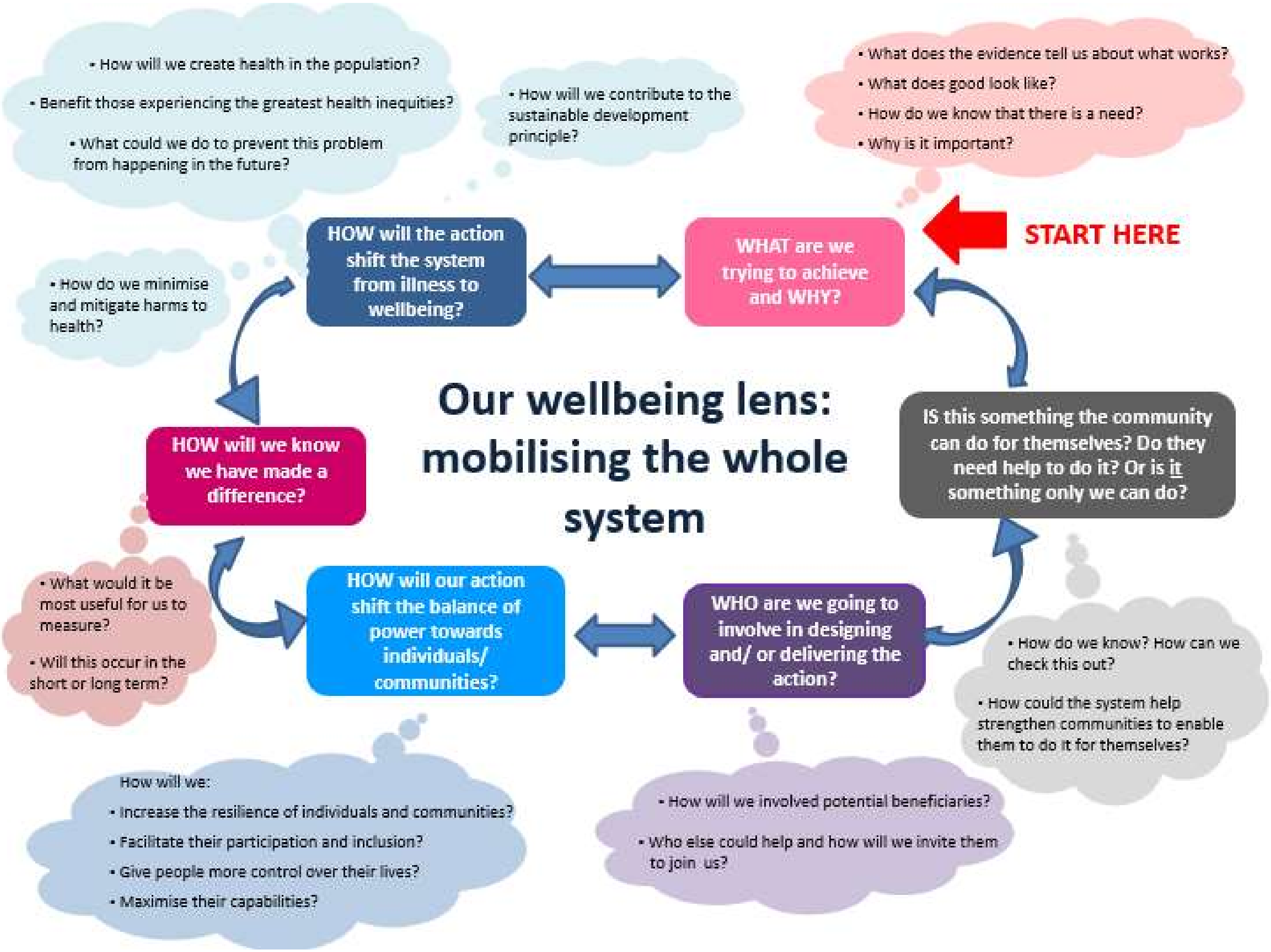
In order to maintain consistency a set of Check and Challenge questions have been developed to guide the experts through the key areas of focus.

The draft questions are outlined in **Appendix 1c,** and will be tested as part of this process.

We will continue to develop a fresh approach to the check and challenge process following any feedback received, and it will be continually co-produced as more teams participate.

The process will be revised and further co-produced following feedback.

Appendix 1a – 6 Questions of the Wellbeing Lens



Our wellbeing lens: mobilising the whole system

START HERE

WHAT are we trying to achieve and WHY?

- What does the evidence tell us about what works?
- What does good look like?
- How do we know that there is a need?
- Why is it important?

IS this something the community can do for themselves? Do they need help to do it? Or is it something only we can do?

- How do we know? How can we check this out?
- How could the system help strengthen communities to enable them to do it for themselves?

WHO are we going to involve in designing and/ or delivering the action?

- How will we involved potential beneficiaries?
- Who else could help and how will we invite them to join us?

HOW will our action shift the balance of power towards individuals/ communities?

How will we:

- Increase the resilience of individuals and communities?
- Facilitate their participation and inclusion?
- Give people more control over their lives?
- Maximise their capabilities?

HOW will we know we have made a difference?

- What would it be most useful for us to measure?
- Will this occur in the short or long term?

HOW will the action shift the system from illness to wellbeing?

- How will we create health in the population?
- Benefit those experiencing the greatest health inequities?
- What could we do to prevent this problem from happening in the future?
- How will we contribute to the sustainable development principle?
- How do we minimise and mitigate harms to health?

Appendix 1b – A Healthier Mid and West Wales Design Principles

1. To develop a wellness approach for our public and our staff, working across the whole system, to improve people’s health. We will work together to focus on well-being, to **prevent** illness and to anticipate and predict poor health so that we can **intervene and help early on**.

2. To put **safety** and quality first, and ensure as a minimum that our services do no harm, so that people can live safely within their communities. The changes to our hospital services and the way care and treatment is delivered to our population will be carefully managed in a phased way, which prioritises **safety** and enables the delivery of agreed standards of quality leading to sustainability.

3. To support people to have **independent** lives, where they are enabled to manage their health and well-being, focused around their own homes and localities. This includes speeding up recovery after treatment and care, and supporting self-management of long-term conditions. We will work together with key partners and our staff to help build resilience and support people to live well within their own communities.

4. To listen to the **voices** of our population**,** and provide the information and support to make decisions about the care and treatment they receive, based on what matters to them. We will use innovative approaches to continuously engage and work with patients carers, service users, staff and partners every step of the way. Listening to these voices will inform how we improve our whole system approach to health and care and co-design future services models.

5. To continuously engage to **personalise** and tailor our health and care services to the needs and preferences of both individuals and localities, with a focus on supporting people to manage their own care and outcomes. We will use technology and innovative transport solutions to provide more choice and better access to care where it is needed.

6. To work with partners and our staff across the whole system to develop integrated services, where social, primary and secondary care are not seen in isolation but work together to provide services which are **seamless** and improve the experience for the individual by providing less complex better coordinated care. We will focus on addressing the challenges we see in mid and west Wales around access, travel and transport by working together in partnership to deliver innovative solutions tailored for our geography.

7. To work with all partners to deliver more efficient and **higher value** health and care services which deliver better outcomes and a better experience for people. We will invest in our staff and explore innovative workforce solutions so that we can recruit, train and retain the best workforce for mid and west Wales.

8. To use research, knowledge and information, with our partners, to design **evidence driven** health and care services with people, which are based on what works, shared learning, and innovative solutions. We will develop and evaluate better tools and ways of working.

9. To work in partnership to **upscale** good practice around the delivery of the best possible health and care services that exist locally, regionally and nationally. We will work together to take opportunities offered through Welsh Government funding, such as the Transformation Fund.

10. To work in collaboration to find **transformative** ways of delivering safe, sustainable, accessible and kind services, so that we work differently to achieve our vision. We will maximise the use of technology as a key enabler for transformation and explore innovative approaches to workforce design.

Appendix 1c

Project Initiation

Project Proposal
Describe the scope of the project being proposed

Health and Wellbeing Framework

Delivering on the strategic goals for starting and developing well, living and working well, and growing older well.

Maximising opportunities for prevention and early intervention.

- Has the Wellbeing Lens been applied (6 questions)? Describe your key learning.
    - What are we trying to achieve and why?
    - How will the action shift the system from illness to wellness?
    - How will we know we have made a difference?
    - How will our action shift the balance of power towards individuals/communities?
    - Who are we going to involve in designing and/or delivering the action?
    - Is this something the community can do for themselves? Do they need help to do it? Or is it something only we can do?
- Does the proposed project contribute to the starting and developing well strategic goal? How will you know you have made a difference/impact?
- Does the proposed project contribute to the living and working well strategic goal? How will you know you have made a difference/impact?
- Does the proposed project contribute to the growing older well strategic goal? How will you know you have made a difference/impact?
- How do you know if the proposal has maximised opportunities for prevention and early intervention? What will/do they look like?
- Does the proposed project focus on a whole system integrated approach? If yes, how? Can you link this to health and wellbeing outcomes across the whole system? What do they look like?

Framework for Continuous Engagement

Continuous engagement and co-production with public, staff and stakeholders including people with protected characteristics. "Working together every step of the way" with our stakeholders, patients, carers, citizens and partners when designing, developing, reviewing or changing services

Further consultation on specific services, where appropriate.

- Has a stakeholder mapping exercise been carried out?
- Which groups have been engaged with to develop the proposal?
- How will stakeholders be continuously engaged with throughout all phases of the project?

- How will stakeholders be visible, active and influential throughout the delivery of the project?
- What methods will be used to ensure that those in hard to reach groups are engaged?
- How will the proposed project link with the Patient Experience Team to ensure the lived experience of patients is considered?

Equality, Diversity and Inclusion

Meeting the public sector equality duty, ensuring as a University Health Board we are transparent and accountable. Demonstrating that when making any policy changes, consideration has been given to the effects of any policy change or decisions on staff, patients and service users based on gender, race, disability, sexual orientation, religion or belief, and age, gender re-assignment, pregnancy and maternity and marriage and civil partnership issues.

- Has Equality Impact Assessment (EqIA) screening been undertaken?
- Has a full EqIA been undertaken?

- Have any negative/positive impacts been identified in the EqIA documentation?

- Are there arrangements in place to ensure effective and continuous engagement with protected characteristic groups to help to eliminate discrimination, tackle inequality and develop a better understanding of the communities potentially affected?

- Have monitoring arrangements been set up to review the EqIA? How will the impact be assessed continuously throughout the delivery of the project?

Evidence based innovation, research and benchmarking

Development and implementation of new improvement initiatives and models, working alongside frontline teams. Alignment with national guidelines and clinical benchmarking.

- Are proposed changes evidence based?
- Does the proposal take into account benchmarking and best practice?
- Have the most innovative opportunities that exist at that time been taken into account?
- Are there any Royal College standards, NICE Guidance or other evidence bases applicable?
- Has research and benchmarking been undertaken, using:
    - HDuHB Knowledge and Library Services
    - Advisory Board
    - Health Foundation website
    - Kings Fund website
    - NICE guidance
    - Royal College or appropriate professional body publications
    - National Institute for Health Research Dissemination Centre - http://www.dc.nihr.ac.uk/
    - Legislation

A Healthier Mid and West Wales Design Principles
Compliance with the design principles set out in A Healthier Mid and West Wales ➢ How does the proposed project comply with the following principles: ○ *Prevention and early intervention* ○ *Independence* ○ *Personalised* ○ *Higher value* ○ *Scalable* ○ *Safety* ○ *Voice* ○ *Seamless* ○ *Evidence driven* ○ *Transformative* ➢ How does the proposed project contribute to the Quadruple Aim and meet the design principles contained within *A Healthier Wales?* **Demonstrating compliance with the full spirit of the Planning Framework in support of the University Health Board's statutory duty to produce an approvable Integrated Medium Term Plan demonstrating a financial balance over a three year period. The NHS Wales Planning Framework is issued by the Cabinet Secretary and Director General of NHS Wales and found here:** https://gov.wales/topics/health/nhswales/planning/?lang=en ➢ Does the proposal meet the NHS Wales Planning Framework Guidance? ➢ Does the proposal address the NHS Wales Planning Framework domains? (Full details of each domain can be found here: http://howis.wales.nhs.uk/sitesplus/407/page/74347)
Clinical Input
Ensuring dedicated membership to provide clinical oversight across programme and project activity. ➢ Can clinical engagement and input be evidenced in the design of the new proposal/service model? ➢ How will the proposed project ensure sufficient clinical input into the service/model development/redesign? ➢ How will the proposed project secure clinical oversight throughout delivery?
Quality/Patient Care
Focusing on the entire patient experience, ensuring people are treated with compassion, dignity and respect within a clean, safe and well-managed environment.

- Could the proposed project have an impact on patient outcome/care? If so, describe the impact.
- Does the proposed project introduce any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport
- Does the proposed project introduce any potential for inconsistency in approach across the Health Board?
- Is there a need to consider exceptional circumstances?
- Are there any Royal College standards, NICE guidance or other evidence bases, etc., applicable?
- Does the proposed project increase value (improve outcomes without increasing cost/maintain outcomes whilst reducing cost/improve outcomes whilst reducing cost)

Applying the Teulu Jones Lens

Testing any changes through a person and family lens, to understand how these changes will look and feel for families

- Have the proposals been testing using one or more family members? Describe the impact.

NHS Wales Planning Framework

Delivering the priority areas outlined within the NHS Wales Planning Framework 2019/22

- How does the proposal support the delivery of integrated models of care?
- How does the proposal enable us to work together to focus on prevention across the whole patient pathway to deliver better outcomes?
- How does the proposal support the reduction in health inequalities for the local population?
- How does the proposal support the adoption and adaptation of the Primary Care Model for Wales?
- How does the proposal support the provision of timely, equitable access to care across the width and breadth of all services we provide for our population?
- How does the proposal help to ensure people receive the level of care and support that they need to maintain their wellbeing, and to manage their mental health conditions?

Finance and Affordability

Ensuring that new service models are delivered to budget and that contractual agreements are made in line within set financial parameters.

- Has the proposal/service model been costed? If so, by whom?
- 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.?
- Is the new proposal/service model affordable from within existing budgets?
- Is there an impact on pay or non-pay e.g. drugs, equipment, etc.?
- Is this a ‘spend to save’ initiative? If so, what is the anticipated payback schedule?
- What is the financial or efficiency payback (prudency), if any?
- Are there risks if the new proposal/service model is not put into effect?

- 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?)
- 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.?
- Are capital requirements identified or funded?
- Will capital projects need to be completed in time to support any service change proposed?
- Has a Project Board been identified to manage the implementation?
- Is there a plan with timescales to performance manage the process and risks?
- Is there a post project evaluation planned for the new proposal/service model?
- Are there any other constraints which would prevent progress to implementation?
- Does the proposed project increase value (improve outcomes without increasing cost/maintain outcomes whilst reducing cost/improve outcomes whilst reducing cost)

- Does the proposed project maximise the productivity and efficiency gains through the turnaround programme, to support the sustainable delivery of the new service model?

Workforce supply and feasibility

Delivering new models of care in an integrated health and care system.

- Does the proposed project fully consider workforce implications
- Are workforce modelling assumptions clear and mapped to service demand assumptions?
- Does the proposal demonstrate most prudent use of workforce/benchmarking/technology?
- Could any gaps in workforce be managed through recruitment and training?
- Has the required workforce versus current workforce been mapped (including variable pay and skills) including financial assessment?
- Has the impact on the existing staff/WTE been determined?
- Is the proposal deliverable without the need for premium workforce?
- Is there the potential for staff disengagement if there is no clinical/’reasonable’ rationale for the action?
- Is there potential for professional body/college/union involvement?
- Could there be any perceived interference with clinical freedom?
- Is there potential for front line staff conflict with the public?
- Could there be challenge from the ‘industries’ involved?
- Is there a communication plan to inform staff of the new arrangements?
- Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?
- Have training requirements been identified and will this be complete in time to support the new proposal/service model?
- Has the potential impact on medical education been considered?
- How will the workforce be continuously engaged with throughout all phases of the project?

Legal Impacts

Compliance with national legislation for public services.

- 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?
- Is there a likelihood of legal challenge?
- 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.?
- How does the proposed project contribute to the 5 ways of working and the 7 well-being goals contained within the *Well-being of Future Generations* Act?
- Does the proposed project comply with the *Social Services & Well-being (Wales) Act 2014?*
- Is there any existing contract and/or notice periods?

Risk

Ensuring effective risk management to help identify, understand, evaluate and take action on all risks with a view to increasing the probability of success and reducing the likelihood of failure

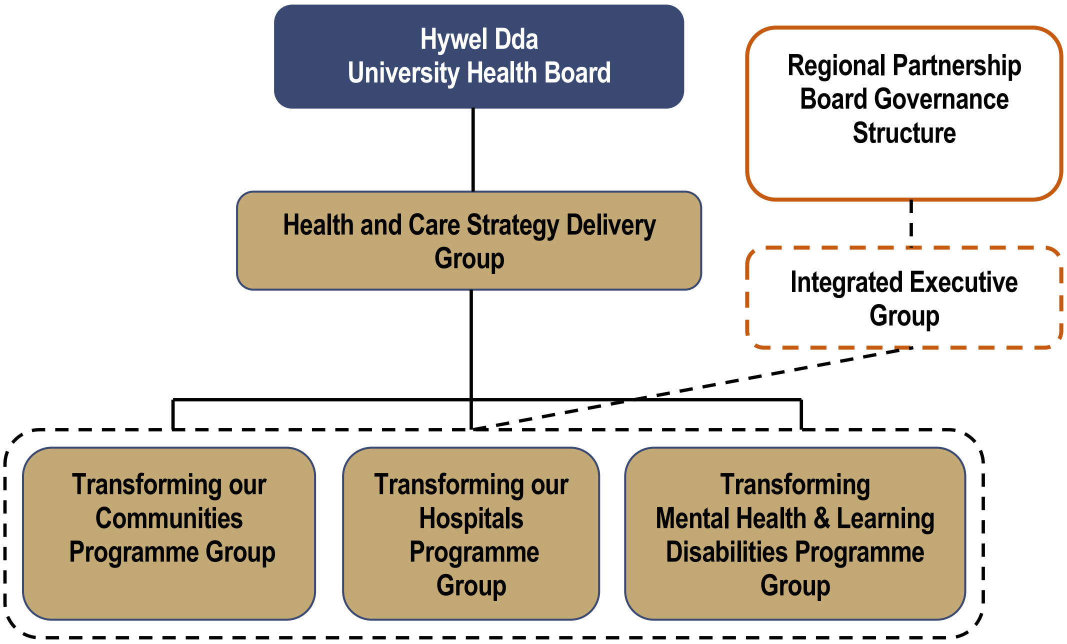
- Have the risks associated with the proposed project been identified?
- Has a risk assessment been completed?
- Is there a plan to mitigate the risks identified?
- How will the risk assessment be monitored?

Proposal Approved

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

TERMS OF REFERENCE

HEALTH & CARE STRATEGY DELIVERY GROUP



Hywel Dda
University Health Board

Health and Care Strategy Delivery Group

Regional Partnership Board Governance Structure

Integrated Executive Group

Transforming our Communities Programme Group

Transforming our Hospitals Programme Group

Transforming Mental Health & Learning Disabilities Programme Group

Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	28.03.2019	

1. Constitution

1.1 The Health and Care Strategy Delivery Group has been established as a Group of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st April 2019.

2. Membership

2.1 The Health and Care Strategy Delivery Group shall comprise of the following:

Members

Role
Chief Executive Officer (Chair)
Medical Director and Director of Clinical Strategy (Vice-Chair)
Transformation Programme Lead
Deputy Chief Executive/Director of Operations
Director of Primary Care, Community and Long Term Care
Director of Planning, Performance, Informatics & Commissioning
Director of Partnerships and Corporate Services
Director of Public Health
Director of Workforce and OD
Director of Nursing, Quality and Patient Experience
Director of Therapies and Health Science
Director of Finance
Director of Turnaround
Board Secretary

2.2 Reporting Members

- Leads/Deputies from Enabling Groups
- Transformation Programme Office

3. Quorum and Attendance

3.1 A quorum shall consist of no less than a third of the membership and must include as a minimum the Chair or Vice-Chair of the Health and Care Strategy Delivery Group.

3.2 Any senior officer of HDdUHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

3.2 The Health and Care Strategy Delivery Group may co-opt additional independent external ‘experts’ from outside the organisation to contribute to specialist areas of discussion.

3.3 Should any officer member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

3.4 The Health and Care Strategy Delivery Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

3.5 The Chairman of HDdUHB reserves the right to attend any of the Group's meetings as an ex officio member.

4. Principal Duties

4.1 The Health and Care Strategy Delivery Group will:

4.1.1 Be accountable for ensuring that the Health Board's strategy *A Healthier Mid and West Wales* is delivered, in accordance with the timescales directed by the Board.

4.1.2 Oversee the portfolio of programmes that will deliver the change and transformation set out within *A Healthier Mid and West Wales*.

4.1.3 Provide leadership and executive level decision making to drive design and delivery of transformational changes during delivery.

4.1.4 Provide assurance to the Board that delivery and implementation plans across and within HDdUHB are clear, safe and that work is progressing to plan (time, outcome, financial and benefits realisation) and has involved stakeholders appropriately.

4.1.5 Develop the short, medium, long term services that will be delivered across the Health Board footprint as part of an integrated, whole-system approach.

4.1.6 Ensure actions are monitored and managed through clear lines of communication and ownership.

4.1.7 Be responsible for ensuring the work of all related groups and sub-groups is delivered.

4.1.8 Agree resource allocation to match defined need.

4.1.9 Oversee the management of programme delivery and support resource requirements to deliver the work on time and in cost.

4.1.10 Oversee the approach to Check and Challenge to provide assurance that the delivery of any projects, service changes and pathway re-design is consistent with the principles set out within *A Healthier Mid and West Wales: Our future generations living well*, and fully aligned across the portfolio

4.1.11 Manage all risks and issues for the portfolio of programmes and associated groups.

4.1.12 Take corrective action to support delivery teams where risks and issues are identified.

4.1.13 Escalate high-level issues upwards when necessary based on continuous assessment of impact throughout the lifecycle of work.

4.1.14 Ensure that there are effective methods of evaluation in place and being used to evidence outcomes.

4.1.15 Oversee phased implementation of new service models.

4.1.16 Balance the key interfaces between the HDdUHB strategic programme and its operational performance, delivery and business continuity to ensure that decisions to be made in relation to short term service sustainability to not impact on the delivery of long term strategic direction and implementation.

4 5. Agenda and Papers

5.1 The agenda will be based around the Health and Care Strategy Delivery Group's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Health and Care Strategy Delivery Group Members. Following approval, the agenda and timetable for submission of papers will be circulated to all Members.

5.2 Standard agenda items will include a review of highlight reports, action log, and risks and issues log (including those to support and/or escalate); project or model progress reviews on a rotational basis; and a discussion of key messages.

5.3 All papers should have relevant sign-off before being submitted to the Health and Care Strategy Delivery Group Co-ordinator / Secretary.

6. Frequency of Meetings

6.1 The Health and Care Strategy Delivery Group will meet bi-monthly and agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Health and Care Strategy Delivery Group in discussion with Members.

6.2 The Chair of the Health and Care Strategy Delivery Group, in discussion with the Health and Care Strategy Delivery Group Co-ordinator / Secretary, shall determine the time and place of meetings of the Health and Care Strategy Delivery Group and procedures of such meetings.

7. In Committee

7.1 The Health and Care Strategy Delivery Group can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Accountability, Responsibility and Authority

8.1 The Health and Care Strategy Delivery Group will be accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

8.2 The requirements for the conduct of business as set out in HDdUHB's Standing Orders are equally applicable to the operation of the Health and Care Strategy Delivery Group.

9. Reporting and Assurance

9.1 The Health and Care Strategy Delivery Group, through its Chair and Members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business;
- Sharing of information.

9.2 In doing so, the Health and Care Strategy Delivery Group shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The Health and Care Strategy Delivery Group may establish additional Groups or task and finish groups to carry out on its behalf specific aspects of Health and Care Strategy Delivery Group business. The Health and Care Strategy Delivery Group will receive a written update following each Group's meetings detailing the business undertaken on its behalf. The following Groups have been established:

- Transforming our Communities Programme Group
- Transforming our Hospitals Programme Group
- Transforming Mental Health & Learning Disabilities Programme Group

9.4 The Health and Care Strategy Delivery Group Chair shall:

9.4.1 Report formally, regularly and on a timely basis to the Board on the Health and Care Strategy Delivery Group's activities. This includes written updates on activity as well as the presentation of additional reports, as required;

9.4.2 Ensure appropriate escalation arrangements are in place to alert the HDdUHB Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

10. Review Date

10.1 These Terms of Reference shall be reviewed on at least an annual basis for approval by the Board.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	West Wales Regional Partnership Board (RPB) - Governance
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Martyn Palfreman, Head of Regional Collaboration

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

Since June 2016 a **Regional Partnership Board** (RPB) has been in place in the West Wales region, which places legal duties on both the Health Board and Local Authorities to drive the transformation and integration of health and social care within their areas.

Since the publication of ***A Healthier Wales: Our Plan for Health and Social Care*** the need to increase the pace and scale of our ambitions to deliver this has become imperative and the need to bring our partnership working even closer essential.

The Health Board has approved, after much engagement and consultation, its ***A Healthier Mid and West Wales: Our Future Generations Living Well -*** its first 20 year health and care strategy. This sets out an ambitious programme of change predicated on joined up work with other partners to deliver integrated health and social care which will improve people's health outcomes and wellbeing based on a social model of health.

This, alongside the Welsh Government commitment to see the Regional Partnership Board as the body held accountable for the delivery of all Welsh Government grant money, means there is a need to align the governance of the RPB, Local Authorities and the University Health Board in a formal way and to ensure that the statutory bodies reduce duplication of effort and work in greater alignment on all programmes of work that deliver these ambitions.

Aligning governance across our statutory organisations is no easy task and as we move from strategic development of individual organisations towards delivery of our shared model to achieve tangible change alongside the people we serve, our way of working will need to necessarily shift from thinking together to planning and delivering together. Whilst there are many examples of excellent seamless care across our organisations that make a difference to service users and carers, the challenge outlined here relates to organisational governance and programme management.

This challenge is to bring different programme management approaches together to find one shared approach going forward that allows all partners to see clearly what is being done, that timescales are being met, to scrutinise and be assured on progress and outcomes. The partners have made a very strong commitment to do this and this paper is a key milestone in setting out strengthened governance arrangements. It will take more than one step and will need to be phased to ensure that assurance can be gained through both the RPB and the Health Board, and this paper outlines this first step as well as the ambition for the next steps.

These next steps would be to bring the two routes of assurance, change programmes and programme management into alignment in order that there is no duplication of effort and all partners have a single set of programmes to which they all work.

Cefndir / Background

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 drive the transformation and integration of health and social care within their areas. This involves:

- Bringing together all relevant partners and ensure that they work together effectively to improve outcomes for people
- Promoting the integration of key services e.g. for older people, those with a learning disability, carers and children with complex needs
- Establishing partnership arrangements and supporting pooled funding arrangements where appropriate
- Ensuring appropriate arrangements are in place to meet core statutory duties such as provision of Information, Advice and Assistance and advocacy

Membership of RPBs is set out in statutory guidance and must include:

- At least one elected member of a local authority within its area
- At least one independent member of the Local Health Board
- The Director of Social Services from each local authority or their nominated representative
- An officer representative of the Local Health Board
- Two persons representing the interests of third sector organisations in the area covered by the board
- At least one person representing the interests of care providers in the area covered by the board
- One person representing people with needs for care and support
- One person representing carers

The West Wales RPB was established in June 2016. Its membership and terms of reference reflect requirements within statutory guidance. It coordinates delivery of a comprehensive programme of change delivered through the **West Wales Care Partnership (WWCP)** and which is funded through a range of funding streams including: the Integrated Care Fund (ICF); transformation funding from Welsh Government transferred into the RSG in 2017 and pooled across the three local authorities; and core budgets. The programme addresses a range of regional priorities identified at the inception of the RPB, shaped by the findings of the Population Needs Assessment and reflecting strategic objectives within the Area Plan which commit all partners to further integration and the delivery of a preventative pathway of care.

Since early 2018 a **Shadow Executive Board (SEB)** has been in place, comprising the three Directors of Social Services and Health Board Director representatives from the RPB. The SEB provides a forum for strategic oversight of the regional programme and consideration of joint areas of concern. A series of **regional programme boards** oversee delivery against specific

RPB priorities.

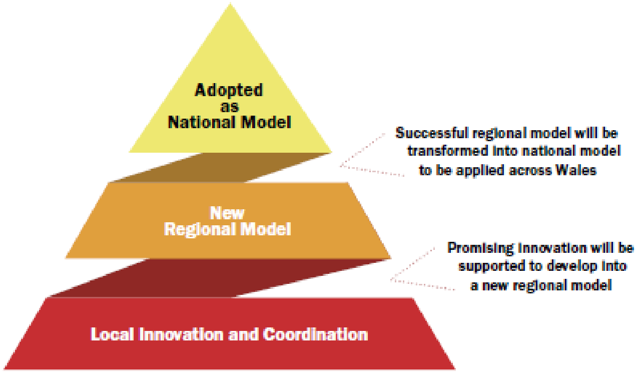
Consolidating existing arrangements

The need to consolidate existing governance arrangements is recognised by all partners and encouraged by Welsh Government and there are a number of key drivers for this:

A Healthier Wales: Our Plan for Health and Social Care

This national plan, published in June 2018 in response to the Parliamentary Review into health and social care in Wales, identifies a core and strengthened role for RPBs in delivering its ambitions for whole system health and social care. RPBs will form a key part of a national governance framework for delivery, alongside a National Transformation Board, and will be responsible for up-scaling local innovation across their regions and offering successful models for wider adoption across Wales. A national Transformation Fund totalling £100 million over 2 years has been established to support the required change.

Figure 1


Adopted as National Model
Successful regional model will be transformed into national model to be applied across Wales
New Regional Model
Promising innovation will be supported to develop into a new regional model
Local Innovation and Coordination

In addition, RPBs will be expected to:

- Facilitate the building of strong relationships with the range of organisations which contribute to achievement of the national vision for health and care
- Use their Area Plans as a robust platform for pooled budgets and joint commissioning arrangements in which housing will have a more prominent role
- Drive the development at local level of new models of health and care, including primary and secondary care, working collaboratively with clusters and focusing on requirements in relation to the Welsh language
- Be subject to joint examination of their effectiveness by the Healthcare Inspectorate Wales and Care Inspectorate Wales

A Healthier Mid and West Wales: Our Future Generations Living Well

In November 2018, the Health Board adopted its first 20 year health and care strategy, which sets out an ambitious programme of change predicated on joined up work with other partners to deliver integrated health and social care which will improve people's health outcomes and wellbeing based on a social model of health. Two months later, in January 2019, the Board adopted *Our Future Generations Living Well: A Wellbeing Framework for Hywel Dda* which recognises that good health and wellbeing is at the heart of a happy and fulfilling life. This framework complements the health and care strategy.

A Healthier West Wales

In December 2018 the RPB submitted a comprehensive bid for funding from the national Transformation Fund. The proposal, **A Healthier West Wales**, comprises eight inter-related projects, costing an estimated £18 million and grouped under the following four themes:

- Improving lives through technology
- Strengthening our integrated localities
- Supporting change together
- Connecting people, kind communities

On 19th March 2019, the Minister for Health and Social Services announced confirmed funding of £12 million that has been received to support specific elements of the programme. The RPB is working with Welsh Government officials to develop other elements of the bid further which total a further £6.1m, prior to re-submission.

Asesiad / Assessment

Alignment between RPB's strengthened governance arrangements and Health Board's revised governance arrangements

Both of the strategies described above commit to the principle of the further integration of primary, community and social care, with the objective of providing seamless care closer to home and reducing the need for acute and long term interventions. This reflects the strategic aims of A Healthier Wales and will bring benefits in terms of individual wellbeing and financial sustainability of the sector.

> *"Our commitment to work in an integrated way across health and social care at regional and locality level will realise a long held ambition to deliver services that work better for people and are far less complicated and quicker to access. It also enables us to build our shared ambition to develop community resilience, prevent ill health, improve well-being, and promote independence and interconnectedness."*
>
> **A Healthier Mid and West Wales**

> *"The UHB and three local authorities have committed to the integration of health and social care, based on a social model of health and well-being. This will involve strengthening the RPB and establishing shared line management at regional, county and locality level."*
>
> **A Healthier West Wales**

Aligning governance across our statutory organisations is no easy task and as we move from strategic development of individual organisations towards delivery of our shared model to achieve tangible change alongside the people we serve, our way of working will need to necessarily shift from thinking together to planning and delivering together.

A clear consensus has emerged from recent conversations between the Chief Executive of the Health Board and his counterparts in the three local authorities, and wider conversations between Directors across the 4 agencies, that existing regional governance needs to be strengthened in order to ensure appropriate accountability and facilitate joint decision making. This will involve:

- Reviewing the membership and Terms of Reference of the RPB

- Establishing formal joint arrangements between health and social care at both Director and operational levels to facilitate consideration of shared issues and further integration where appropriate

- Ensuring all activity relating to regional integration of health and care reports through to the partnership and ultimately the RPB

- Rationalising the West Wales Care Partnership's existing programme structure and improving alignment with Health Board and county-level structures (including for delivery of *A Healthier Mid and West Wales* Strategy)

- Establishing appropriate links with Public Services Boards (PSBs) and other relevant forums

To achieve the above, the following actions have been agreed:

1. **Establish a Regional Leadership Group (RLG)** comprising the four statutory Chief Executives, Chair of the Health Board and Cabinet Members for Social Services from the three local authorities. This will provide strategic advice and support in relation to setting an overall vision for the integration of health, care and support in the region, agreeing objectives in support of the vision, and ensuring appropriate links with other local and regional transformation programmes.
2. **Review RPB membership and terms of reference:** Membership will be extended to (1) reflect imminent changes to the Part 9 statutory guidance, including enhanced representation from the housing sector and (2) enhance Health Board representation. Terms of reference will be revised to emphasise the RPB's role in influencing the shape of the regional programme and scrutinising statutory and third sector partners on delivery.
3. **Rationalise existing programme infrastructure for the WWCP** to provide enhanced focus and streamline accountability; opportunities will be taken to have single, integrated programme groups for *A Healthier Mid and West Wales* and *A Healthier West Wales*, ensuring effective alignment and collaborative approaches where appropriate.
4. **Create a new Integrated Executive Group (IEG)** across the 4 agencies to support joint working and integration at an operational level and oversee delivery of the regional strategies. Membership would include the 3 statutory Directors of Social Services and lead Health Board Directors for these strategies.

Draft terms of reference are attached in Appendix 1 and 2 for the RLG and RPB (revised). Terms of reference for the IEG and the supporting programme infrastructure will be developed over the coming months.

Discussions are ongoing with the three PSBs to achieve greater synergy and reduce duplication across respective programmes. These discussions also recognise the opportunity for closer working across the PSBs and RPB in areas such as citizen engagement, population health and wellbeing and area planning. They correspond with growing calls from Welsh Government for greater alignment between the agendas of these two statutory partnerships.

Alignment of Executive Programme Oversight, Management and Delivery

Whilst the RPB has its own strengthened governance arrangements it is also critical that the link with the Health Board's governance at a Director oversight and programme management level is brought together. This can then report into both systems of formal governance to provide assurance. What is essential is that there are not two parallel sets of programme work going on separately – these need to be brought together where they currently both exist and where new groups are set up they can be aligned from the outset.

This challenge is to bring different programme management approaches together to find one shared approach going forward that allows all partners to see clearly what is being done, that timescales are being met, and to scrutinise and be assured on progress and outcomes. The partners have made a very strong commitment to do this and this paper is a key milestone in setting out strengthened governance arrangements. It will take more than one step and need to be phased to ensure that the assurance can be gained through both the RPB and the Health Board and this paper outlines this first step as well as the ambition for the next steps. See Appendix 3 Structure Diagram where the areas for the next steps have been enclosed in a dotted line box to show the existing separate lines of reporting and signal the plan to bring those together into full alignment.

The ambition for the next steps would be:

- to bring the two routes of assurance together and find a way to provide oversight and assurance to a **single Executive group** (currently shown as the Health & Care Strategy Delivery Group and Integrated Executive Group respectively). This will involve common membership and also require the flexibility to meet reporting cycles as well as more frequent sub-groups that focus on different elements of the change programmes and then come together as a wider group.
- to bring together the change programme groups outlined by the Health Board and the RPB Priority groups and Transformation Fund groups in order that there is **one key mechanism** for each workstream with common membership - the aim being to have one conversation and remove both duplication and confusion – seamless services are designed by seamless programmes.
- To adopt **a standard approach to programme management**. Currently the Regional Collaboration Unit for the RPB fulfils the Programme Office role and the proposal for the Health Board to create a Transformation Programme Office to support the delivery of the change programmes gives the opportunity for joint methodology, joint programme management training, a single approach to continuous engagement, continuous improvement and much more.

The result would be no duplication of effort and all partners having a single set of programmes to which they all work. As we start to work even more closely on our shared plans, there is confidence that clarity on the practicalities of the scope of each group, its role and remit and how the groups can be brought together will emerge.

There is a need to take key steps, or milestones, in order that we build success on strong foundations, and the recommendations in this paper ask not only for key decisions to be taken that make clear where these will be made and scrutinised, but to agree the next phase of work that may lead to the streamlining of groups, further clarity of reporting and avoid duplication. It is likely that there will be a subsequent paper to amend the governance as we co-produce the best way forward.

Argymhelliad / Recommendation

The Board is asked to:

- **Approve the Terms of Reference and endorse** the establishment of, a new Regional Leadership Group (RLG) comprising the four statutory Chief Executives, Chair and or Vice Chair of the Health Board and Cabinet Members for Social Services from the three local authorities. This will provide strategic advice and support in relation to setting an overall vision for the integration of health, care and support in the region, agreeing objectives in support of the vision, and ensuring appropriate links with other local and regional transformation programmes.

- **Note** the updated RPB membership and terms of reference. Membership has been extended to (1) reflect imminent changes to the Part 9 statutory guidance including representation from the housing sector and (2) enhance Health Board representation and (3) include agreed representation from the RLG.

- **Note** the plans to rationalise existing programme infrastructure for the WWCP to provide enhanced focus and streamline accountability; opportunities will be taken to have single, integrated programme groups for *A Healthier Mid and West Wales* and *A Healthier West Wales*, ensuring effective alignment and collaborative approaches where appropriate.

- **Approve** the creation of a new Integrated Executive Group (IEG) across the 4 agencies to support joint working and integration at an operational level and oversee delivery of the regional strategies. Membership would include the 3 statutory Directors of Social Services and lead Health Board Directors. This would replace the current Shadow Executive Board.

- **Agree to** the further development of the three areas of work to align the RPB and Health Board governance and programme management

  - to bring the two routes of assurance together and find a way to provide oversight and assurance through a **single Executive group**
  - to bring together the change programme groups outlined by the Health Board and the RPB Priority groups and Transformation Fund groups in order that there is **one key mechanism** reporting into a single Executive group.
  - To adopt **a standard approach to programme management**.

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:	Social Services and Well-being (Wales) Act 2014 A Healthier Wales Well-being of Future Generations (Wales) Act 2015
Rhestr Termau: Glossary of Terms:	Within the main body of the paper
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Shadow Executive Board of the West Wales Regional Partnership Board Regional Partnership Board - 17th January 2019.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	The Minister for Health and Social Services announced confirmed funding of £12 million to support specific elements of the programme. The RPB is working with Welsh Government officials to develop other elements of the bid further which total a further £6.1m, prior to re-submission.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	"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:**	"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:**	There is a statutory duty for the University Health Board to work in partnership with its three partner local authorities to transform health and social care delivery. The RPB Governance arrangements are essential to support operational action.
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	A Healthier Wales required the transformation of health and social care at pace and this programme supports the aspirations of the Welsh Government and local partners.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable.

wwcp
Partneriaeth Gofal Gorllewin Cymru
West Wales Care Partnership

West Wales Regional Leadership Group

Terms of Reference

1. Constitution

1.1 Statutory guidance for Part 9 of the Social Services and Wellbeing (Wales) Act 2014 and the Partnership Arrangements (Wales) Regulations 2015 set out the requirements, purpose and responsibilities of the new Regional Partnership Boards.

1.2 These Terms of Reference of the Regional Leaders Group (RLG) reflect the requirements set out on Statutory Partners under the Statutory guidance for Part 9 of the Social Services and Wellbeing (Wales) Act 2014 [the Act] and the Partnership Arrangements (Wales) Regulations 2015.

2. Membership

Chief Executive, Carmarthenshire County Council
Chief Executive, Ceredigion County Council
Chief Executive, Pembrokeshire County Council
Chief Executive, Hywel Dda University Health Board
Lead Cabinet Member for Social Services, Carmarthenshire County Council
Lead Cabinet Member for Social Services, Ceredigion County Council
Lead Cabinet Member for Social Services, Pembrokeshire County Council
Chair/ Vice Chair, Hywel Dda University Health Board
Vice-Chair, Hywel Dda University Health Board

2.1 Nominated members of the RLG will also be members of the Regional Partnership Board (RPB).

2.2 Membership of the RLG will be reviewed on an annual basis.

2.3 Chair and Vice-Chair appointments will be drawn from different Statutory Partner organisations, elected by the membership and reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of one officer or member representative of each partner organisation.

3.2 Nominated deputies with delegated responsibility may attend meetings on behalf of Group members.

4. Purpose

The purpose and role of the RLG is:

4.1 To bring together senior representatives from the Statutory Partners (Carmarthenshire County Council, Ceredigion County Council, Pembrokeshire County Council and Hywel Dda University Health Board) in a regional strategic forum to consider the integration and transformation of health and social care in West Wales.

4.2 To provide strategic advice and support in relation to:

- Setting an overall vision for the integration of health, care and support in the region
- Agreeing objectives in support of the vision

4.3 To undertake joint decision-making within the scope of each Partner's delegated responsibilities.

4.4 To advise and support the RPB in the promotion and coordination of shared strategic planning and partnership working and delivery of effective health, care and support that meet the needs of the population.

5. Key Responsibilities

5.1 To identify priorities for the deployment of regional funding streams including the Transformation Fund and Integrated Care Fund, in support of the vision and objectives for ratification by the RPB

5.1 To receive and agree detailed delivery plans in respect of the above for ratification by the RPB

5.2 To receive and agree an annual composite regional delivery plan for ratification by the RPB

5.3 To receive exception reports in relation to delivery of agreed plans, agreeing remedial action where necessary to ensure achievement of agreed objectives, or modifying these objectives where appropriate.

5.4 To ensure alignment between the activity of the RPB and other relevant programmes, including those of the West Wales Public Services Boards, the Swansea Bay City Region, A Regional Collaboration for Health, the Mid Wales Joint Committee for Health and Social Care and the Joint Regional Planning & Delivery Committee.

5.5 To facilitate the engagement and contribution of the wider range of local government and NHS services, and those of the third and independent sectors, to deliver the priorities and objectives of the RPB.

5.6 To establish formal partnership arrangements between the local authorities and the University Health Board to support the integration of health, care and support, putting in place pooled funding arrangements where appropriate.

6. Agenda and Papers

6.1 An agenda setting meeting will be held with the Chair and/or Vice Chair, at least **four** weeks before the meeting date.

6.2 The agenda will be based around the Group's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Group members. Following approval, the agenda and timetable for request of papers will be circulated to all Group members.

6.3 Items for consideration under 'Any Other Business' will be agreed in advance with the Chair.

6.4 All papers must be approved by the Chair/Lead/relevant Director.

6.5 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.6 The minutes and action log will be circulated to members within **ten** days of the meeting to check the accuracy.

6.7 Members must forward amendments to the Group Secretary within the next **seven** days. The Group Secretary will then forward the final version to the Group Chair for their agreement prior to submitting for approval to the next Regional Statutory Partners Group meeting.

7. Frequency of Meetings

7.1 The Group will meet on a bi-monthly basis and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the RPB.

7.2 The Chair of the Group, in discussion with the Group Secretariat, shall determine the time and the place of meetings of the Group and procedures of such meetings.

8. Accountability, Responsibility and Authority

8.1 All members will bring with them delegated authority from their respective organisations to take decisions within their agreed level of autonomy.

8.2 All decisions of the Group will be on a unanimous basis and a dispute resolution process will be agreed between the Statutory Partners if required.

9. Reporting

9.4 The RLG, supported by the Secretariat, shall:

9.4.1 Report formally, regularly and on a timely basis to the RPB on the Group's activities. This includes the submission of a Group update report.

9.4.2 Ensure appropriate escalation arrangements are in place to alert the Chair of the RPB of any significant/urgent/critical matters.

10. Secretarial Support

10.1 The Secretariat will be provided by the Regional Collaboration Unit, hosted by Carmarthenshire County Council.

11. Review Date

11.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the RLG for consideration by the RPB.

Appendix 2

wwcp
Partneriaeth Gofal Gorllewin Cymru
West Wales Care Partnership

West Wales Regional Partnership Board

Terms of Reference

1. Constitution

1.1 Statutory guidance for Part 9 of the Social Services and Wellbeing (Wales) Act 2014 [the Act] and the Partnership Arrangements (Wales) Regulations 2015 set out the requirements, purpose and responsibilities of the new Regional Partnership Boards.

1.2 These Terms of Reference reflect the above requirements and set out local arrangements for the West Wales Regional Partnership Board (RPB).

2. Membership

2.1 The RPB will comprise the minimum membership as set out in the accompanying Statutory Guidance and additional members as so determined.

2.2 User, carer and national third sector representatives will be selected through an external appointments process.

2.3 Membership of the RPB will be reviewed on an annual basis and in response to changes in statutory requirements.

2.4 Chair and Vice-Chair appointments will be drawn from different Partner organisations, formally appointed by the RPB and reviewed on an annual basis.

2.5 Current membership is attached as Annexe 1.

3. Quorum and Attendance

3.1 A quorum shall consist of at least one representative from each of the three Local Authorities, the University Health Board, one third sector representative and one user or carer.

3.2 Additional members may be co-opted onto the RPB at any time, by agreement of its members, to support delivery of its business.

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3.3 Each representative will identify a named deputy with delegated authority to participate in RPB meetings should they be unable to attend. It is the responsibility of the RPB member to ensure they are represented in the event of unavoidable absence from a meeting. Should the representative and the deputy be unable to attend, an alternative representative will be agreed by the Chair in advance of the meeting.

4. Purpose

The purpose and role of the RPB is:

4.1 To take steps to ensure strategic planning and partnership working between all Partners and to ensure that through the RPB arrangements, Partners:

- Discharge duties under Part 9 of the Social Services and Wellbeing (Wales) Act and other relevant Parts of the Act;
- Set regional priorities; and
- Identify and respond to opportunities for collaboration and integration in the delivery of health, social care and wellbeing in West Wales.

4.2 To oversee delivery of regional priorities.

4.3 To provide a user and carer perspective on partnership working.

4.4 To produce an Annual Report for Welsh Ministers on delivery of the RPB's objectives.

5. Key Responsibilities

5.1 To prioritise the integration of services in relation to:

- Older people with complex needs and long-term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Integrated Family Support Services
- Children with complex needs due to disability or illness

5.2 Over time, to consider extending the provision of integrated services by the Statutory Partners (Carmarthenshire County Council, Ceredigion County Council, Pembrokeshire County Council and Hywel Dda University Health Board) beyond the priority areas identified in the Statutory Guidance with the agreement of the Statutory Partners.

5.3 To ensure the Statutory Partners have appropriate arrangements in place across the region to discharge duties placed on them by the Act.

5.4 To require the Partners to undertake a Population Assessment each electoral cycle, as required under section 14 of the Act and implement plans at local authority and regional level as required under section 14A.

5.5 To consider the Population Assessment and determine where the integrated provision of services, care and support will be most beneficial within the region. This should be informed by the views of service users and carers.

5.6 To consider and ratify priorities for the deployment of regional funding streams including the Transformation Fund and Integrated Care Fund, in support of an agreed regional vision and objectives.

5.7 To ensure the agreed priorities reflect specific duties within the Act and facilitates service transformation across the region through effective collaborative working, sharing of practice and comparative analysis.

5.8 To consider and ratify detailed delivery plans in respect of the above.

5.9 To consider and ratify an annual composite regional delivery plan.

5.10 To ensure that Statutory Partners meet accountability requirements to the Welsh Government regarding deployment of grant and other funding.

5.11 To ensure that Statutory Partners establish formal partnership arrangements and pooled funding arrangements for adult care homes, family support functions and other services as required at local authority and regional level.

5.12 To maintain formal links with Powys Regional Partnership Board, Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire, the Mid Wales Joint Committee for Health and Social Care (MWJCHSC), the ‘A Regional Collaboration for Health (ARCH)’ programme, and the Joint Regional Planning & Delivery Committee (JRPDC).

5.13 To take a regular view on whether regional governance arrangements are effective in promoting collaboration and facilitating delivery of the RPB’s priorities.

5.14 To ensure Partners make appropriate arrangements for service user, carer and provider engagement in the development and delivery of the regional programme.

5.15 To undertake other functions as prescribed in regulations and statutory guidance.

6. Agenda and Papers

A

6.1 An agenda setting meeting will be held with the Chair and/or Vice Chair, at least **four** weeks before the meeting date.

6.2 The agenda will be based around the RPB work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from RPB members. Following approval, the agenda and timetable for request of papers will be circulated to all RPB members, and other partners as appropriate.

6.3 Items for consideration under ‘Any Other Business’ will be agreed in advance with the Chair.

6.4 All papers must be approved by the Chair/Lead/relevant Director.

6.5 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.6 The minutes and action log will be circulated to members within **ten** days of each meeting to check the accuracy.

6.7 Members must forward amendments to the RPB Secretary within the next **seven** days. The RPB Secretary will then forward the final version to the RPB Chair for their agreement prior to submitting for approval to the next RPB meeting.

6.8 Agendas and minutes will be made available to the public via the RPB website

7. Private Session

7.1 The RPB can operate in Private Session to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The RPB will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the RPB.

8.2 The Chair of the RPB, in discussion with the RPB Secretariat, shall determine the time and the place of meetings of the RPB and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 All decisions taken by the RPB will be required to be taken through the decision-making processes of the various partner agencies to obtain ratification.

10. Reporting

A

10.1 The RPB will receive regular exception reports on activities undertaken to support delivery of agreed regional priorities.

10.2 Appropriate reporting links will be established and maintained with the Powys Regional Partnership Board, Carmarthenshire, Ceredigion and Pembrokeshire PSBs, the MWJCHSC, ARCH and the JRPDC in relation to areas of shared responsibility and interest.

10.3 The RPB will receive an update following each Regional Statutory Partners Group and Integrated Executive Team (RPB) meeting detailing the business undertaken.

11. Secretarial Support

11.1 The Secretariat will be provided by the Regional Collaboration Unit, hosted by Carmarthenshire County Council.

12. Review Date

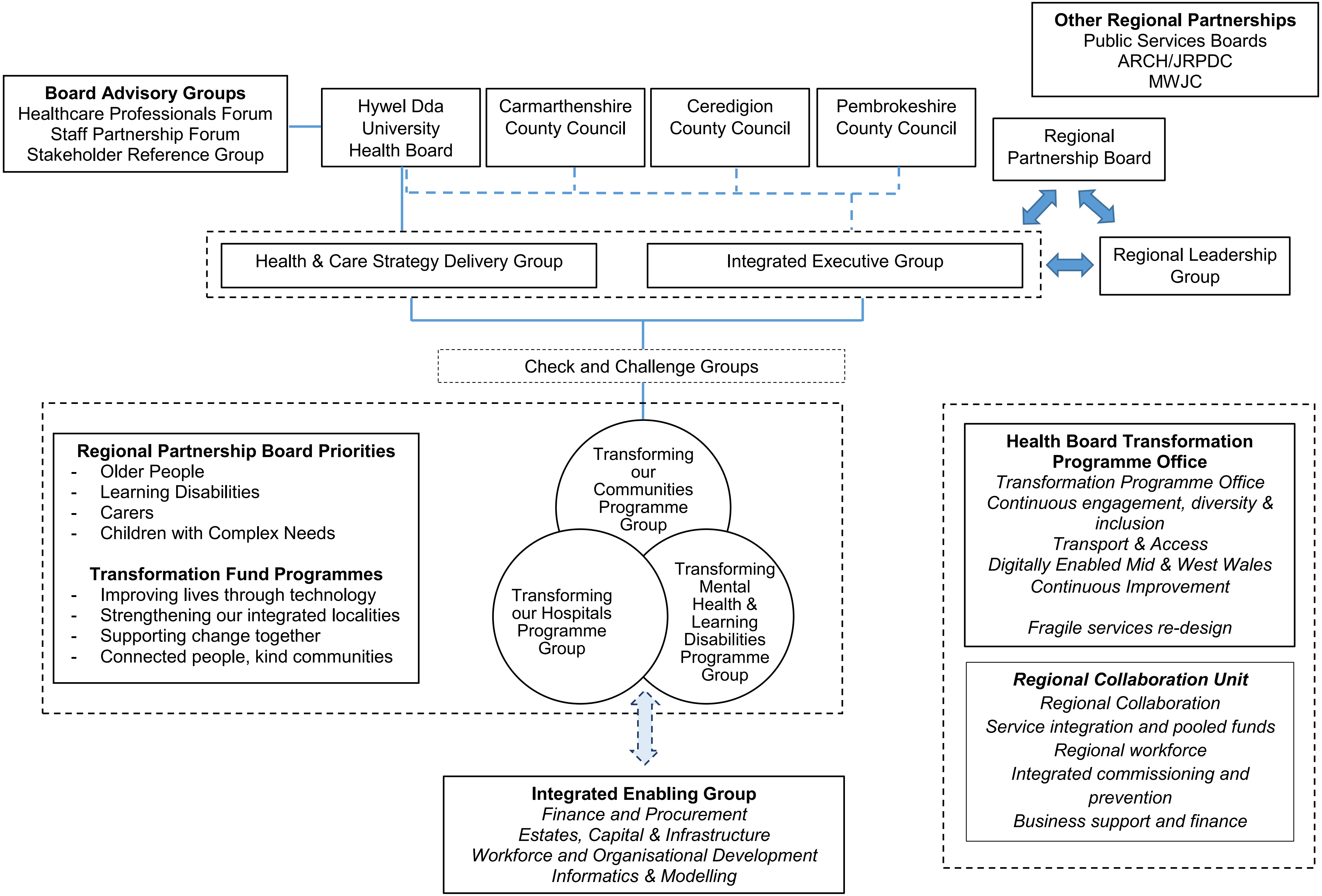
12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the RPB and made available for consideration by the Statutory Partners.

A

Annexe 1

Membership (updated June 2018)

At least one elected member of each of Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council	Councillor Jane Tremlett (Carms) **CHAIR** Councillor Catherine Hughes (Ceredigion) Councillor Alun Williams (Ceredigion) Councillor Tessa Hodgson (Pembrokeshire)
At least one member of Hywel Dda University Health Board	Judith Hardisty **VICE CHAIR**
The persons appointed as Directors of Social Services under section 144 of the Act in respect of Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council	Jake Morgan (Carmarthenshire) Carys James (Ceredigion) Jonathan Griffiths (Pembrokeshire)
An executive of Hywel Dda University Health Board	Jill Paterson Sarah Jennings
At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board	Melanie Minty (Care Forum Wales)
At least one person to represent people with needs for care and support in the area covered by the Regional Partnership Board	Alan Thomas James Tyler
At least one person to represent carers in the area covered by the Regional Partnership Board	Steven Griffiths Margaret Allen Joanne Silverthorne
One representative of the Carmarthenshire, Ceredigion and Pembrokeshire Voluntary Services Councils	Hazel Lloyd Lubran (Ceredigion Association of Voluntary Organisations)
One representative of a national third sector organisation	Vacant
Others:	
National workforce and improvement	Cathryn Thomas (Social Care Wales)



Other Regional Partnerships
Public Services Boards
ARCH/JRPDC
MWJC

Board Advisory Groups
Healthcare Professionals Forum
Staff Partnership Forum
Stakeholder Reference Group

Hywel Dda University Health Board

Carmarthenshire County Council

Ceredigion County Council

Pembrokeshire County Council

Regional Partnership Board

Health & Care Strategy Delivery Group

Integrated Executive Group

Regional Leadership Group

Check and Challenge Groups

Regional Partnership Board Priorities
- Older People
- Learning Disabilities
- Carers
- Children with Complex Needs

Transformation Fund Programmes
- Improving lives through technology
- Strengthening our integrated localities
- Supporting change together
- Connected people, kind communities

Transforming our Communities Programme Group

Transforming our Hospitals Programme Group

Transforming Mental Health & Learning Disabilities Programme Group

Integrated Enabling Group
Finance and Procurement
Estates, Capital & Infrastructure
Workforce and Organisational Development
Informatics & Modelling

Health Board Transformation Programme Office
Transformation Programme Office
Continuous engagement, diversity & inclusion
Transport & Access
Digitally Enabled Mid & West Wales
Continuous Improvement

Fragile services re-design

Regional Collaboration Unit
Regional Collaboration
Service integration and pooled funds
Regional workforce
Integrated commissioning and prevention
Business support and finance

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft Interim Annual Plan 2019/20
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Karen Miles, Director of Planning, Performance, Informatics and Commissioning
SWYDDOG ADRODD: REPORTING OFFICER:	Karen Miles, Director of Planning, Performance, Informatics and Commissioning

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

Following discussion between Hywel Dda University Health Board (UHB) and Welsh Government at planning meetings since October 2018, it was acknowledged that the UHB would not be in a position to submit a 3 year Integrated Medium Term Plan (IMTP) given the current status of the Transforming Clinical Services and Turnaround Programmes.

Instead, it was agreed that submission of an Annual Plan for 2019/20, concentrating on Finance, Performance, Service Change and Quality; whilst also meeting, where appropriate, the requirements of the NHS Planning Framework 2019/22 (WHC/2018/040), would be the way forward. To this end, a formal accountability letter to Welsh Government supporting this understanding was submitted in December 2018, and the UHB was requested to continue to develop the Annual Plan with a March 2019 deadline.

Given that the draft interim 2019/20 Annual Plan does not fulfil the statutory duty to demonstrate financial balance, the Board cannot formally approve the Plan and the status remains ‘draft interim’. Consequently the Board is asked to agree the onward submission to Welsh Government of the draft interim 2019/20 Annual Plan, noting the Welsh Government expectation that the UHB submit an annual plan for 2019/20 rather than a 3 year Integrated Medium Term Plan for 2019/22.

Cefndir / Background

Following discussions between the UHB and Welsh Government, a letter from Welsh Government on 6th December 2018 set out WG expectations of the UHB’s Planning Process, “*You are aware that the health board needs to balance the targeting of resources carefully in view of the current service delivery requirements and the transformation work you are taking forward. With this in mind and to best manage expectations, we agreed that priority should be given to developing an annual plan for 2019/20, with a phased approach towards an IMTP and long term planning*”.

Further, in an accountability letter from the UHB to Welsh Government on 19th December 2018, the UHB formalised the scope, and thus emphasis of our draft interim 2019/20 Annual Plan, namely:

- Performance – Holding 36 week waiting time performance for Referral to Treatment (RTT), Cancer, Stroke, Mental Health targets and improving on Unscheduled Care, including trajectories;
- Finance – Deliver an agreed and improved financial position, including our Turnaround Actions and Plans;
- Quality – Plans to progress our 5 quality goals;
- Service Change – the focus will be on the development of our Community Services in line with ‘A Healthier Wales’;
- Alignment, where appropriate, for the content on an Annual Plan to the key priorities of the NHS Wales Planning Framework 2019/22.

It was also noted that, with the conclusion of the Transforming Clinical Services consultation and approval at the November 2018 Public Board of our health and care strategy, ‘*A Healthier Mid & West Wales – Our Future Generations Living Well*’, the UHB has now secured the strategic direction upon which our plans can build. Readers of the Plan can note this context in the first 12 pages, in the chapter entitled ‘Strategic Context of the 2019/20 Annual Plan – Turnaround to Transformation’.

Further correspondence between the UHB and Welsh Government also required the Plan to provide:

- Further detail on our turnaround programme, and clearer bridge to our transformation agenda;
- Further detail on service change and transformation for in-hospital care;
- The requirement for meeting national performance targets to be a core part of the plan; and
- The need for performance and finance to be fully aligned.

Even though we are in a 1 year planning position, we are still being guided by the NHS Wales Planning Framework 2019/22 which sets out Welsh Government expectations. This will stand us in good stead going forward, and means that we can demonstrate that in reality we are planning both in the annual and medium term. In governance terms, the development of the Plan can be evidenced using a tracker, the IPLAR (Integrated Planning Assurance Report) which is monitored by the Planning Sub-Committee, and has been provided to the Business Planning and Performance Assurance Committee; however importantly through key enablers making planning links into for example, the Quality, Safety and Experience Assurance Committee; the Finance Committee; and the Capital, Estates and IM&T Sub-Committee.

In terms of performance and finances, in 2018/19 we have made substantial improvements in patient waiting times for planned care, such that by the end of the year it is our aim that we will have no patient waiting over 36 weeks for treatment and we will have no one waiting over 8 weeks for access to diagnostics. In addition, our year-end deficit has reduced to £35.5m.

We recognise that we still have much more to do to stabilise our services, in particular our workforce challenges and thereby, stabilise and improve our finances. We also acknowledge the need to continue to significantly improve upon waiting times performance and financial performance. In 2019/20 we will be looking to scope out how many of our services, through quality and pathway improvements, could work towards shorter waiting times, including improved access to therapy services and diagnostic services. The introduction of the single cancer pathway during 2019/20 will be a key driver for this, and will bring a step change in the improvement of cancer treatment.

Our County and Locality planning is, and will be supported further to become, the bedrock of safe, sustainable, accessible and kind care. The draft interim 2019/20 Annual Plan will strive to show key interventions at county and locality level, strengthening prevention and care closer to home, which will really make a difference to people living with long-term chronic conditions.

In developing the structure and content, our draft interim 2019/20 Annual Plan was built around the development of a 20, 10 and 3 year lens which:

- Tells our 20 year Population Health story and explains the next steps of our 10 year Clinical Services, including Transforming our Communities; Transforming our Hospitals; and Transforming Mental Health and Learning Disabilities change programmes, as described in ‘A Healthier Mid and West Wales’;
- Tells the emerging story of the first 3 years, but evidently with a focus on 2019/20 Annual Plan key actions, which include:
  - Growing Community and Primary Care Services, including cluster and locality planning and integration with Social Care (as per our transformation programme);
  - Service developments which we will need to scope for our Hospitals
  - How our Turnaround programme will ensure that we are as efficient and productive as we can be through the transforming years, looking at length of stay, outpatients and what the considerably strengthened community and primary care service models and new pathways contribute to transforming services.

The 2019/20 Annual Plan planning process was led by a Planning Review Panel, chaired by the Chief Executive and comprising the Executive Team**,** in order to ensure alignment of all of the above planning deliverables within their different programmes and timescales; and thereby ‘checking and challenging’ Triumvirate, Service and Directorate plans, and their ongoing alignment through Turnaround and Transformation work programmes.

In total 32 Review Panel meetings were held, supported by a continuous cycle of meetings with the Triumvirates / Directorates between May 2018 and February 2019, supplemented by over 100 individual speciality meetings with Planning Partners.

Asesiad / Assessment

This draft interim 2019/20 Annual Plan describes the key actions that deliver in the short term, and also scopes some of the medium term actions which will deliver the greatest benefit; for example, Transformation Fund actions will be implemented over 2 years, but form an essential part of 2019/20 plans. With partners, our management teams have developed service plans, grouped as follows:

- **Carmarthenshire county and locality plan** – comprising population health and wellbeing, community care, primary care, long term care and links into the servicing of Prince Philip Hospital and Glangwili General Hospital
- **Ceredigion county and locality plan** – as above and links into Bronglais General Hospital
- **Pembrokeshire county and locality plan** – as above and links into Withybush General Hospital
- **Mental Health and Learning Disabilities Services**
- **Women and Children’s Services**
- **Hospital Performance** – Planned Elective Care and Unscheduled care [including Stroke, Dementia, and Cancer].

Readers of the draft interim Annual Plan will be able to find these on pages 13-60 of the plan.

Within the Annual Plan we have developed ‘Key Actions’ for each of these Plans, which have strengthened our focus on what will make the most positive change / impact in 2019/20 with quarterly milestones and links to key enablers. Further, they have been developed noting that the ‘key actions’ should not include actions for which there is no funding. Therefore, the actions may be:

- Service improvement actions which do not require any funding, or actions funded from within current resources;
- Actions for which there is an additional source of funds secured such as Integrated Care Fund / Transformation Fund;
- Actions subject to business case approval which would need to be self-funding over a year or two, and will continue to be developed through 2019/20, and will be subject to Executive Team and Board approval.

The draft interim Annual Plan demonstrates how we intend to maintain delivery of the Welsh Government Referral to Treatment (RTT) 36 week maximum waiting time target for 2019/20.

In addition, the interim Financial Plan (pages 79-84 of the draft interim Annual Plan) explains how the UHB’s deficit will be reduced from £35.5m in 2018/19, to £29.8m in 2019/20. The plan is predicated on delivering a greater proportion of our savings from recurrent sources. £24m of savings will be required to be delivered over the coming year; and as these are realised it is anticipated that the UHB’s underlying deficit will significantly improve from the position in 2018/19. This also includes within our position our plan to meet additional costs relating to maintaining our RTT performance, £1m earmarked to support Winter Plan costs for the year, and a further £1m to support the continued rollout of the Nurse Staffing Act.

We are therefore in a position to include the financial implications of maintaining our position on RTT within our baseline plan for the first time in many years. This decision does introduce greater financial risk into our plan for the coming year, however we believe this is manageable on the basis that we expect to fund the largely non-recurrent resource requirement from the delivery of non-recurrent opportunities throughout the year.

In addition to the main draft interim 2019/20 Annual Plan, a series of detailed supporting and enabling plans have also been developed, approved by the Executive Director lead (and shared with Welsh Government where applicable/appropriate), as follows:

Supporting Plans	Enabling Plans
• Primary Care • Carmarthenshire Integrated County • Ceredigion Integrated County • Pembrokeshire Integrated County • Mental Health and Learning Disabilities • Together for Health Delivery Plans • Cancer • Therapies • Quality • Regional	• Finance and Savings • Workforce • Digital Health • Infrastructure Investment • Innovation, Research and Development

All these detailed plans are hyperlinked from the main plan.

Additionally, we are required to submit a set of standardised Welsh Government templates detailing delivery; finance and workforce, at Hywel Dda level. These templates also exist at a service level, which support budget setting and business case assumptions.

Argymhelliad / Recommendation
The Board is asked to agree the onward submission to Welsh Government of the draft interim 2019/20 Annual Plan including the draft interim financial plan, noting the Welsh Government expectation that we submit an annual plan for 2019/20, rather than a 3 year Integrated Medium Term Plan for 2019/22.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
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:	Within the Annual Plan
Rhestr Termau: Glossary of Terms:	Within the SBAR
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board OD Seminar Business Planning and Performance Assurance Committee Planning Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Annual Plan
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Annual Plan
Gweithlu: Workforce:	This is a key component in the delivery of the Annual Plan

Risg: **Risk:**	Risks will be assessed as part of the ongoing process of both the development of the Annual Plan and its subsequent monitoring
Cyfreithiol: **Legal:**	As above
Enw Da: **Reputational:**	The University Health Board needs to meet the targets it has set out in individual Plans to maintain reputation with Welsh Government along with our stakeholders including our staff.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda
University Health Board
Annual Plan 2019/20

DRAFT – DRAFT- DRAFT

Draft Interim for Public Board 28th March 2019

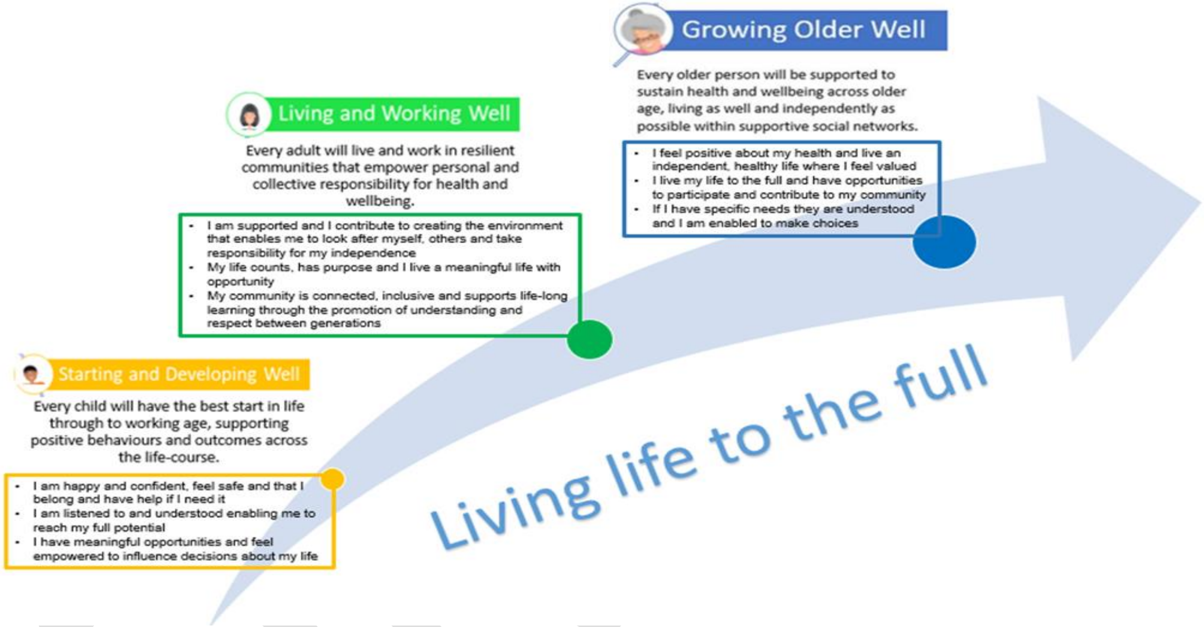
DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Contents

Strategic Context of our 2019/20 Annual Plan: Turnaround to Transformation

Context

Hywel Dda University Health Board (the UHB) is taking huge strides in moving our organisation from one in turnaround to one of transformation. In taking this journey, we have committed to a shared vision, three new strategic goals and to long-term outcomes for our population and to do this through continuous engagement with our key stakeholders, namely our patients, our staff, our clinicians and our partners' especially social care and the third sector.



Growing Older Well

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

- I feel positive about my health and live an independent, healthy life where I feel valued
- I live my life to the full and have opportunities to participate and contribute to my community
- If I have specific needs they are understood and I am enabled to make choices

Living and Working Well

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

- I am supported and I contribute to creating the environment that enables me to look after myself, others and take responsibility for my independence
- My life counts, has purpose and I live a meaningful life with opportunity
- My community is connected, inclusive and supports life-long learning through the promotion of understanding and respect between generations

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.

- I am happy and confident, feel safe and that I belong and have help if I need it
- I am listened to and understood enabling me to reach my full potential
- I have meaningful opportunities and feel empowered to influence decisions about my life

Importantly, this journey has already involved some really significant building blocks – our Values and our Mission Statement - which we adopted in 2015/16, will remain with us in our efforts going forward. Our values remain our DNA and, through a comprehensive organisational development strategy which is already underway, are becoming firmly embedded in the way we conduct our day-to-day business. Our mission statement has also informed the Transforming Clinical Services Strategy (TCS) and in particular our intention to develop services that are 'Safe, Sustainable, Accessible and Kind' for today's patients and for future generations, and is as follows:

Putting people at the heart of everything we do
Working together to be the best we can be
Striving to deliver and develop excellent services
DIGNITY
RESPECT
FAIRNESS
INTEGRITY
HONESTY
OPENNESS
CARING
KINDNESS
COMPASSION

Our Mission Statement

- Prevention and early years intervention is the key to our long term mission to provide the best health care to our population and this will be further strengthened by our continued collaboration and partnership working with other organisations, stakeholders and the public
- We will be proactive in our support for our local population, particularly those living with health issues, and carers who support them
- If you think you have a health problem, rapid diagnosis will be in place so that you can get the treatment you need, if you need it or move on with your day-to-day life
- We will be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and of high quality, and, has a culture of transparency and learning when things go wrong

During 2018/19 we have been working through our TCS and Transforming Mental Health Programme (TMH) and the aim of this Annual Plan is to show how we intend to start delivery of the recommendations of both of these over 2019/20, with a particular emphasis on our shift from hospital focused care to population health, community and primary focused care.

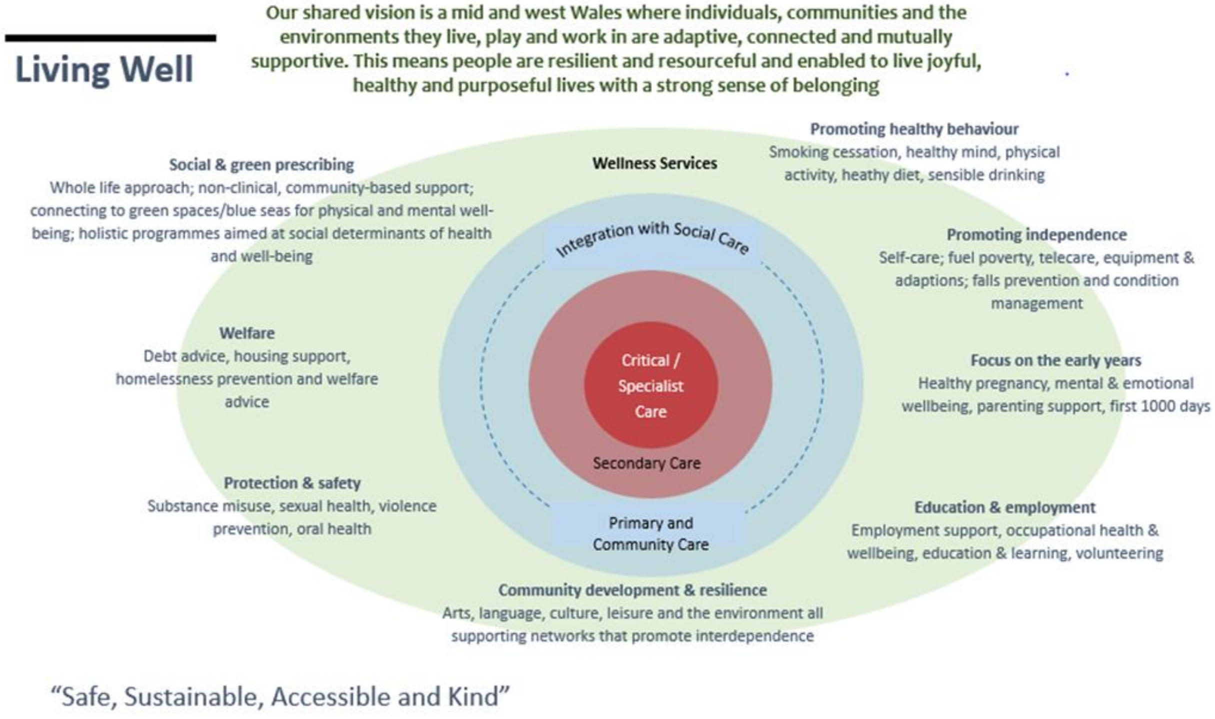
Population Health and Wellbeing

Population health and wellbeing is all about empowering our communities to work together in areas they care about, and to feel enabled to contribute to each other. Creating a movement for change through continuous involvement of people in our communities, our staff and our partners is fundamental in driving a change in culture that enables us all to move to a 'whole system' approach that focusses on wellbeing and, which involves every part of life that affects our health and well-being – a social model for health. Such a model for health presents enormous opportunities for us to think and act differently in the way we deliver health and care services, in collaboration with key partners. Guided by the Welsh Government's four goals for the health and care system in Wales (the Quadruple Aim), the social model forms a pivotal part of the four aims which are:

- 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

We know the future of seamless care delivery is about our work with our public and our public sector partners to improve population health and wellbeing. Again, our Mission Statement evidences that this is not new to us and we have a history of wellbeing and area plans which describe how we work collaboratively together in health promotion, wellbeing and lifestyle improvements on a regional basis. However, we know that we face significant challenges in terms of the impact of obesity, poor nutrition, physical inactivity and smoking requires a complete step change in the way in which we have to approach population health with our partners and this has been reflected in our strategic framework document, 'A Healthier Mid and West Wales – Our future generations living well', found here.

County and Locality wellbeing plans have been evolving over many years and what the strategic framework has done is to make sense of the requirement for health promotion and living well to be part of every service's mantra, thereby making every contact count. This is the area of true partnership where public services can work really positively together to make a big difference to people's lives and importantly secure the wellbeing of future generations. What we mean by this can be illustrated as follows:


Living Well
Wellness Services
Integration with Social Care
Critical / Specialist Care
Secondary Care
Primary and Community Care

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

Social & green prescribing
Whole life approach; non-clinical, community-based support; connecting to green spaces/blue seas for physical and mental well-being; holistic programmes aimed at social determinants of health and well-being

Welfare
Debt advice, housing support, homelessness prevention and welfare advice

Protection & safety
Substance misuse, sexual health, violence prevention, oral health

Promoting healthy behaviour
Smoking cessation, healthy mind, physical activity, heathy diet, sensible drinking

Promoting independence
Self-care; fuel poverty, telecare, equipment & adaptions; falls prevention and condition management

Focus on the early years
Healthy pregnancy, mental & emotional wellbeing, parenting support, first 1000 days

Education & employment
Employment support, occupational health & wellbeing, education & learning, volunteering

Community development & resilience
Arts, language, culture, leisure and the environment all supporting networks that promote interdependence

"Safe, Sustainable, Accessible and Kind"

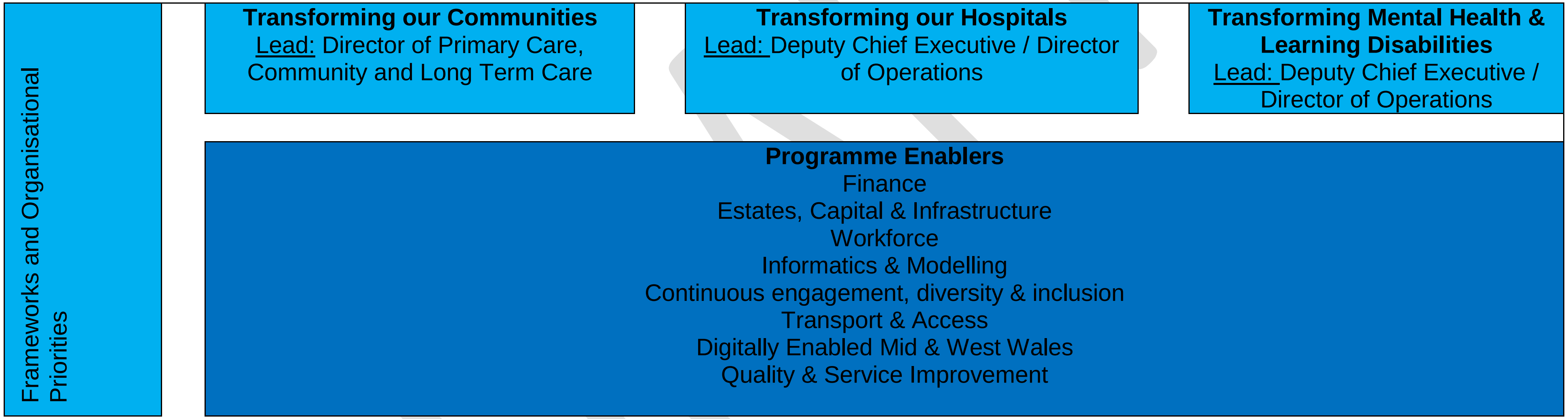
Our Health and Care Strategy: A Healthier Mid and West Wales - Our future generations living well
The UHB's health and care strategy was approved by board in November 2018. It sets out for the first time a strategic vision for services that are *safe, sustainable, accessible and kind* for current and future generations across Hywel Dda. The strategy is based on the implementation of an integrated social model of health. It signals a shift from our current focus on hospital-based care and treatment toward a focus on prevention and building the resilience of people and communities, as described above, and establishes a parity of esteem between physical health, mental health and learning disabilities across the age span.

Progress since approval of our Health and Care Strategy.
Since board approval, we have moved with pace to plan the delivery of the strategy. This has included: scoping a portfolio of programmes and enabling groups; developing programme documentation; planning a 'check and challenge' process; and considering the necessary governance arrangements and resourcing requirements for delivering a strategy of such magnitude. This work has been informed by:

- A series of workshops with the Executive Team
- Ongoing discussions with Executive Directors
- Existing board-approved frameworks, including the Health and Wellbeing Framework, Quality Improvement Strategic Framework and Framework for Continuous Engagement and Consultation
- Learning from other health boards
- A scoping of clinical service sustainability, and
- Consideration of partnership governance arrangements

A suite of documents describing the portfolio, programme scopes, governance and delivery structures will be taken to Board for approval in March 2019.

Change Programmes



Frameworks and Organisational Priorities

Transforming our Communities
Lead: Director of Primary Care, Community and Long Term Care

Transforming our Hospitals
Lead: Deputy Chief Executive / Director of Operations

Transforming Mental Health & Learning Disabilities
Lead: Deputy Chief Executive / Director of Operations

Programme Enablers
Finance
Estates, Capital & Infrastructure
Workforce
Informatics & Modelling
Continuous engagement, diversity & inclusion
Transport & Access
Digitally Enabled Mid & West Wales
Quality & Service Improvement

Enabling Mechanisms

Delivering our Health and Care Strategy: A portfolio of programmes.

Work is still ongoing to scope the portfolio structure, which at present is depicted in DRAFT form as above. The following tables set out the DRAFT scope and goals of the three change programmes and identifies a limited selection of key associated actions from the annual plan to demonstrate its alignment with the delivery of the health and care strategy:

Transforming our Communities

Scope:
Establish a model for the delivery of services at a local level within the context of a social model for health and wellbeing.

Goals:	**Examples of associated actions in the Annual Plan:**
1. Define scope and deliver integrated structures in 7 localities **2.** Develop set of core principles applicable across all counties/localities **3.** Undertake wide-scale mapping exercise to inform locality design **4.** Review initial assumptions and use final assumptions to inform locality design **5.** Support development of effective and dynamic Integrated Care Networks **6.** Support development of effective and inclusive Health and Well-being Centres **7.** Establish Enhanced Care at home approach **8.** Deliver Year 1 Priorities and Actions from the Annual Plan **9.** Lead or contribute to pathway re-design of fragile services **10.** Re-design activity and services from secondary care to the community **11**. Remove variability and promote equality of outcomes across localities **12.** Develop multi-agency and multi-sector wellness approach **13.** Contribute to re-design of services at Glangwili and Withybush Hospitals	Cluster priorities, for example: • Integrated plans and joint working • Population health improvement e.g. lifestyle advocates County and locality planning, for example: • Carmarthenshire: Implement modern and effective community hospital model of care • *Ceredigion*: Joint funded rapid response health and social domiciliary care • Pembrokeshire: Develop Integrated Locality plans collaboratively across the system, building on cluster plans Infrastructure Investment Enabling Plan, for example: • Health and Wellbeing Centres in three counties

Transforming our Hospitals

Scope:
Transform our hospital model to provide the most specialist health and care support through a network of hospitals across mid and west Wales.

Goals:	**Examples of associated actions in the Annual Plan:**
1. Plan, design and build new urgent and planned care hospital **2.** Deliver associated capital elements of re-purposing existing hospital sites **3.** Deliver major capital developments required during interim period across all existing hospital sites **4.** Undertake pathway redesign (with other programmes groups where relevant) **5.** Deliver key priorities of regional initiatives specific to HDdUHB hospital sites **6.** Scope and develop research, education and innovation elements of hospitals **7.** Review, test and agree planning assumptions underlying the portfolio **8.** Ensure complementarity of work-plan with the Turnaround programme **9.** Ensure alignment with Integrating Community Services and Transforming Mental Health and Learning Disabilities programmes	Capital schemes referred to in Annual Plan: • Business case development (2019-2022) • New hospital build • Repurposing Glangwili and Withybush hospital sites Carmarthenshire Integrated County Plan • Business case and speedy implementation of a demountable Endoscopy and Day Case Theatre Unit (PPH) Pembrokeshire Integrated County Plan • Refurbishment and repurposing of Withybush Hospital

Transforming Mental Health and Learning Disabilities	
Scope: *Mental health:* Work actively with communities to minimise, as far as reasonably possible, the development of mental health problems and work together with individuals, communities and partner organisations. The proposed future vision is centred on having one single point of contact and access to a range of services that span age and specialities, delivered in partnership across health, social care and third sector. *Learning disabilities:* Build strong communities, support people to live closer to home and only admit people to hospital when absolutely necessary; work with social care and third sector to develop person-centred services; work across organisational boundaries to support improved outcomes for population with learning disabilities.	
Goals: *Mental health:* Implement consensus model of care with staff, stakeholders, service users and carers based on the following principles: • 24 hour/ 7 day a week service; No waiting lists; Move from hospital admission and treatment to hospitality and time out; and Meaningful day time opportunities for service users *Learning disabilities:* • Residential care – scope ideas for re-provision of care currently given to clients of Bro Myrddin, Begelly and Greville Court • Inpatients & crisis response – progress work to resettle long-stay patients currently at Ty Bryn; scope ideas for reconfiguration of inpatient services and development of crisis response service; Establish crisis response team and joint working with Carmarthenshire Local Authority • Community Teams for Learning Disabilities (CTLDs) – understand current service activity and best practice examples • Commissioned services	**Examples of associated actions in the Annual Plan:** Adult Mental Health Service Plan, 2019-22 • Central Assessment Unit: Business Justification Case, refurbishment/build and opening • Central Treatment Unit: Business Justification Case and opening • Central Assessment Unit opened • CMHCs opened/operational in Aberystwyth, Llanelli and Pembrokeshire, Learning Disabilities Service Plan, 2019-20 • Complete residential care services review and engage with stakeholders on required service changes • Stakeholder engagement on future of inpatient & crisis response services • Enact changes to residential care services, resulting from stakeholder engagement • Review CTLD service and begin engaging on future service model

Delivery plans for each programme are in development, which will set out the initial deliverables and actions for the establishment of the programme with associated timescales, expected outcomes, dependencies and risks. This includes ongoing work with the Director of Planning, Performance, Informatics and Commissioning to overlay Annual Plan actions into the delivery plans. Work is also being undertaken to consider the resource requirements for delivering the programme.

Next Steps.
Subject to board approval in March 2019 of the initial programme scoping and governance and delivery arrangements, the suite of documents will be further developed into detailed programme documentation, including programme initiation documents and implementation plans. Work will also commence to support early delivery of the programme; for example, the identification of a suitable site for the new hospital, consideration of digital requirements, etc.

Community, Primary Care and Partnership Working

This greater emphasis on community delivered care is ambitious and realistically will take the next three to five years to complete, so whilst this Annual Plan describes all the actions we intend to take to re-focus our population health, primary and community care services, the timeline for delivery will extend well beyond 2019/20. The plan sets out how, working with our partners, we agree a series of actions that will yield the greatest impact in securing the delivery of seamless services, so that our residents and patients experience only the best joined up quality care.

Improving health outcomes in mid and west Wales and creating a sustainable healthcare system for the future requires a shift from our current focus on hospital-based care and treatment to a focus on people and communities being supported to do things for themselves. Our population-based health and wellbeing approach is focused on promotion of happy and healthy living and prevention of ill-health to ensure our population has a high standard, sustainable quality of life.

The other essential step change in our planning is that we need people to work together at a more local level creating seamless care between organisations, as often the solutions and innovations at locality level can produce exponential benefits to population health and wellbeing, care and treatment. Also importantly in quality improvement terms, successful locality working would mean that the patient would experience that seamless ambition that we're striving for, as well as experiencing care from individuals who they know and trust. Our Quality Improvement Framework which explains our quality aims which embrace this way of working can be found here.

With our partners, the West Wales Regional Partnership Board is currently developing a collective set of objectives for which the resourcing will be from the new Transformation Fund. These will demonstrate our shared vision and commitment to developing integrated models of care and seamless community provision. We have worked together to identify priority projects that will enable us to accelerate the pace of change, based on four inter-related supporting priorities: Supporting change together, Strengthening our integrated localities, Connecting people, kind communities and Improving lives through technology. Our Transformation Fund ambitions are described over the following programmes:

Programme: Proactive Technology Enabled Care	**Outcomes for the public:**
• Based on successful model in Spain • Selected vulnerable individuals in locality receive **initial wellbeing assessment** informing individualised stay well plans and thereafter are linked via **bespoke Technology Enabled Care equipment** to person-centred proactive tele-monitoring service • **Monitoring service** calls participants on a regular basis and pick up changes in condition or heightened risk e.g. due to loneliness or falls, enabling preventative services to be provided within the community prevent escalation and crisis • Where crisis occurs, **24/7 multi-disciplinary response** units visit patient within 60 minutes and arrange community-based or medical support, avoiding unnecessary hospital admissions where possible • Supported by enhanced community services and a digital inclusion project to reduce isolation • Will be implemented incrementally, starting in Carmarthenshire with regional roll-out over period of funding	• More people enabled to stay at home • Improved health and wellbeing • Improved self-management of long term conditions • Reduced isolation • Reduced emergency admissions
Programme: Fast-tracked, consistent integration	**Outcomes for the public:**
• Implementation of integrated delivery structures at county and locality level	• Better coordination of care

• Trialling of Fast Access Community Team allowing referral to appropriate care and avoiding admission to hospital. Response will be through Multi-Disciplinary Teams including advanced practitioners and free up GPs to focus on managing people with complex medical problems • Improvement capacity in each locality to identify local priorities for change and accelerate the pace of change, building on existing programmes within local GP clusters and locality levels	• People helped to stay independent and at home • Improved health and wellbeing outcomes
Programme: Creating connections for all • **Embedding community connector approach** across the region to link people with community-based preventative support, encourage participation and growing a new supply • **Regional volunteering programme**, working with community councils and others to promote and encourage community participation • **Intergenerational project aimed at linking generations and based on young people teaching older citizens digital skills**, reducing loneliness and isolation across both groups • **West Wales is Kind** programme • **Promotion of Dewis and Info-engine**	**Outcomes for the public:** • Community cohesion • Reduced loneliness and isolation • Improved health and wellbeing

The 2019/20 Annual Plan

In terms of Performance and Finances, in 2018/19 we have made substantial improvement in patient waiting times for planned care, such that by the end of the year we will have no patient waiting over 36 weeks for treatment and we will have no one waiting over 8 weeks for access to diagnostics. Our deficit has reduced to £35.5m and we recognise that we still have much more to do to stabilise our services, in particular our workforce challenges and thereby, stabilise and improve our finances. Our Integrated Performance Assurance Report evidencing how we track our performance across a range of quality and waiting times targets can be found here and our financial performance here.

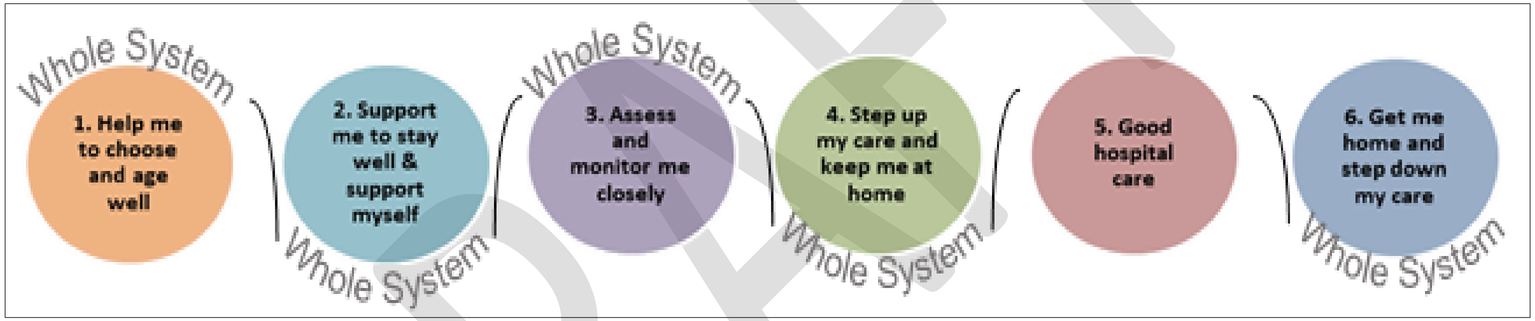
However, we know we have to significantly improve upon waiting times performance and financial performance even further, and, in the 2019/20 Annual Plan we will be looking to scope out how many of our services, through Quality and Pathway improvements, could work towards 26 week waits, and for access to therapy services below 14 weeks and for diagnostics waits to become even shorter, so moving the organisation even further forward in the delivery of our Mission Statement. The introduction of the single cancer pathway during 2019/20 will make us strive for this, and will bring a step change in the improvement of cancer treatment.

At the same time that we are transforming services in primary and community care, this plan will describe how we will deliver the following:

- Performance Improvement - Hold waiting time performance for medical and surgical treatments, with patients waiting no more than 36 weeks from referral to treatment. In addition, holding current performance for Cancer, Stroke, and Mental Health services. Our improvement focus, which we need community and primary care step-up and step-down service developments to help us deliver, will be on Unscheduled Care, in particular Accident and Emergency (A&E) waiting times performance, improving discharge and reducing unnecessary hospital admissions and length of stay (LOS);
- Finance – Deliver an agreed and improved financial position, with robust Turnaround actions and plans;
- Quality – Defining Quality and Patient Pathway Improvement Plans which progress our 5 quality goals;

- Service Change – as explained, our focus will be on the development of our Population Health, Primary and Community Services in line with ‘A Healthier Wales’; and finally,
- Evidencing, where appropriate for an Annual Plan, our alignment to the key Cabinet Secretary and Welsh Government priorities of the NHS Wales Planning Framework 2019/22.

We acknowledge that because of the significant financial challenges within our current clinical model, we cannot pay as much attention to the prevention agenda as we should. However, in our planning for 2019/20 we have signalled a step change in the way in which we do business and to that end we have brought in the Integrated Pathway for All People: which very clearly lays down the marker for a far more proactive whole-system approach, including prevention. It is equally important for all of our services to get involved in the first step, ‘help me to choose and age well’, as it is to be involved in the step in which they may operate as the main deliverer of care, for example, in ‘Good hospital care’, and our 2019/20 Annual Plan describes the key actions we need to take to do this.


Whole System
1. Help me to choose and age well
2. Support me to stay well & support myself
Whole System
Whole System
3. Assess and monitor me closely
4. Step up my care and keep me at home
Whole System
5. Good hospital care
6. Get me home and step down my care
Whole System

Ultimately, we believe our County and Locality planning is, and will be supported further to become the bedrock of safe, sustainable, accessible and kind care. So again, this 2019/20 Annual Plan will strive to show key interventions at county and locality level - strengthening steps 1 to 3 of the Integrated Pathway for All People, and if really poorly, ensuring really good experiences over steps 4 to 6 – and will really make a difference to people living with long-term chronic conditions.

Turnaround to Transformation throughout the six steps of the integrated pathway, can explain our ambitions through three lenses, which encapsulate the actions that we are taking from turnaround to transformation, which are:

- what can our services do to be the most **efficient** and **productive** services – our **Turnaround** work programme
- how can we ensure that **quality and patient pathway improvement** is fundamentally embedded in everything that we do
- and finally, that in the next three to five years show we are implementing as much as we can of our strategy ‘A Healthier Mid and West Wales’

Through these three lenses, our key actions will need to demonstrate, noting that all can be delivered in 2019/20 but will need to be begin to demonstrate:

Turnaround - Efficiency & Productivity	Quality Improvement Goals	Transformation
• 40% reduction for ambulatory case sensitive conditions emergency admissions • Reduction in length of stay to median of the peer group where they are currently longer than the median, and sustained their current level where they are already shorter than the median • 25% reduction in outpatient appointments • 10% reduction in Accident and Emergency and Minor Injuries Unit attendances, set against demographic growth	• 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.	• 50% of patients in an acute bed will step down to a community bed within 72 hours • 90% of new and follow-up will take place in a community setting • 50% of day cases, for medical specialties will take place in a community setting • 30% of attendances to Accident and Emergency will present in the community or Minor Injuries Unit

There will be many supporting plans that will form the ‘enabling plans’ to these three lenses – namely, performance, finance, workforce, capital infrastructure and estate plans, innovation and research and development plans and digital plans, and these will also form part of our 2019/20.

We know that when we explain our plan at the UHB level covering our three counties, some of our actions and paths of travel are sometimes less meaningful for patients than that at their own locality level, and, as a result we miss an opportunity for people to be more aware of the services that may already exist locally, which could really support them. What this 2019/20 Annual Plan describes are the key actions, in the short and medium term actions that will deliver the greatest benefit. Our management teams have developed service plans grouped as follows

- **Carmarthenshire county and locality plan** - comprising population health and wellbeing, community care, primary care, long term care and links into the servicing of Prince Philip Hospital and Glangwili General Hospital
- **Ceredigion county and locality plan –** as above and links into Bronglais General Hospital
- **Pembrokeshire county and locality plan –** as above and links into Withybush General Hospital
- **Mental Health and Learning Disabilities Services**
- **Women and Children’s Services**
- **Hospital Performance - Planned Elective Care and Unscheduled care [including Stroke, Dementia, and Cancer].**

The last three plans listed above are on a UHB footprint, and must be cognisant of the service standards required by our inspectorates, Royal Colleges and by Welsh Government.

Finally, as stated, our 2019/20 Annual Plan is fully aligned to our strategy and begins with the service change we intend to commence in 2019/20 in Primary and Community Care.

Service Change we intend to begin in 2019/20 in Primary, County and Locality Care

Primary Care

Detailed Plan found here

The strategic direction for the delivery of primary care services is core in delivering our strategy. Our seven integrated localities (Amman Gwendraeth; Llanelli; Teifi, Towy and Taf; North and South Ceredigion; North and South Pembrokeshire) are aligned to the current GP Cluster configuration and set the platform for service development and transformation. Localities/Clusters will be involved in reviewing and advising on population health and will be supported to work with a wide range of health and social care partners to consider future service innovation and development. Where there are common themes, these will be considered as part of the wider UHB strategic context to enable the shift and modernisation of services. Through clusters, work will continue to review projects, to learn from best practice and seeking opportunities to scale up examples of innovation that assist in reducing inequalities.

Recognising that like most of our workforce challenges, recruitment and retention across Primary Care is a challenge particularly in the more rural areas, the need for a stable Primary Care workforce is paramount to successful transformation. Currently, we have five UHB GP managed practices serving almost 10% of the overall resident population, and whilst we would like to return these to independent contractors, we will use our UHB GP managed practices as the 'test bed' for how the Primary Care Model for Wales can be transacted, and actions are as follows:

Primary Care Key Actions

Key actions	**Quarterly Milestones 2019/20**		**Measure**	**Executive Lead**
General Medical Services (**GMS**) *(within existing resources)*	Q1	Return of UHB Managed Practices to Independent Contractor Status	Reduction in the number of UHB Managed Practices	Director of Primary, Community and Long Term Care and Assistant Director of Primary Care
	Q1	Support cluster engagement and development to ensure that local planning and national strategic direction is understood and a key component of all service planning	Ongoing through discussions with Locality Leads and Locality Development Managers to ensure that every opportunity is taken to consider local and national policy when looking to invest in service changes e.g. cluster investment, pacesetter programmes etc.	
	Q2	Undertake a baseline assessment of the staff establishment of managed practices to implement components of the Primary Care Model for Wales	Practice staff establishments in place with robust workforce plans. Supported by designated budgets for each managed practice to operate against a set of trading accounts	
	Q4	Support all General Practices to consider and develop the Primary Care Model for Wales	Ongoing discussions via the LMC and with individual practices particularly those where sustainability pressures are evident; changes in workforce to meet the needs and demands of delivering general medical services	
Community Pharmacy	Q1	Roll out of the 'Choose Pharmacy' platform including promotion of the service in line with the national programme for implementation	All Community Pharmacies have live access to the Choose Pharmacy platform	
	Q1	Pilot direct access to chest x-rays from Community Pharmacy within Llanelli following Ethics approval. To be	Increase in the number of patients identified with early stage of lung cancer	

(within existing resources)		monitored and reviewed by the multi-disciplinary Working Group.		
	Q1	Emergency Supply service for patients who have run out of their repeat medication on weekends or during Bank Holidays	Reduction in the number of patients contacting unscheduled care services for repeat medication	
	Q1	Supporting GMS sustainability through working with Community Pharmacy and GP practices e.g. Independent prescribers	Successful Pacesetter bid to support the development of IPs	
	Q1	Implementation of a Blood Borne Virus testing service in line with national requirements	Meeting national standards	
	Q3	Developing Community Pharmacy Walk In centres	More patients choosing to access services at Community Pharmacies rather than accessing primary or unscheduled care	
	Q4	Expansion/roll out of the Triage & Treat service for patients presenting with minor injuries	Reduction in the number of patients attending GP practices and/or unscheduled care services for treatment of minor injuries	
General Dental Services *(within existing resources)*	Q1	Review and revise the paediatric conscious sedation/General Anaesthetic pathway	Improved access to paediatric dental services; improved governance arrangements	
	Q2	Review and revise the orthodontic pathway	Improved access to orthodontic services with reduced waiting times	
	Q2	Increase the number of dental practices who are participating in the dental contract reform process (baseline level 10% of all contracts)	Improved access to routine NHS dental services	
	Q4	Salaried dentist model working on reform principles in areas where General Dental Services provision is low	Improved access to NHS dental services	
Optometry *(within existing resources)*	Q2	Promote and consider expansion of the Eye Health Examination Wales service	Reduction in demand for patients attending GP practices/unscheduled care for minor eye conditions	
	Q4	Expansion of the Optometry cataract assessment service	Improved access to cataract services in the community	
	Q4	Development of a Glaucoma Optometric Diagnostic and Treatment Centre	Improved community access for patients	
	Q4	Expansion of the medical retina service		

Enablers – 2019/20 actions	
Workforce	**Finance**
• Baseline assessment of Managed Practice staff is likely to identify that there is additional recruitment needed to enable clinical staff to work at the top of their licence. A recent review of clinical pharmacist input has identified that there is a need for Band 6 pharmacy technician support to ensure that the team works effectively and efficiently. • Review of therapies and how they can work effectively with GP practices to maximise the benefit of working in a multi-disciplinary team (Primary Care Model for Wales). • Continued salaried GP recruitment in Managed Practices. • Review of the Primary Care Team structure to ensure the correct structure is in place to deliver on the changing focus of service delivery (moving away from contract monitoring to more operational service delivery) as well as being able to be more responsive to national changes and directives.	• Focus on the various streams of funding that comes into primary care e.g. clusters, pacesetters, pathways etc. • Establishing trading accounts for managed practices • Potential for small investment into a proactive sustainability package to prevent destabilisation of GP practices and contract terminations. • Evaluation of cluster projects and pacesetter innovations may demonstrate the need to mainstream pilots where efficiency and effectiveness is demonstrated.

Capital	Digital
Pipeline schemes in train; estates strategy to be developed with the potential requirement to commission a review of the primary care estate to give a sound baseline.	Consider new technology to improve access to primary care contractor services and investment in tested models that improve quality and safety of patient contacts e.g. remote access to GP systems when undertaking home visits/care homes
Quality	
• Review of current staffing structure to enable robust monitoring of concerns, incidents, performance concerns etc. • Review of meeting structure to ensure robust governance arrangements are in place • Review of cluster governance arrangements to put more consistent controls in place from both a cluster and UHB perspective based on the Cluster Governance Toolkit that has been developed nationally; • Considering the development of Key Performance Indicators and more focussed monitoring of dental contract reform practices • Continued review and focus on the specialist orthodontic pathway to ensure safe and effective service provision; • Implement the paediatric referral pathway for dental extractions to improve accessibility for patients and decrease the incidence of extractions under General Anaesthetic	

Cluster Priorities for 2019/20 which complement the above, are as above:

Cluster	Priority 1	Priority 2	Priority 3
Llanelli	Embedding funding as core to make social prescribing available in every GP practice	Establish a counselling service and build in as a core service for each practice	Education and training
Amman Gwendraeth	Supporting sustainability of GMS services through implementation of the Primary Care Model for Wales	Develop a community hub	Improving overall health and wellbeing of the population e.g. lifestyle advocates, dementia clinic, chronic back pain service
Teifi, Towy and Taf	Cluster funded posts to become permanent core funded posts: including Social Prescribers, Pharmacists and Generic Occupational Therapy /Physiotherapy Technician, Respiratory Nurse, Frailty Team	Integrated pathways of care developed and delivered in the short term for chronic disease management from prevention to tertiary services e.g. asthma, frailty, diabetes, hypertension	Education - sustainable model for provision of practice learning time, programmes to further develop practice nurses, independent prescribing, special interests in areas with long waiting lists
North Ceredigion	Develop Unscheduled care hub and integrated workforce	Infrastructure	Expansion and roll out of pre-diabetes service
South Ceredigion	Long term contracts for the Frailty team	Sustainability of the frailty team to support delivery of general medical services	Sustainability of the cluster
North Pembrokeshire	Supporting sustainability of GMS	Increased multidisciplinary working	Mainstream successful and evidence based projects
South Pembrokeshire	Integrated Plan and joint working	Sustainability for all services	Mainstream successful and evidence based projects

County and Locality Planning

Every county has its own unique characteristics and as such their plans start from different baselines and drive a different vision, albeit we are looking for their population health outcomes to converge and be consistent. From our strategy, ‘A Healthier Mid and West Wales’, our community plans, contained within each County & Locality Plan, must consider the full seven-days of the week, expanding access to the services that will have the most positive impact, and, creating a single point of access to health and care, thereby linking all areas that contribute to the healthier lives of our population.

We know that the needs of communities will be different and we are committed to working with local people to develop tailored local solutions for what matters to them. Working in this way, with people who receive care, and organisations involved in all aspects of a person’s health and well-being, is adopting a ‘social model for health’.

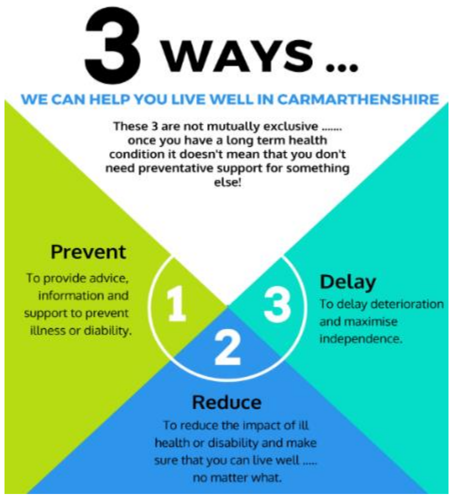
We envisage that each integrated locality will, in time, have a devolved budget and take responsibility for the health and care outcomes of their population. As our locality working develops, the seven locality teams will work to deliver seamless services across primary, community and social care services, third sector organisations and wider partners and show appropriate local distinction in each locality reflecting the difference of each part of the region, but nonetheless working to deliver the same population health outcomes.

As part of our financial planning assumptions, we have set aside £3m in 2019/20 to deliver service change as described in the key actions, but these will only be funded subject to robust business cases in-line with the Turnaround; Quality Improvement Goals; or Transformation lenses. It is our intention to work through these as part of the development of a Three Year work-programme by end of quarter 1 2019/20. To be successfully funded, each key action will need to evidence how it is delivering against three lens, which are:

- what can each key action do to help our services be the most **efficient** and **productive** – our **Turnaround** work programme
- how can each key action ensure that **quality and patient pathway improvement** is fundamentally embedded, and finally,
- that in the next three to five years, how will each key action help us to implement as much as we can of the **Clinical Strategy.**

Subject to robust business cases, each key action may be assisted in terms of pace of delivery by the programmes outlined within the Transformation Fund bid (if successful) which we will apply to fast track service change, and will commence in 2019/20.

Carmarthenshire County and Locality Plan
Detailed Plan found here.


3 WAYS …
WE CAN HELP YOU LIVE WELL IN CARMARTHENSHIRE
These 3 are not mutually exclusive …… once you have a long term health condition it doesn't mean that you don't need preventative support for something else!
Prevent
To provide advice, information and support to prevent illness or diability.
1
2
3
Delay
To delay deterioration and maximise independence.
Reduce
To reduce the impact of ill health or disability and make sure that you can live well ….. no matter what.

Vision:
'To Support People to live well in Carmarthenshire both now and into the Future'.

How are we going to deliver it?
Improving Population Outcomes is going to require phased delivery of our objectives across three time Horizons:

- **Long term (20 Years)**
    - Impact on Wider Social Determinants of Health and 'Turning the Curve' i.e. Achieving our Population Outcomes
- **Medium Term (10 years)**
    - Continue to Support and Modernise the Workforce; Continue to Develop the Infrastructure; and Cultural Shift in mind set and behaviour
- **Short Term (3 years)**
    - Implement Priority Interventions; Relieve Current Service Pressures; Lay Future Foundations for Change in Infrastructure (Care Pathway Review – Acute to Community and Develop and Modernise our Workforce); Win Hearts and Minds; and Achieve Early Results.

Based on the UHB's strategic vision, the Carmarthenshire approach to the Community Model is based on providing our population with Information, Advice and Assistance underpinned by three areas of prevention **– prevent, reduce and delay** in order to support improved wellbeing.

Carmarthenshire Integrated County Plan				
Key Actions	**Quarterly Milestones 2019/20**		**Measure**	**Executive Lead**
Prevention, Early Intervention and Promoting Independent Living (PEIPIL) • Further Development range and access to Information, Advice and Assistance provision (IAA) • Review and implement Locality Community Connector and Social Prescribing models equitably across three	Q1	Increased number of Carmarthenshire residents supported to 'help themselves' through the provision of timely information and advice.	• Number of enquiries to IAA and % of these that are supported at IAA with no further need for Ax • Increased number of social enterprises & / or community groups developed in localities • Increased number of dementia friendly communities in	Director of Primary Care, Community and Long Term Care Carmarthenshire County Director
	Q1	Appointment of resource required to ensure optimal and equitable Community Connector / Social Prescription service to achieve agreed standards and outcomes.		
	Q1	Initiate development of Carmarthen Dementia Friends community in Carmarthen Town		
	Q1-Q4	Progress community engagement in each Locality to develop our Integrated Community Network models in partnership with wider Public Services Board partners and communities		
	Q2	Implement agreed standards for Community Connector / Social Prescription service across all three Localities		

Localities *(Can be done to a level with current resource but Transformation Fund will enhance provision significantly*)	Q2	Improve further partnership links with community organisations and their resources to enhance the assets available within our Integrated Community Networks	Carmarthenshire • Number of people attending self-management programmes, accessing support information for self-care	Director of Primary Care, Community and Long Term Care Carmarthenshire County Director
	Q4	Develop an accessible, informative website that will promote self-assessment and self- determining options for people and their communities.		
Improving the Accessibility, Effectiveness and Efficiency of our existing Intermediate Care Pathway • Realign and Scale Up existing Intermediate Care pathway against four defined (NICE and NAIC) intermediate care areas of crisis response; Home Based Care; Bed Based Care; Reablement *(Realigning existing ICF funded posts to new model of provision will improve performance however a Business Case will be submitted to the Health Board to impact at pace and scale. If Business Case unsuccessful Transformation and ICF will also be sought).* • Progress planning and construction of Independent Care Centre in Llanelli	Q1	Appointment of additional resource required to develop Crisis Response service as per business case outline	• Reduced admissions / readmissions for > 75s • Reduced Bed Days used by > 75s • Reduced WAST conveyance rates • Improved Reablement outcomes • Improved access to Domiciliary Care • Increased Time Spent at Home	
	Q1	Appoint additional therapy resource to support Home Based Care model		
	Q1	Transfer of Reablement Dom Care provision to Integrated Services Division		
	Q1	Engage with independent sector with formal procurement process to commission bespoke intermediate care beds across the three Localities to support implementation of Bed Based Care model		
	Q2	Commence Crisis Response Service proof of concept		
	Q2	Implement Home Based Care model		
	Q3	Evaluate impact of Crisis response service		
	Q1-Q4	Progress Integrated Care Fund (ICF) capital build of Independent centre (Intermediate Care facility) in Llanelli according to Project Plan		
	Q2-Q4	Commission and optimise utilisation of bespoke intermediate care beds		
	Q3-Q4	Evaluate impact of Home Based Care model		
	Q4	Evaluate impact of Crisis Response Service		
Strengthening Primary Care and Community Service Sustainability at Locality level through Integration and Innovation • Implement Community Nurse Staffing Principles following 'whole system'	Q1	'Whole system' pathway reviews completed in Carmarthenshire and realignment considered across 3 Counties to ensure optimal outcomes and professional governance while embracing model outlined in Primary Care Model for Wales	• Increased 'Time Spent at Home'	
	Q1	Pilot 'Time Spent at Home' Measure in a defined Locality in Carmarthenshire.		
	Q1	Implement Technology Enabled Care (TEC) Preventative Pilot across Llanelli Locality		

review of pathways (Chronic Conditions), Palliative / End of Life Care, Continence and Tissue Viability *(core resourcing)*. - Review existing value of existing ‘virtual ward’ community equipment and capital bid for refresh programme *(to be sought from Discretionary Capital)* - Progress Cross Hands Wellbeing Centre development according to timescales *(Primary Care Pipeline)* - Progress development of Wellbeing Hub at Ashgrove GP practice in Llanelli Locality *(current resource)* - Implement TEC preventative model across Carmarthenshire and wider Region *(to be sought from transformation fund)*	Q1	Co locate Intermediate Care Crisis Response resource in Ashgrove for Llanelli Locality		Director of Primary Care, Community and Long Term Care Carmarthenshire County Director
	Q1	Submit Capital Proposal for ‘virtual ward’ equipment refresh programme		
	Q1	Establish Task & Finish Group to consider opportunities for cloud based MDT case recording		
	Q2	Implement Organisational Change Processes where appropriate following ‘whole system’ pathway reviews to ensure Safe Staffing Principles embedded and improved pathways for patients		
	Q2	Implement TEC Preventative Pilot across Amman Gwendraeth Locality		
	Q2	To undertake baseline assessment of the staff establishment of managed practices to implement components of the Primary Care Model for Wales		
	Q3	Implement TEC Preventative Pilot across 2Ts Locality		
	Q3	Uplift financial budget of CRTs to be able to support primary care sustainability		
	Q1-Q4	Evaluate implementation of TEC Preventative Pilot and consider learning across roll out		
	Q1-Q4	Progress Cross Hands Wellbeing Hub Development according to Project Plan		
	Q2-Q4	Implement and evaluate option implementation for cloud based MDT case recording		
Improving Efficiency and Effectiveness of our Long Term Care Pathway - Sustain ‘Releasing Time to Care’ programme *(core Local Authority Funding)* - Sustain ‘Bridging Service’ as Long Term Care commissioning model for patients requiring care and support on discharge *(core Local Authority Funding)* - Cost containment of 3.4% demographic growth expected *(Realignment of*	Q1	Secure funding and purchase equipment to support Releasing Time to Care.	- Reduced delays in transfer of care from hospital due to care and support availability - Reduced spend in CHC (when 3.4% growth considered) and supported by commissioning practice	
	Q1	Development and implementation of performance dashboard to monitor growth in commissioned domiciliary care and length of stay / number of patients requiring nursing care placement		
	Q1	Commence commissioning framework review of long term domiciliary care and implementing Bridging Service principle as model to improve outcomes for service users		
	Q2	Implement Home First Pathways as per DU Guidance and Intermediate Care pathways (as outlined in Intermediate Care Impactful Action)		
	Q4	Complete commissioning framework review of long term domiciliary care/		

existing resource should see some improvement however containing this level of growth will require some investment / invest to save... ICF and Transformation Fund opportunity)				
Developing and Modernising our Health and Care Infrastructure (Workforce and Estate) to deliver 'Care Closer to Home' • Enhance MDT Anticipatory Care Planning and Care Coordination *(Realignment of existing resource should see some improvement however containing this level of growth will require some investment / invest to save... ICF and Transformation Fund opportunity)*	Q1	Appoint additional resource to implement service schedule to support MDT anticipatory care planning and care coordination model as proof of concept	• Increased 'Time Spent at Home' • Reduced spend in CHC (when 3.4% growth considered) and supported by commissioning practice	
	Q2	Implement MDT anticipatory care planning and care coordination model as proof of concept across three Localities		
	Q3	Evaluate MDT anticipatory care planning and care coordination model as proof of concept and introduce learning		
	Q4	Evaluate MDT anticipatory care planning and care coordination model as proof of concept and introduce learning		

Glangwili General Hospital Key Actions

Key Actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Develop and implement a system wide frailty model - this would include community, primary care, pharmacy, prevention in line with the Integrated Pathway for All People.	Q1	Frailty meeting arranged for March with primary and secondary care	No of 75+ admissions	Deputy Chief Executive - Chief Operating Officer and Glangwili General Manager
	Q1	Frailty model to be agreed with key stakeholders with task and finish group to oversee implementation	LOS 75+ admissions	
	Q2	Implement revised model	TOCALs activity & DC's	
	Q3/4	Review model and revise as required	LOS ambulatory care	
Recruitment/staffing - recruit to nursing, Occupational Therapist, Physio and medical vacant posts and undertake a skill mix	Q1	Undertake a skill mix review within nursing workforce to identify opportunities for the support of the nurse staff requirement	• Sickness rate reduction. • Nurse safe staffing review outcome. • Vacancy rate reduction.	
	Q2	Improve sickness levels to all Wales levels through roll out of new all Wales guidance		
	Q2	Active recruitment of newly qualified nurses through positive engagement with auto selection process for Sept 2019 cohort,		

review introduce further Advanced Nurse Practitioner roles orthopaedics and care of the elderly.	Q3	Consider roles such as Assistant Practitioners to support the services required and investigate a workforce redesign for band 4 support workers which could result in growing our own to support our nurse recruitment challenge	• Workforce redesign outcome. • Reduction variable pay	Deputy Chief Executive - Chief Operating Officer and Glangwili General Manager
	Q3	Increase recruitment to nurse staff bank through review of payment initiatives for high use areas such as ED and CCU in line with concept of critical care bank		
	Q1	Review of existing medical workforce	Consultant job plans and review of vacant posts	
	Q?	Following review, align service need to number of doctors	Reduced vacancy rates	
	Q1	Review of A&E staffing to match peak not average demand to ensure resources in place to meet activity	4 hour performance No A&E clinician breaches	
	Q?	Review of A&E medical staffing to provide 24/7 senior medical cover		
	Q2	Implement regular age profiling data to predict workforce requirement and plan accordingly – this would move into business once establishment through business partnership model	• Data regularly available. • Training needs analysis completion. • Appointment of roles	
	Q2	Introduction of cross professions working with new roles within Allied Health Professions and band 4, band 3 roles including Frailty support workers patient needs		
	Q3	Map specialist workforce services to future proof and succession planning – investigate training needs from this exercise linking with staff PADR's		
Reduce length of stay by enhancing ambulatory care, implementing SAFER, safety huddles and implementing the surgical reconfiguration plan (increasing number of day cases and admission on the day of surgery);	Q1	Continue consultation with staff and temporary deployment of trauma services following consultation in May 2018 to formalise permanent reconfiguration solution for surgical services on site	Completion of option appraisal	
	Q2	Implement agreed option for surgical reconfiguration into site. Continue to evaluate impact of the reconfiguration in 2019/20.	• Increase day of surgery admissions. • Increased elective activity • Reduction surgical LOS	
	Q3	Work through the options appraisal with clinicians to submit to exec team in March 2019. Anticipate that the reconfiguration will be complete by end of March 2019. Continue to evaluate impact of the reconfiguration in 2019/20.		
	Q1	Review of Board Round structure for each individual ward and team within site		
	Q2	Further develop implemented twice daily Safety Huddles within ED to include Medical on call teams	• Safety Huddle completion • Improved 4 hour performance • Reduction of admissions	
	Q2	Investments in therapy presence on site to improve patient outcomes. Self-funding business case to be submitted	• Reduced LOS • Physio and OT delays not in top 3 Red to Green data	
	Q2	Further develop patient discharge passport, currently being piloted in CDU, to support patient flow and the introduction of 'clinical criteria for discharge'	• Review of pilot and roll out programme • Reduced LOS	

	Q3	Introduction of “clinical criteria for discharge” agreed for all patients within 2 days of admission	• Audit of clinical criteria of discharge • Reduced LOS	
Review the cost and performance options to extend the opening hours of the Minor Injuries Unit	Q1	Review outcome of extended hours of working within MIU over winter period	• Minor breaches reduction • ENP workforce agreed • ED agreed workforce • Completed business case	
	Q2	Complete review of current ENP workforce through HB working group		
	Q2	Complete wider review of ED nurse staffing levels, in line with Safe Staffing Act requirements Section 25A, to support overall staffing requirements and further development of MIU service		
	Q2	Develop business case to support extended opening hours of MIU in line with patient demand, performance outcomes and safe staffing levels.		

Prince Philip Hospital Key Actions

Key Actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Reduce length of stay by, for example, enhancing ambulatory care, implementing (SAFER), safety huddles	Q1	Embed service models introduced in 2018/19 - 6 month evaluation and improvement actions	Combined Medical Average Length of Stay to CHKS peer value	Deputy Chief Executive - Deputy Chief Executive - Chief Operating Officer and Prince Philip General Manager
	Q1	Daily Board Rounds all Wards		
	Q2	Start Daily Safety Huddle		
	Q2	Embed service models introduced in 2018/19 - 12 month evaluation and improvement actions		
	Q2	Investments in physiotherapy to match Occupational therapy investment of 2018/19. Self-funding business case to be submitted		
	Q2	Introduction of “clinical criteria for discharge” agreed for all patients within 2 days of admission		
	Q2	Evaluate impact of consultant geriatrician review of care home patients and roll out to other care homes - 6 month evaluation and improvement actions		
	Q1	Embed service models introduced in 2018/19 - 6 month evaluation and improvement actions		
Business case and speedy implementation of a demountable Endoscopy and Day Case Theatre Unit	Q1	Finalise scope of scheme to include services; demand and capacity models; workforce models and; potential site reconfigurations	Increased capacity for delivery of day surgery to Carmarthenshire. Increased capacity for delivery of Endoscopy diagnostic procedures. Reduction in capacity gap for Orthopaedics	
	Q2 - Q4	Develop business case and other service models		
Reduce length of stay through the development and implementation of a system wide frailty model		This work stream will now be taken forward as part of the development of Carmarthenshire intermediate care services – see Carmarthenshire Integrated County Plan	Reduction in length of stay	
	Q2	Improve sickness levels to all Wales levels though roll out of new all Wales	Sickness Rate	

Recruit to vacancies and develop the workforce e.g. nursing Community Nurse Specialist / Advanced Nurse Practitioner strategy, academy for nurses/doctor		guidance	Vacancy Rate	
	Q2	Reduce vacancies to no more than 10% though aggressive recruitment and retention efforts		
	Q2	Ensure there is a recruitment plan for all areas with high levels of potential retirees		
	Q3	Explore options for Prince Phillip becoming a recruitment platform for the UHB. Report by Q3		
Further development of our front door model to meet demand within available resources. This will cover Minor Injuries Unit, GP out of hours, Acute Medical Assessment Unit, ambulatory care, front door services for frail elderly.	Q1	For MIU, develop and implement an affordable medical model consisting of salaried GPs and ANPs eliminating costly reliance on zero hours GPs	4 and 12 hour performance	
	Q1	Focus on pathways for conditions ambulatory case sensitive.		
	Q2	Develop business cases for physical infrastructure needed to change pathways which will include a full medical day hospital and ambulatory care areas - set up group in Q1 to review all accommodation needs on site for all services taking into account TCS, space created by wellness village etc. Develop sustainable site plan for all services taking into account TCS and space that will be vacated by the wellness village etc. in Q2		
	Q3	Public education programme on the appropriate use of MIU highlighting alternatives and introduction of redirection policy in time for Winter 2019/20		

Enablers – 2019/20 actions	
Workforce	**Finance**
• Build integrated teams with the capacity to stratify the needs of our population and respond in a multi-professional and agency way with our patients and their carers. • Co-locate integrated teams in Community Hubs and outreach to spoke sites and people's homes to deliver care. • Ensure the workforce model is the right size for the needs of the population and undertake further training and development. • Recruit to vacancies and develop the workforce for both acute sites • Recruit to vacancies and develop the workforce e.g. nursing Community Nurse Specialist / Advanced Nurse Practitioner strategy, academy for nurses/doctor	• The finance section in the Carmarthenshire Integrated County Plan provides more detail on revenue investment required.
Capital	**Digital**
The county has a number of estates and equipment capital bids including: • Security fencing around site at Amman Valley Hospital • X-Ray at Amman Valley Hospital • WIFI at Amman Valley Community Hospital • Updating signage and decoration at Amman Valley Hospital • Llwynhendy Health Centre office equipment, PC. Telephones and Wi-Fi	• Community Interim Patient Administration Solution • Handheld devices to support agile working • SHAREPOINT solution for MDT and Care Plans which would enable sharing of care plans across the system to support proactive care and prevention of admissions.

In addition to the above the county is working towards improving these outcomes within the Transforming Community Services:

- Integrated Community Hubs
- Access to community equipment to support people in their own homes
- New technology to support prudent care in the community

Acute site capital:

- Refurbish the existing cytology laboratory
- Business case and speedy implementation of a demountable Endoscopy and Day Case Theatre Unit
- Continued development of the Women’s and Children’s phase 2 maternity and neonatal redevelopment scheme
- Develop and assess the case for a centralised Catheter Laboratory
- Improve Glangwili site estate- this would include ward refurbishment (as per the estates programme), car parking improvements, pathology refurbishment, and commissioning of the second CT scanner

- Additional desktops/laptops in community team offices / hubs to improve efficiency, productivity and safe record keeping.
- Wiring and desktops for Cross Hands Wellbeing Centre as part of the capital development programme (phase 1)
- Technology Enabled Care Preventative Pilot and Roll Out across three Counties
- Acute site: IT enablement to ensure agile working, supporting board rounds, electronic requesting and efficiency improvements
- Development of Cloud Based MDT case records as interim solution to WCCIS

Quality

Safe Staffing:

- Community Nursing Escalation Plan has been developed.
- Ensure that any Escalation Plan is considered as part of whole system working, with clear communication plans between all sectors including acute, primary care, community and 3rd sector
- Participation in the All Wales District Nursing Interim Principles and the Safe Staffing (Wales) Act
- Identify more collaborative working with primary and 3rd sector to reduce duplication and improve whole system working

Improved process required for timely reporting and investigation of incidents, including complaints and serious incidents:

- New processes implemented
- Scrutiny meetings implements
- Governance and Assurance meetings agreed
- Utilise County Management Team meetings to identify issues applicable across all systems and services

Community Nursing Service Specification requires updating to ensure that service criteria / provision and outcomes re clearly identified in line with WAO recommendations:

- Service Specification (April 2016) to be reviewed and updated

Learning from Events required to demonstrate learning and improvements following significant events:

- Participation in Pressure Damage Workshops
- Participation in Multi-Agency Professional Forum sessions
- Participation in Strategy Meetings and safeguarding investigations in association with Local Authority
- Utilise County Management Team meetings to identify issues applicable across all systems and services for shared learning

Lack of clear identifiable community nursing standards, metrics and outcome measures.

- Draft metrics identified and shared for discussion, aim to agree and proceed with implementing metrics in January 2019

Complete risk register for community nursing teams in Carmarthenshire

Lack of a relevant and appropriate patient questionnaire / feedback tool to ensure high quality patient focussed services

- Work collaboratively with CHC, community, acute and primary care as well as 3rd sector to develop and pilot patient questionnaire/feedback opportunities for patients to provide valuable and meaningful service improvements

Ensure that there is seamless working between services, reducing duplication of care:

- Map out all services to work towards prudent health care and easier / simplified access to services for patients and communities

Work closely across the whole system to ensure quality and standards of care are maintained and developed
There is currently a lack of a clear Falls Pathway across Carmarthenshire:

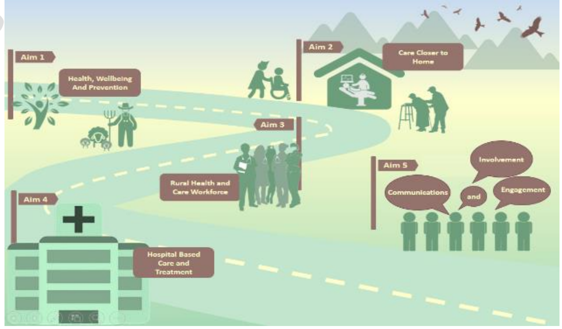
- Work across services and systems to develop and implement a falls pathway, building on work already underway with WAST with iStumble and other work across public health and preventions boards

Ceredigion County and Locality Plan

Detailed Plan found here.

Vision:

A key strategic objective for Ceredigion services is to ensure care is provided in the most appropriate setting by the most appropriate person at the most appropriate time, by providing truly seamless care to meet the needs of the Ceredigion population. By enhancing the multi-agency/multidisciplinary approach that, to some extent, already exists in the community, Ceredigion services will develop the capability to look after many more patients in the locality, avoid hospital admissions and facilitate early discharges.


Aim 1
Health, Wellbeing And Prevention
Aim 2
Care Closer to Home
Aim 3
Rural Health and Care Workforce
Aim 4
Hospital Based Care and Treatment
Aim 5
Involvement
Communications
and
Engagement

Similar to the new Physician Associate Roles, the nursing and associated health professional workforce development programme will be championed by the newly formed Mid-Wales School of Nursing and Health Sciences in Aberystwyth, building upon the success of the University's Institute of Biology, Environmental and Rural Sciences. An integrated, agile and versatile workforce is a key goal, supported by a constant flow of staff through the system including ensuring local career development opportunities.

How are we going to deliver it?

Our market towns, are key community focal points where local populations are able to travel and, as such, form the basis for the location of Integrated Health and Wellbeing Centres from which in-reach and outreach will provide a comprehensive range of care to meet the majority of the population's needs, so that the need to travel for higher levels of care is reduced. Voluntary organisations in supporting communities and the third sector in delivering capacity are essential contributiors to the overall care service, as are carers (paid and unpaid) who are an essential resource for the delivery of care closer to home, and as such are focus is.

Ceredigion Key Actions

Key Actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Joint funded rapid response Domiciliary Care service - North/South Localities working across Health and Social Care - which provide wrap around services (including medicines management) which prevent unnecessary hospital admission.	Q3	Awaiting Transformational funding arrangements / processes to be in place / communicated.	Joint PID being developed	Director of Primary Care, Community and Long Term Care and Ceredigion County Director
Support development of North Community Resource Team (CRT) (double running)	Q3	Core staff (Tregaron Hospital) have had posts back filled in order to enable double running since November 18	Average number of monthly visits undertaken by the team (April – November) was 361; December and January averaged 454 (an increase of 25%)	
Invest in Community Urgent Care Hwb to provide both 24/7 first point of contact and in-reach into the A&E and provide the Out of Hours (OOH) service.	Q3	Business case being developed with partners	Awaiting Transformational funding arrangements / processes to be in place / communicated.	
Chronic Condition Management Practitioners to support the delivery of patient participation groups and the use of remote technology in care management	Q3	Oncology service has commenced in Lampeter	Lampeter oncology service running from October 2019	
Implement collaborative acute/Mental Health model of dementia care. This will reduce reliance on agency staff and meet the National Institute for Health and Care Excellence (NICE) model for patients who present with multiple needs. This will support the provision of a "memory" facilities suitable for dementia care and also provide ward based specialist input for acutely ill patients with dementia.	Q1	Progress agreement to capital expenditure to commence works on the acute ward footprint to increase bed capacity from 7 to 12. It is hoped that this will be confirmed in Q4 of 2018.19 and so enable commence of works in Q1 2019.20	Awaiting formal approval of regional plan before expenditure may commence For Acute based model awaiting exec team confirmation of Mental Health PID etc.	
	Q2	Works concluded, final implementation plan for move from existing separate models in to shared care model		
	Q3	Implement Collaborative Acute Ward Model. Links to regional dementia plan		
	Q4	Acute model fully implemented		
Relocation of cardiorespiratory and diabetes/endocrinology services.	Q1	Evacuation of space currently occupied by community Mental Health services	Commence process for agreement to utilise charitable funds (cardiac legacy)	
	Q2	Confirm plan for light refurbishment of evacuated space and relocate cardiorespiratory. Forms part of UHB wide plan for cardiology and provides a fit for purpose space for this service		
Relocate Medical Day Unit to outpatients. This then becomes a functioning outpatient focused Medical Day Unit, collocated with the Ambulatory Care unit.	Q3	Progress plan once above projects are under way. OP therapies relocate to Leri Day Unit to become combined therapy area once chemo project is underway and Leri vacated	SBAR, design process to commence	

	Q4	Time frame subject to progress of chemo project due to utilisation of existing space		
Implementation of overnight on site theatre rota	Q1	ODP rota in place and function from Q4 2018. OCP in progress for full team. Refurbished theatres open March 2019, operational against phased plan in Q1	Scheduled Care producing phased action plan.	
	Q2	Recruitment on going against SBAR option 3 approved in September 2018		
Implementation of the service model approved by the Board for elective colorectal cancer surgery	Q1	CRC Consultant (1) in place Q4 2018/19	Task & Finish Group overseen by County Director. Links to operational plan in production from Scheduled Care	
	Q2	Planning and commissioning from neighbouring Health Boards to be in progress. Repatriation of work from other Health Boards in a phased way subject to 2 consultants in post.		
	Q3	CRC Consultant (2) in place approx., subject to recruitment process.		
Reduce length of stay by enhancing ambulatory care and implementing SAFER, safety huddles.	Q1	Revision and improvement to site bed meetings took place in Q4 2018.19 with a view to moving to full safety huddle by Q1 2019.20	Improvement plan links to Unscheduled Care plan – update in progress Transformation team resource on site is however required	
	Q1	Reinvigorate SAFER principles driven by Red to Green as a constraints identifier.		

Enablers – 2019/20 actions	
Workforce	**Finance**
• Develop the capability to look after many more patients in the locality, avoid hospital admissions and facilitate early discharges by enhancing the multi-agency/multidisciplinary approach • Form a firm foundation stabilising care services across care by utilising the opportunities presented by new/emerging roles such as the Physicians Associates and which equips individuals with the skills and expertise relevant to their role. • Development of a Mid-Wales School of Nursing and Health Sciences in Aberystwyth, building upon the success of the University’s Institute of Biology, Environmental and Rural Sciences. • Consider as to how the funded and non-funded placements respond to the need for a more versatile workforce that can deploy their skills across the broader care needs • Ensure local career development opportunities to encourage progression and retention • Regional structures to reflect service reality and realignment of operational, managerial and regional functions • Recruitment of nurses, doctors of all grades, therapists and Allied Health Professionals into modern roles such as Physician Associates, Advanced Care Practitioners etc. Nursing vacancies and reliance on agency nurses to cover for vacancies. • Regular agency staff have been trained in caring for the most vulnerable patients. Block booking of regular agency staff for continuity and increased quality of care. • Increasing potential for registered bank nurses (potential to financially incentivise bank).	See Ceredigion Integrated County Plan for financial information.

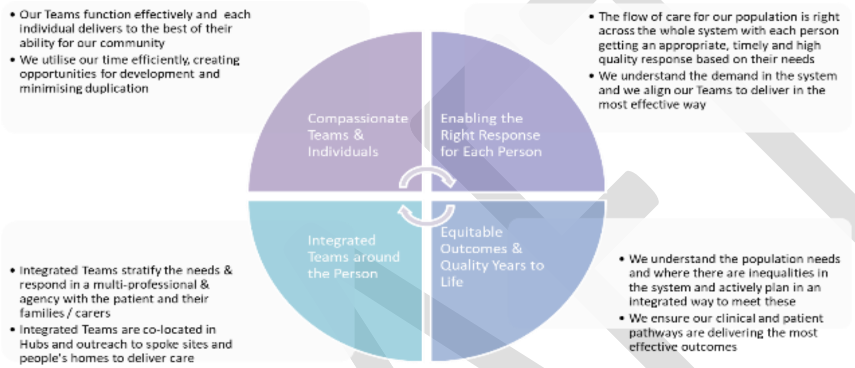
• Targeted recruitment events to be held at Bronglais Hospital. • Offer posts to students. • Local ability to book bank.	
Capital	**Digital**
The key developments are: • Delivery of existing schemes: Aberaeron Integrated Care Centre (ICC); Cardigan ICC; Cylch Caron ICC; Bronglais MRI In addition, the following schemes are key to and support the plan: • North Ceredigion/Aberystwyth ICC; North Ceredigion Community Urgent Care Centre; Lampeter ICC; Llandysul ICC; Bronglais Chemotherapy Day Unit; Bronglais Integrated Older Person's Unit; Cardiorespiratory Diagnostic Hub; Physiotherapy and Stroke Rehabilitation Unit; Outpatient Ambulatory Care Unit; Commence implementation of the new MRI scanner • Develop business case for expansion of theatre usage at Bronglais to support RTT and in line with the aspirations of the Bronglais strategy and Mid Wales Collaborative. • Develop long term solution for the relocation or refurbishment of the eye care service at North Road	• Develop, with the implementation of WICCIS supporting, a tool for activity recording and data reporting of relevant key indicators (such as time to the next GP appointment/average contact times for community nurses) to support information review and analysis required to provide assurance. • Implementation of WCCIS
Quality	
Limited patient flow impacting upon outcomes for patients. Actions: • SAFER patient flow model and Red to Green roll out. • Board Rounds & Nurse Led Discharge • Every patient to have an expected date of discharge (EDD) and a plan. TTOs (medications on discharge) to be done day before to facilitate early discharge. Additional surge capacity away from ED. Actions: • Cover for Single Handed Medical Consultants Recruitment plans have moved service to 2 consultant firms in all bar one case. • Capacity plans in place to manage cases across available workforce. • Cross cover arrangements in place.	

Pembrokeshire County and Locality Plan

Detailed Plan found here.

Vision:

Pembrokeshire's priorities to ensure integrated service delivery by effective and skilful teams, which meet populations needs can be summarised by the 4 key themes below. These have been developed through ongoing co-production with a wide range of stakeholders across the Pembrokeshire system and with reflection to the projects supported through Locality and Integrated Care Fund.


Compassionate Teams & Individuals
Enabling the Right Response for Each Person
Integrated Teams around the Person
Equitable Outcomes & Quality Years to Life

- Our Teams function effectively and each individual delivers to the best of their ability for our community
- We utilise our time efficiently, creating opportunities for development and minimising duplication

- The flow of care for our population is right across the whole system with each person getting an appropriate, timely and high quality response based on their needs
- We understand the demand in the system and we align our Teams to deliver in the most effective way

- Integrated Teams stratify the needs & respond in a multi-professional & agency with the patient and their families / carers
- Integrated Teams are co-located in Hubs and outreach to spoke sites and people's homes to deliver care

- We understand the population needs and where there are inequalities in the system and actively plan in an integrated way to meet these
- We ensure our clinical and patient pathways are delivering the most effective outcomes

How are we going to deliver it?

For the past 3 years, the Locality Plans have described the way integrated localities will use the assets of individuals, communities and organisations to deliver a health and care system that supports residents to be well and independent. These plans have predominantly been informed by the GP practices, working within clusters however are increasingly integrated in approach. In each Locality the leadership model are responsible for ensuring an understanding of the needs of the population. This health needs assessment provides the basis for place based commissioning of services which are aimed to improve population wellbeing and support the sustainability of our organisations both now and into the future.

Pembrokeshire Integrated County Plan

Key Actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Compassionate, Resourceful & Resilient Communities • We will align the existing five Community Connectors to the Integrated Community Networks. • We will scope and identify areas of good practice from learning across Wales and the	Q1	Implement a primary care education programme	Educational sessions held throughout the year	Director of Primary Care, Community and Long Term Care and Pembrokeshire County Director
	Q2	Develop 1/2 Pilot Compassionate Neighbour schemes in the county.	Initial evaluation of implementation process	
	Q1 - Q3	5 Community Connectors aligned to each Integrated Community Network and named GP practice populations - *this is subject to resource from the Transformation fund*	Initial stakeholder feedback on community connector	

Intermediate Care Fund pilot and implement improvement plans.			role	
	Q3 - Q4	NOSDA (No One Should Die Alone), Support in Care Homes for people dying alone. Pembroke/Pembroke Dock pilot area in 2 Care Homes	Initial evaluation of support undertaken	Director of Primary Care, Community and Long Term Care and Pembrokeshire County Director
Five Integrated Community Networks (ICNs) – access & system resilience • Based on the feedback from community events, we will develop partnership steering / development groups to grow Integrated Community Networks. • With partners, we will plan the alignment of community nursing, therapies, social, third sector and primary care services around defined GP Practice populations across the five networks. • We will align core community nursing services to the five Integrated Community Networks and undertake an Organisational Change Process (OCP) to embed the new model. • We will engage with stakeholders to align the wider workforce to the five Networks and develop a timed plan for further development of the Integrated Community Team. • We will develop clear plans for the capital development of Tenby Cottage Hospital, South Pembrokeshire Hospital and Haverfordwest Health Centre. • Subject to transformation resource, we will recruit and embed multi-disciplinary team care co-ordinators in each of the networks. • We will work with Primary Care providers to enhance and improve access for unscheduled care needs in the community through clear and defined pathways and communication.	Q1	Feedback themes and develop implementation / steering group based on next steps for the 5 Integrated Community Networks: • Haverfordwest Central • South West Pembrokeshire • South East Pembrokeshire • North Pembrokeshire Coastal • Milford & Neyland	Thematic report for each ICN and overview	
	Q2	Develop staffing model for aligned Integrated Community Teams - *this is subject to sustainable resource funding from ICF, Transformation fund and Business Case submission*	Agreed staffing model, informed with key stakeholders	
	Q3	• Undertake Organisational Change Policy for Integrated Community Teams - *this is subject to sustainable resource funding from ICF, Transformation fund and Business Case submission* • Scope with wider public and stakeholders the key themes for each of the 5 Integrated Community Networks	Completed OCP Implementation plan for each ICN	
	Q4	Develop Business Cases for wider Integrated Community Network team development - *this is subject to corporate business support and Transformation funding*	Completed Business Cases for ICN model	
Integrated Localities • We will develop Integrated Locality plans collaboratively across the system, building on the Cluster plans, which clearly articulate the population needs and priorities. • We will align business support to the Integrated Localities to enable delivery of the priorities within the plan along with mechanisms for	Q1-Q4	Enhance dysphagia service to Care Homes and improve nutrition and hydration in the community to reduce unscheduled care demand (see plan for detail)	Activity report	
	Q2	• Completed Integrated Plans for the North and South Pembrokeshire Locality with clear themes for delivery and development • Alignment of Business Support functions to the Localities	Completed Integrated Locality Plans	

governance and assurance of seamless high quality delivery. - We will develop an Integrated Locality structure with our Partners and where appropriate undertake an Organisational Change Process to implement and embed. - We will map the services aligned to Localities and Counties, rather than Integrated Community Networks, and produce clear pathways for patient care e.g. Community Leg Ulcer Services.	Q3	Implementation of care co-ordination and MDT working across North Locality	Completed Palliative Care Plan MDT activity report	
	Q4	- To identify the scope in community settings for currently acute delivered services and complete Business Cases for consideration - Identification of gaps for Locality based service delivery and completion of Business Cases where additional resource need identified	Completed Business Cases	Director of Primary Care, Community and Long Term Care and Deputy Chief Executive - Chief Operating Officer
IMPACT – Step Up Care & Rapid Home Visiting. - We will undertake an Organisation Change Process to implement and embed the Nursing component of the Integrated Multi-Professional Assessment and Care Team (IMPACT). - Subject to available resource, we will develop a rapid access pathways for people in the community to reduce unscheduled care admissions and ambulance conveyances, particularly through an integrated fallers pathway. - We will develop and implement clear multi-professional delivery pathways to enable timely transfer home for people with complex long term needs following a hospital admission. - We will develop a Business Case for the implementation of 7 day Intermediate Care services.	Q1	- Undertake IMPACT Nursing Organisational Change Process - Develop a multi-agency and professional set of priorities for Intermediate Care - Review complex discharge pathways to identify improvement to support timely and safe transfer home	Stable and appointed nursing structure System approved complex discharge pathways	Director of Primary Care, Community and Long Term Care
	Q2	Map activity and identify available asset to support alternative pathways than hospital admission with WAST e.g. non-injury falls – *this is subject to Business Case development and approval*	Draft pathway for approval	Director of Primary Care, Community and Long Term Care and Deputy Chief Executive - Chief Operating Officer
	Q3–Q4	- Implement approved pathways for admission and transfer home - Develop Business Case for 7 day Intermediate Care Service – *this is subject to Business Case and ICF*	Length of stay data Conveyance data Completed Business Case	
Acute Hospital Care - Subject to available resource, we will develop a rapid access pathways for people in the community to reduce unscheduled care admissions and ambulance conveyances, particularly through an integrated fallers pathway. - We will develop and implement clear multi-professional delivery pathways to enable timely	Q1	- Improve Cardiology services commissioned to ABMU - Resolve the current temporary Paediatric pathways to a sustainable solution. - Develop and enhance the frailty Model within Withybush (subject to Business Case approval) - Improve redirection and utilisation of services outside of the Emergency Department in all OOH services, GP stroke's, Community Pharmacy, Frailty Clinics, Mental Health and Learning Disabilities	Reduce Length of Stay in acute hospital beds Admission data – all patients & over 75 years	Deputy Chief Executive - Chief Operating Officer

transfer home for people with complex long term needs following a hospital admission. • We will develop a Business Case for the implementation of 7 day Intermediate Care services.	Q2	Maximise clinical pathways strength at Withybush working with the other acute sites	Activity and transfer data	
	Q3	• Review and enhance day surgery services • Align with TCS pathway review/ workforce redesign for the future - introduction of Physicians Associates on the medical wards and Emergency Department, Advanced Nurse Practitioners, Emergency Nurse Practitioners and Care of the Elderly / Rehab departments and initiate service redesign in line with our strategy.	Day surgery activity data Workforce data	
	Q4	Complete the full development of the ward 9 and ward 10 capital schemes at Withybush Hospital	Re-opened and refurbished ward	
Palliative Care • We will agree, across all integrated care providers, a clear strategy and implementation plan for Palliative Care in Pembrokeshire which aligns with the national delivery plan. • We will align Service Level Agreements to the delivery of the priorities within the plan. • We will support Care Homes to undertake Advance Care Planning for their residents to better manage patient care and experience at end of life. • We will, where identified, develop a business case for the further development of Palliative Care within Pembrokeshire.	Q1	We will agree new SLAs with third sector providers to deliver aligned and co-ordinated Palliative Care Services	Completed SLAs	Director of Primary Care, Community and Long Term Care
	Q2	• We will review our Integrated Team model and resource for the delivery of Palliative Care in the community and acute setting • Increased Advance/Future Care Planning	Workforce structure ACP data	
	Q3	Agree across all integrated providers, a clear palliative care strategy and implementation plan for Pembrokeshire	Palliative Care Strategy	
	Q4	We will develop any required Business Cases to support delivery of the agreed Palliative Care Strategy	Completed Business Case	

Enablers – 2019/20 actions	
Workforce	**Finance**
We strive to have compassionate teams and individuals that function effectively with each person delivering to the best of their ability for our community. We aim to utilise our time effectively and create opportunities for development. We will build integrated teams with the capacity to stratify the needs of our population and respond in a multi-professional and agency way with our patients and their carers. We will seek to co-locate integrated teams in Community Hubs and outreach to spoke sites and people's homes to deliver care. Detailed information on resource, training and development requirements for our aspirational model for the community can be found in the Pembrokeshire Integrated County Plan.	As identified in the plan, there are a number of areas where additional resource is needed to ensure we have sustainable and resilient services to meet our population need. The funding streams for this need to be carefully considered to include : • Resource Reallocation • Integrated Care Fund • Locality / Cluster Fund • Pacesetter Fund • Transformation Fund • Existing Cost Pressures • New Cost Pressures The finance section in the Pembrokeshire Integrated County Plan provides more detail on revenue investment required.
Capital	**Digital**

In order to deliver Integrated Community Networks and Health & Wellbeing Centres, there will be a need to review the existing Community estate and develop future resources to meet the needs of the population and the new modal of service. It is expected that this would include : • South West Pembrokeshire Health & Wellbeing Centre • South East Pembrokeshire Health & Wellbeing Centre • Haverfordwest Health & Wellbeing Centre • Milford Haven & Neyland Health & Wellbeing Centres • North Pembrokeshire Health & Wellbeing Centre • Refurbishment and repurposing of Withybush Detail on each of the above developments can be found in the Pembrokeshire Integrated County Plan. Further work is in progress mapping the estate needs for Pembrokeshire and the equipment that will support the delivery of the Integrated Community Network model and the Health & Wellbeing Centres. Some of this will follow the initial engagement and co-production workshops.	To enable our integrated system to deliver seamless care for the population, further development of IM&T systems which support inter-organisational communication, contemporaneous record keeping, efficient workforce planning and performance reporting will be critical. For our population there will increasingly be a need to embed technology enabled care, as a component of care delivery. The priorities for development of Information Systems and technology are: • Community Interim Patient Administration Solution • Handheld devices • Mobile / smart phones for community team leaders to support remote and mobile working • SHAREPOINT solution for MDT and Care Plans which would enable sharing of care plans across the system to support proactive care and prevention of admissions. • Additional desktops/laptops in community team offices / hubs to improve efficiency, productivity and safe record keeping. • Wiring and desktops for South Pembrokeshire Health & Wellbeing Centre as part of the capital development programme (phase 1) • Technology enabled care
Quality	
• Community Nursing Escalation Plan has been developed. • Ensure that any Escalation Plan is considered as part of whole system working, with clear communication plans between all sectors including acute, primary care, community and 3rd sector • Participation in the All Wales District Nursing Interim Principles and the Safe Staffing (Wales) Act • Identify more collaborative working with primary and 3rd sector to reduce duplication and improve whole system working • Participation in Pressure Damage Workshops • Participation in Multi-Agency Professional Forum sessions • Participation in Strategy Meetings and safeguarding investigations in association with Local Authority • Utilise County Management Team meetings to identify issues applicable across all systems and services for shared learning • Work with community nursing teams to identify common and shared risks across teams and ensure added to a Community Nursing County Risk Register	

Mental Health and Learning Disabilities

Detailed Plan found here.

The strategic direction is to move services to a more community focused model of service delivery wherever it is appropriate and safe to do so. The outcomes we intend to deliver to promote better mental wellbeing and address the needs of those with mental health problems, ensuring that those who are most vulnerable or in need are appropriately prioritised, are: all children and young people will be emotionally resilient; that we will live in a society without stigma and discrimination where mental wellbeing is promoted and supported at all levels; and, we will live in a society where we have the opportunity to live as independently as possible.

Adult mental health services (service plan found here): are currently undertaking a programme of change through the 'Transforming Mental Health' programme, approved by the Board on 25th January 2018 (found here). The service is developing a 'bespoke repatriation' model, working with the third sector, to return service users with complex needs back to their local areas and reduce individual patient commissioning costs. As part of this Crisis Resolution Home Treatment services will also be established, providing a 24/7 unscheduled care service to the general hospitals.

Older adult mental health services (service plan found here): focus on developing more integrated care, both with primary care GP clusters and with acute hospitals. Opportunities, especially to develop shared care approaches for the elderly who have dementia with co-occurring physical health challenges. The memory assessment service will be developed with the assistance of advanced and extended non-medical roles to provide greater access to the service and improve diagnostic rates. In addition, Community Mental Health Teams will further integrate with Local Authority Community Resource Teams.

Child & Adolescent Mental Health Service (service plan found here): Future priorities focus on the development of the workforce through increasing skills and competencies with the longer term aim of improving emotional resilience in children and young people to reduce the burden of mental ill-health in future generations.

Learning Disabilities Services (service plan found here): A Programme Group has been developed to review the model of secondary care provision and recommending a future model based on the evidence, demand and resources available, and will include staffing structures, bed usage, tenancy status, financial arrangements and a revised assessment of current and future needs.

Substance Misuse Services (service plan found here): These are well established within the UHB, and are provided partly through core funding and partly commissioned by the regional Area Planning Board.

Psychological Services (service plan found here): Psychological services have developed into an integrated Service which has undertaken a capacity and demand exercise; implemented a more robust governance framework with a clear system of clinical supervision; and focused developing clear outcome measures.

Commissioning (service plan found here): A range of third sector services that provide additional services that primarily support the delivery of adult mental health care, many of which are jointly commissioned with Local Authority partners. Additionally we commission a range of individual patient care placements for individuals with complex needs that cannot be met through core service provision. Significant work has established a clear governance structure for all commissioned services oversight.

Mental Health and Learning Disabilities Key Actions

Key actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Review development of key TMH pilot sites	Q4	Review development of TMH and analysis of outcomes from key pilot sites, including 24/7 CMHCs, drop-in access, primary care model and new support roles as identified in the 2018 Innovation & Transformation bids.		Deputy Chief Executive - Chief Operating Officer and Director of Mental Health
Demand is being met for Mental Health Measure; CRHT; Psychological Therapies;	Q1	Review demand and capacity planning processes with the Delivery Unit	• Demand is being met. • Waiting lists reducing	
	Q4	Demand and capacity tools being used across these services to inform service development		

Neurodevelopmental disorders				
Development of older adult mental health services	Q1	Commence implementation of the integrated pathway for older people (IPOP), to include the delivery of diagnostic, assessment, community support and inpatient models.	• Dementia referral to assessment and diagnosis • Increase year on year in the number of people diagnosed with dementia	Deputy Chief Executive - Chief Operating Officer and Director of Mental Health
	Q2	Recruiting to and developing Advanced Nurse Practitioners and Non-Medical Prescribers in clinical and operational leadership roles for Dementia Diagnostic Services		
Development of S-CAMHS services	Q1	Undertake review of service transformation service (CAPA) and ensure workforce has requisite skills	Routine outcome measurements post pre and post treatment	
	Q2	Undertake service review of psychological therapies provision to identify service gaps and training needs analysis		
	Q2	Evaluate use of routine and modality specific outcome measures		
	Q4	Undertake evaluation with child heath children's continuing care service and S-CAMHS dual diagnosis Learning Disability service, to consider restructure and integrated model development		
Development of learning disabilities services	Q1	Complete inpatient review and estates strategy	Compliance with annual health check	
	Q2	Complete review of impact of Learning Disability liaison nurses in acute hospitals		
Development of substance misuse services	Q4	Implement advanced and extended roles to provide improved and more equitable access to specialist prescribing	Improved access to specialist prescribing	
Development of psychological services	Q1	Complete implementation of perinatal mental health service across the UHB and implement the new perinatal mental health standards	Therapies delivered are consistent with Welsh Metrics and national guidance Routine outcome measurements post pre and post treatment	Deputy Chief Executive - Deputy Chief Executive - Chief Operating Officer and Prince Phillip General Manager
	Q1	Undertake mapping of future workforce requirements and identify psychological therapy posts to meet national standards		
	Q3	Train and support multi-disciplinary staff in the delivery of psychological interventions to coincide with Transforming Mental Health and single point of access		
	Q4	Undertake service user evaluation of provision of psychological therapies		
Improved third sector commissioning arrangements	Q2	Review all existing providers and Service Level Agreements to ensure that they are fit for purpose with the proposed transformation of adult mental health services	New third sector contract in place for all providers	
	Q4	Complete a joint UHB and Local Authority commissioning strategy		
Improve individual patient commissioning	Q2	Implement Mental Health and Learning Disability Discharge Liaison roles.	Average cost per commissioned placement Number of placement reviews undertaken and outcomes	
	Q3	Progress the development of regional pooled funds and integrated commissioning arrangements with partner agencies.		
	Q3	Undertake market shaping activities with partner agencies to develop a sustainable independent sector service base that focuses on community based options		

<table>
<tr><th colspan="2">Enablers – 2019/20 actions</th></tr>
<tr><th>Workforce</th><th>Finance</th></tr>
<tr><td>Our Directorate will focus on:
• Maximising the opportunity from staff turnover
• Change skill mix and new roles
• Address workforce efficiency measures
• Take forward workforce redesign
• Address Locality working
• Learning and development
• Learning Disability nursing workforce age profile
• recruitment and retention of Nursing and Medical workforce in Pembrokeshire and Ceredigion
• Sustainability of Medical on-call provision across four sites</td><td>• Continue to review and monitor submitted savings plans to maximise financial control and efficiencies
• Develop new ways of working, more aligned to communities and third sector services with a focus on wellbeing, early intervention and preventative measures to reduce the burden on more expensive secondary mental health services.
• Capital investment to realise the implementation of Transforming Mental Health. It is anticipated that the majority of this will need to be provided by the All Wales Capital Fund form Welsh Government.</td></tr>
<tr><th>Capital</th><th>Digital</th></tr>
<tr><td>• A revised estates plan is being developed in line with the Transforming Mental Health programme. This programme requires the development of four Community Mental Health Centres (CMHCs), three of which will be open 24/7.
• The Transforming Mental Health programme also calls for a centralised assessment unit and centralised treatment unit. This will require capital investment and significant planning.
• All existing sites will be reviewed to ensure that they meet the needs of the Directorate in coming years.
• Opportunities will be explored to make better use of local facilities and primary care sites where this provides greater efficiencies and ease of care delivery.</td><td>• It had been anticipated that the Directorate would upgrade to the Myrddin system in 2017/18 however this has not yet happened.
• The Directorate uses Care Partner as its clinical recording system following an upgrade from FACE in 2016. Further service updates are anticipated to the Care Partner system until the introduction on the national WCCIS system.
• The Directorate will continue to seek corporate support to invest in making Wi-Fi available across all sites to improve mobile working solutions and to allow newer investments such as the MTeD prescribing system available.
• The Directorate will also monitor the development of the All Wales electronic prescribing system and align itself accordingly.
• The Transforming Mental Health programme will develop an IT strategy.
• Pursue more mobile and agile working.</td></tr>
<tr><th colspan="2">Quality</th></tr>
<tr><td colspan="2">• To improve accessibility and experiences for people who use our services, their families / Carers and other professionals and services
• To demonstrate improvement in National ratings for delivery against performance targets
• To provide meaningful data to evidence the effectiveness of our services and the outcomes achieved
• To demonstrate the safety of our services and the care, treatment and support they provide</td></tr>
</table>

Women and Children’s Services

Detailed Plan found here.

Women and Children’s services, have and continue to go through a period transformation. The actions below consolidate services whilst the UHB also improves obstetrics and the specialist care baby unit in Glangwili through a business case.

Women and Children’s Service Key Actions				
Key actions	***Quarterly Milestones 2019/20***		**Measure**	**Executive Lead**
Development of outpatient hysteroscopy service at Bronglais	Q1	Complete staff training for supporting staff.	Training rates	Deputy Chief Executive - Chief Operating Officer and Women and Children’s’ General Manager
Rationalisation of out of hours on call consultant cover at Withybush integrating on call rota onto one site (Glangwili)	Q1	Integrated rota to be implemented May 2019	Revised Rota	
Relocation of the current termination of pregnancy and community gynaecology services from Pond Street and Madog Suite Glangwili to Penlan	Q3	Capital already allocated Project Group established. Project due for completion April 2020	TBC	
Centralisation into Withybush of outlying consultant led antenatal clinics in Pembrokeshire to meet NICE and Antenatal Screening Wales standards	Q2	Revised model of ANC clinic provision.	Revised clinic configuration	
Standardise community care pathways including a revised model for assessment of ADHD patients to support reduction of current waiting times and achievement of the 26 week Neuro-developmental assessment target	Q1	Healthcare Support Worker screening introduced Consultant face to face appointments reduced from 972 to 486/ yearend.	Monthly waiting times data	
	Q1-4	Standard annual review of appropriate patients implemented.		
	Q1-4	0.2wte Healthcare Support Worker secured		
Confirm sustainable model for ambulatory care provision in Withybush, supported by development of a tier of hybrid consultants and phased development of Paediatric Advanced Nurse Practitioner roles.	Q2	Proposal to be considered at March 2019 Board	Number of appropriate patients coming directly to Glangwili Reduction in new outpatient referrals	
Development of acute referral pathway including ‘triage’ Consultant of the week, in order to facilitate the correct and appropriate care pathway and reduce avoidable admissions	Q2			
	Q2			
Implement Paediatric Task & Finish Group proposals to rationalise on-call consultant cover in the south of the UHB on to one site (Glangwili)	Q2			
Progress the phased expansion of community children’s nursing capacity and expertise to support the development of an integrated approach to patient care via rotation of staff across neonates and acute paediatrics and acute and community paediatrics. This will necessitate the recruitment / development of additional specialist nursing roles over the next three years (subject to Board investment decision)	Q2			Director of Public Health and Women and Children’s General Manager
Work collaboratively with Public Health Wales to improve pregnant women’s health and wellbeing (smoking, obesity levels and improve nutrition and uptake of breastfeeding)	Q1	Working in partnership with Public Health Wales to develop services to achieve objectives of the first 1000 days initiative.	Monthly monitoring of data	

Enablers – 2019/20 actions

Workforce	**Finance**
Maternity: • Recruitment at Bronglais General Hospital - Recruitment drive for Maternity Unit. Engagement with Higher Education to promote the maternity service at Bronglais and the wider UHB. • Intelligent workforce with a potential for research development in line with the ARCH project –Proactive involvement with the R&D Department and engagement with Higher Education utilising the Consultant Midwife. • Flexible workforce across the UHB - The development of healthcare support workers in the community setting to fulfil the requirements of the Public Health Agenda • Develop Specialist Midwifery Roles in line with National Guidance – These roles will enhance continuity of carer, patient satisfaction and continuity of care planning. Gynaecology: • Medical recruitment at Bronglais Hospital remains a challenge, recruitment campaign being developed with workforce and OD • Development of Early Pregnancy Assessment Specialist Nurse, currently reallocating finance to provide funding • Urogyneacology specialist nurse business justification to be developed in line with WHIG group. Sexual Health: • Development of a medical trainee position • Gynaecologist working across Sexual Health to deliver additional community gynaecology care within the community setting. Acute & Community Paediatrics: • Development of enhanced non-medical roles to support activities currently undertaken by medical staff for example ADHD medication and side effect monitoring. • Recruitment, Retention and proactive succession planning for all staff groups, to include administrative services. • Collaboration with other Health Boards and agencies to strengthen services for children and young people to deliver care closer to home (e.g. Neonatal service provision) • Develop career pathways for APNP, ANNP and Specialist nurses. • Develop assistant practitioner nursing roles. • Commence integration of a single acute paediatric consultant on-call rota for the South of the County whilst continuing to support a separate on-call rota at Bronglais Hospital • Explore opportunities to strengthen paediatric nurse staffing expertise in each of the Emergency Departments across the UHB. • Continue work to develop and enhance paediatric skills and competencies amongst all multi-disciplinary staff who support paediatric care. • Increase the proportion of our staffing resource dedicated to the provision of community paediatric services. • Progress plans to strengthen neonatal experience amongst our medical and nursing staff via operational experience at the tertiary Neonatal unit. • Prioritise the development of specialist skills to support community based care for CYP including epilepsy, ADHD and respiratory. • Continue to work in partnership with other MDT and sCAMHS staff to deliver effective Neurodevelopmental pathways. • Review and develop appropriate skill mix across all staff groups.	See full women and children's plan for finances

Capital	**Digital**
Maternity: • Centralised Huntleigh CTG monitors for recording foetal hearts during labour.	Maternity: • SKYPE facilities • IT facilities for community midwives and access within community setting • Development of updated virtual tours of service facilities

• O2 saturation monitors for community midwives to ensure compliance with NICE guideline • Updated facilities on the maternity unit to accommodate women presenting with complex mobility issues. • Maintain ultrasound scanning provision • Bilirubinometers for community midwives to reduce unnecessary hospital Gynaecology: • USS for Withybush Hospital to introduce Nurse Led Early Pregnancy Assessment • Hysteroscopy digital imaging centre for Bronglais Hospital • 6 Hysteroscopy Scopes for Bronglais Hospital • Bladder Scanner for Glangwili Hospital to facilitate uyrodynamic 8 weeks diagnostic targets. • Uyrodynamic system at Withybush Hospital. Sexual Health: • Capital requirements to fund the refurbishment and relocation of Pond Street clinic to Penlan.	• Development of on line parent education and podcasts to allow easy access for service users • Central foetal heart monitoring (part of PHASE 2 development) Gynaecology: • Video conferencing units at all sites to enable multisite communication and reduce travelling times. Sexual Health: • Upgrade of the sexual health system to include online booking and self-arrival at clinic. • VC equipment in all community venues to facilitate teaching and training across the UHB Acute & Community Paediatrics: • Telehealth • Digital Dictation • Electronic case notes • Use of face time and other social media platforms for relatives who are separated

Quality

Maternity:

- Seamless care-planning in all consultant led clinics within the UHB
    - Consultant led clinics to be aligned implementing consistent care-pathways.
    - Themes and trends identified as part of clinical review process and for learning to be disseminated UHB wide.
    - To promote partnership working across the three maternity sites of the UHB.
- Availability of Sonography services in line with GAP/GROW policy
    - More sonographers to be trained using funding from WITS
    - Algorithms to be formatted and used UHB Wide to ensure adherence to local and National Guidelines.
    - Heads of Midwifery Group reviewing the sustainability of the GAP/GROW implementation and outcome measures.
    - Benchmarking proposed reduction in stillbirths following introduction of GAP/GROW.
    - GAP/GROW is defined as individualised foetal growth scan charts developed by the Perinatal Institute to reduce the incidence of stillbirths nationally.
    - Timely review and revision of local Maternity Guidelines in line with National Guidelines.
    - Ensuring staffing establishments maintained in line with Birth Rate Plus to maintain quality assurance.
    - Initiation of PROMPT training January 2019 to ensure multi-disciplinary obstetric emergency training in line with national standards.
    - Maintain clinical reviews and forums established to ensure robust review and learning from clinical incidents.
    - Continue with thematic analysis benchmarked against national standards
    - Maintain and improve compliance with UHB performance indicators

Gynaecology:

- Introduction of a gynaecology Trigger list in February 2018 has facilitated scrutiny when things go wrong, improvements in feedback in education and training and therefore improved quality
- Nice baseline assessments as per NHS Wales in Uyrogynaecology and Endometriosis pathways

Sexual Health:

- Accommodation at Pond Street is not fit for purpose to provide clinic care due to size, fabric of the building and general condition. There are plans to relocate the service to Penlan which is currently in the planning stage for completion in 2020
- Accommodation at Winch Lane Health Centre is not fit for the Sexual Health Service due to availability of rooms, size of treatment areas, inappropriate storage facilities which does not allow service development and compromises patient confidentiality and patient and staff wellbeing. There are plans to scope alternative accommodation for winch lane following completion of the Penlan project in 2020

Out of Hours

The UHB’s Out of Hours (OOH) Service is a traditional GP based model. Whilst it is being managed centrally, the service comprises of 3 separate county – based organisations which have transferred to the UHB. It operates from 5 bases across the UHB (2 each in Ceredigion and Carmarthenshire and 1 in Pembrokeshire). Actions for 2019/20 are around workforce expansion. To achieve a medium to long-term service model, investment is required as soon as possible to develop clinicians who have to required skillset and knowledge base to provide OOH based care- allowing the time to capture the support, mentorship and expertise of the existing GP workforce prior to their retirement. As a result, the service is planning to invest in the following staffing groups during the next financial year:

Out of Hours Key Actions

Key actions	Quarterly Milestones 2019/20		Measure	Executive Lead
GP’s- recruitment to continue- but development of supervisory roles is now essential to enable other clinicians to join in a supportive environment	Q2 – Q3	Targeted expressions of interest will be made. Need to assess whether this (along with increased remuneration) will be subject to a new salaried position (awaiting workforce opinion)	Successful recruitment and retention	Deputy Chief Executive - Chief Operating Officer and OOH General Manager
Investment in Advice GP as an interim measure pending development of Supervisory GP (within budget/ from reorganisation of existing workforce)	Q1	Advice GP sessions already assigned within existing staffing establishment	Efficiency of advice roll to be audited and mapped against the OOH standards; Seek opinion from other clinicians as to the benefit of this investment	
	Q3	Assess potential for increasing quota of advice clinicians as a part of winter planning		
Advanced Paramedic Practitioners (3 year project under way to integrate APPs into front line OOH working- to supplement GPs)	Q1	2 wte APPs in post in collaboration with WAST on a 3 year project (commenced Nov 2018)	Assessment of initial 6 months due in Q1 Business case to be prepared	
	Q1	UHB is looking at feasibility of investing in the training of an additional 10 APP trainees (education included) as an extension of the above model		
Advanced Nurse Practitioners (Bank staff in place on zero hour contract- to look at salaried posts to supplement GPs, delivering intermediate care at a patients’ home)	Q2	At present, plan is to retain bank staff with need to secure financial position in order to increase recruitment	Investment required for successful recruitment to be enabled	

Other advanced clinicians to include Pharmacists and Physiotherapists	Q1	Pharmacists are already employed by ABMU and deployed in connection with the UHBs OOH work on a regional working basis, overseen by the 111 team	Awaiting assessment of scheme/ review of concerns	
Registered Nurses (to assist with prudent healthcare principles including delivery of palliative care; verification of expected death; minor illness assessment; catheterisation (potential expansion of Acute Response Team into the OOH work base setting)	Q3	Need to secure financial position in order to begin recruitment. Also need to review the all Wales verification of expected death policy (currently being drafted) and seek local approval to maximise outcomes from any investment	Successful recruitment, deployment and assessment of nursing team/ review of concerns	
Health Care Support Worker (pilot under way throughout January/March 2019) – to support GPs with activity at times of peak demand.	Q1	Pilot is a part of national program. Pilot to be collectively reviewed and discussions about future integration will be made based on those findings. Again, need to secure financial position in order to increase recruitment	Await pilot review prior to scoping options based on findings	

Enablers – 2019/20 actions	
Workforce	**Finance**
• Review of current workforce model. Agreement of future vision and scoping of new potential model moving forwards	• Investment required to prepare for the above proposals but also to enable successful recruitment of clinicians as a part of future resilience planning. Request for reinvestment of funds connected with TUPE will be essential for reinvestment in terms of workforce development
Capital	**Digital**
• No known capital costs	• Unknown at this time
Quality	

Hospital Performance

Summary Performance Improvement for 2019/20

The summary below shows our performance ambitions for 2019/20:

Performance Measure	National Target	March 2019 trajectories	2019/20 trajectories – Position at the end of the quarter			
			June 2019	September 2019	December 2019	March 2020
% Waiting < 26 weeks Referral to Treatment (RTT)	95%	87.6%	90.3%	90.6%	90.9%	91.2%
Waiting > 36 weeks RTT	0	0	0	0	0	0
Wait >8 weeks for diagnostic	0	0	0	0	0	0
Stroke unit within 4 hours	59.7%	70%	80%	80%	75%	80%
Thrombolysed within 45 minutes	12 month improve	50%	50%	50%	50%	50%
Stroke CT scan within 1 hours	54.4%	80%	80%	85%	85%	85%
Stroke consultant < 24 hours	84.0%	95%	95%	95%	95%	95%
Urgent suspected cancer	95%	93%	93%	93%	93%	93%
Non-urgent suspected cancer	98%	98%	98%	98%	98%	98%
Red calls within 8 minutes	65%	65%	65%	65%	65%	65%
1 hour handover	0	109	142	139	155	109
Accident & Emergency 4 hour waits	95%	84.6%	86.4%	85.2%	86.6%	87.0%
Accident & Emergency 12 hour waits	0	387	434	460	494	431
Non-mental health delayed transfers of care (R12m)	<=5% reduction to 2018/19 EOY	38	<=39	<=48	<=41	<=34
Mental health delayed transfers of care (R12m)	<=10% reduction to 2018/19 EOY	5	5 per month			
Local Primary Mental Health <28 Days Assessment	80%	80%	80%	80%	80%	80%
Secondary mental health care and treatment plan	90%	90%	90%	90%	90%	90%
Hospital initiated non-clinical cancellations <24 hours of procedure	5% improvement from 2018/19	<=258	<=130	<=160	<=92	<=100
Delayed Follow Ups (All Specialties)	Reduction	30,000	28,125	26,250	24,375	22,500
Delayed Follow Ups (5 planned care specialties)	Reduction	12,510	11,728	10,946	10,164	9,383
Number waiting > 14 weeks for a specific therapy	0	0	0	0	0	0
Population rate *E.coli*	Rate<=67	89	Rate <=82			
Population rate *C.difficile*	Rate:<=26	39	Rate <=34			
Population rate *S.aureus*	Rate<=20	33	Rate <=29			
% of full time days lost to sickness absence (R12m)	Reduction	4.92%	4.90%	4.80%	4.80%	4.79%
% staff undertaking personal appraisal and development review	>= 85%	85%	85%	85%	85%	85%
Staff compliance with Core Skill Training Framework	>=85%	85%	85%	85%	85%	85%

The Performance Plan can be found here.

Planned Elective Care

The Planned Care appendix to the Performance Plan can be found here.

This section outlines the provisional delivery proposals in respect of the Welsh Government Referral to Treatment (RTT) 36 week maximum waiting times target for 2019/20, delayed follow-ups, Eye Care Measures, Outpatient Improvement and supporting capital priorities to facilitate transformation of services from 2020 onwards.

Referral to Treatment (RTT)

The proposals outlined below remain draft and have been developed for further discussion with Welsh Government to inform the confirmed solutions on which the UHB's delivery plan for 2019/20 will be based. Over the past 2 years, the UHB has achieved significant progress in reducing the volume of patients waiting in excess of 36 week from approx. 400 in 2016/17 to a forecast position of zero breaches by 31st March 2019. Whilst the UHB continues to work towards a sustainable performance position, supported by continuing improvements in efficiency, productivity and service re-design, the proposals outlined below identify those specialties where additional activity, above core capacity levels, will be required during 2019/20 to support this position.

The total volume of planned core activity for 2019/20 has been assessed against forecast demand levels, by specialty and stage, to inform an overall assessment of the demand / capacity surplus or gap by specialty. Where applicable, forecast demand / capacity gaps have been further assessed to highlight potential 36 week breaches by March 2020 without additional delivery solutions, above core levels. Forecast core capacity levels for 2019/20 also reflect, where applicable, the further full year impact of efficiency & productivity improvements achieved during 2018/19. Planned core capacity during 2019/20 is expected to increase by the following volumes, above 2018/19 planned levels:

2019/20 Planned Core Capacity Increases	Volume
Stage 1	3,274
Stage 4	1,048

These planned core capacity increases reflect a range of efficiency & productivity improvements including new-follow up ratios, DNA performance and theatre utilisation planning. By way of summary, this highlights the following:

Forecast Capacity Gaps and 36 week Breaches by Stage 2018/19 without additional delivery solutions	Stage 1		Stage 2 & 3		Stage 4	
	Total overall 2019/20 capacity Gap (Excluding specialties in surplus)	Forecast 36 week breaches 2019/20 without additional delivery solutions	Total overall 2019/20 capacity Gap (Excluding specialties in surplus)	Forecast 36 week breaches 2019/20 without additional delivery solutions	Total overall 2019/20 capacity Gap (Excluding specialties in surplus)	Forecast 36 week breaches 2019/20 without additional delivery solutions
Urology	0	0			134	134
Breast	227	0			8	0
Colorectal	332	0			0	0

Vascular	210	210			0	0
Trauma & Orthopaedics	0	0			466	466
Ophthalmology	0	0			1,648	1,648
Pain Management	65	65			81	81
Cardiology	0	0	111	111	0	0
Dermatology	1,248	1,248			0	0
Neurology	537	537			0	0
Rheumatology	125	0			0	0
Geriatrics	145	0			0	0
Gynaecology	0	0			48	48
Total Stages 1 - 4	2,889	2,060	111	111	2,385	2,377

The analysis above is described in more detail below, by specialty, the 2019/20 Planned Care plans have proposed solutions as follows:

- **Urology** – whilst forecast demand and capacity at stage 1 is in balance, there is a forecast capacity gap of 134 patients at stage 4. This predominantly reflects the impact of urgent cancer patient demand on overall stage 4 capacity and will require additional internal Waiting List Initiatives (WLI) solutions to address.
- **Breast** – although a forecast demand and capacity gap has been identified at stages 1, this will be addressed through additional efficiency and productivity measures and is not expected to result in 36 week breaches by March 2020.
- **Colorectal** - although a forecast demand and capacity gap of 332 patients has been identified at stage 1, there is a corresponding forecast stage 1 demand and capacity surplus in General Surgery. Reprioritisation of stage 1 resources to Colorectal will part address this forecast gap along with additional efficiency and productivity measures to mitigate the risk of 36 week breaches by March 2020.
- **Vascular** – conversely, the forecast demand and capacity gap of 210 patients cannot be offset by a reprioritisation of stage 1 resources from General Surgery as the local team does not have the specialist skills available to assess these patients. In the absence of recruitment of a vascular specialist within the local team, this forecast gap will require a WLI solution via ABMUHB to resolve the risk of potential 36 week breaches by March 2020.
- **Trauma & Orthopaedics** –analysis of demand and capacity at stage 4 suggests a potential sustainability / capacity gap of up to 466 patients for 2019/20. This reflects a mis-match between sub-specialty skills / capacity and local demand, the level of core capacity which is utilised for urgent cases and the impact of unscheduled care demand pressures at Withybush & Bronglais hospitals in particular, on available planned care capacity. It is anticipated that the forecast gap of 466 patients will be addressed via a combination of internal backfill and WLI activity without the requirement for outsourcing of activity to the private sector.
- **Ophthalmology** - the underlying demand and capacity imbalance in this specialty (part influenced by an approximate 40% vacancy factor within the hospital based Ophthalmology medical team and limitations on available cataract operating facilities) is expected to lead to the forecast stage 4 capacity gap of approximately 1,648 cases during 2019/20 without additional delivery solutions. Whilst the UHB is developing plans to improve local capacity to support the required volume of cataract operations in the medium term (March 2020 onwards), it is anticipated that a similar volume of outsourced cataract activity will be required to that delivered during 2018/19.

- **Pain** – although this specialty has not been considered a breach risk during 2018/19, there is evidence of increasing demand at stage 1 and 4 year to date which is likely to lead to small but significant forecast demand / capacity gaps at both stages during 2019/20. Whilst work is continuing in this specialty to identify solutions to these forecast gaps, it would be prudent to make provision for additional internal delivery solutions, above core levels, to mitigate the risk of 36 week breaches by March 2020.
- **Cardiology** – whilst forecast demand and capacity at stage 1 is in balance, there is an underlying capacity gap (and therefore potential 36 week breach risk) at stage 2/3, reflecting the continued reliance on external providers to support RTT pathway cardiac CT & MRI diagnostic activity due to the absence of this capacity /expertise locally within the UHB. It is therefore recommended that additional delivery solutions for approximately 111 patients be secured during 2019/20 to mitigate the risk of 36 week breaches by March 2020.
- **Dermatology** – the service across the West Wales region is recognised as fragile due to the volume of consultant vacancies and recruitment challenges within this specialty. Whilst a regional planning workstream is in development to support the progression towards a more primary care based delivery model in the medium term, there is a significant forecast demand / capacity gap of 1,248 patients during 2019/20. It is therefore recommended that additional outsourcing solutions be secured to mitigate the risk of 36 week breaches by March 2020.
- **Neurology** - there has been a long-standing capacity deficit within the Neurology service due to the limited availability of Consultant Neurologists to support demand for the service in Hywel Dda. Although there has been some improvement in capacity during 2018/19, the UHB continues to address the capacity gap in this specialty through the commissioning of additional activity via an external provider. Whilst regional planning to support a sustainable Neurology service for South West Wales continues, this is not expected to facilitate a solution to the forecast capacity gap of 537 patients during 2019/20. To mitigate the risk of 36 week breaches by March 2020, there is a requirement for continuing support for additional activity via an external provider.
- **Rheumatology** - although this specialty has not been considered a breach risk during 2018/19, there is evidence of increasing demand at stage 1 year to date which is likely to lead to small but significant forecast demand / capacity gap during 2019/20. This will be addressed through additional efficiency and productivity measures and is not expected to result in 36 week breaches by March 2020.
- **Geriatrics -** there is a small but significant forecast demand / capacity gap during 2019/20 at stage 1. This will be addressed through additional efficiency and productivity measures and is not expected to result in 36 week breaches by March 2020.
- **Gynaecology** - increasing demand at stage 4 year to date and the increasing impact of sub-specialisation within this specialty is likely to lead to small but significant forecast demand / capacity gap of 48 patients by March 2020. To mitigate this risk, additional WLI delivery solutions will be required.

The delivery solutions referenced above reflect the UHB’s current assessment of what is deliverable during 2019/20 in order to mitigate the risk of 36 week breaches, and the associated costs, all of which will need to be discussed with Welsh Government as part of the approval of this plan. In addition to the speciality delivery solutions outlined above, the UHB’s Referral to Treatment (RTT) delivery plan for 2019/20 also assumes the continuing requirement to resource the following service enhancements to support overall delivery, as reflected in the 2018/19 delivery plan, as follows:

Continuing additional investment from 2018/19 required to support core delivery	
Eye care coordinators (Full Year Effect)	£121,000
Consultant Neurologist & Medical Secretary (Full Year Effect)	£122,000
Supporting pathology diagnostic capacity	£120,000
Additional endoscopy diagnostic capacity	£460,000
Therapies & Audiology	£260,000
Sub Total	**£1,083,000**

The total provisional cost of delivery for 2019/20 is therefore summarised as below:

Total provisional cost of delivery 2019/20	
Stage 1 additional activity	£719,052
Stage 2&3 additional activity	£60,000
Stage 4 additional activity	£3,690,258
Supporting investments	£1,083,000
Delayed follow ups (all speciality initiatives to support a 25% reduction in delayed follow-ups by March 2020)	£1,000,000
Total	**£6,552,310**

Delayed Follow-Ups

The UHB's strategy to reduce delayed follow-ups during 2019/20, spanning both those specialties prioritised via the National Planned Care Programme (PCP) and other specialties where delayed follow-up backlogs currently exist, is shown below:

Workstream	Planned Care Programme Specialties	All Specialities
National Planned Care Programme	**Ear, Nose and Throat (ENT)** Building on performance improvements achieved during 2018/19, continuing work within the specialty to identify alternatives to routine follow-up review and application of clinical guidance developed by the ENT Planned Care Board.	
	Orthopaedics In accordance with national PCP guidance, incremental roll-out of plans to reduce the volume of routine follow-up appointments offered to patients who have undergone hip/knee replacement surgery in favour of SOS/PROMS based monitoring.	
	Ophthalmology Progressive implementation of the new Eye Care Measures in parallel with review of high priority glaucoma follow-up patients via community based Optometrists.	
	Urology Implementation of a self-care programme for prostate patients which is expected to significantly reduce the number of delayed Urology follow-ups across all Health Boards (subject to confirmation of final Welsh Government delivery plan).	
Pathway Management	**Training** Led by the Patient Pathway Management Group, roll-out of a targeted training programme for various staff groups with operational responsibility for day to day application of the Access Policy, designed to reduce data errors and promote accurate entry and up-keep of patient pathways on WPAS.	
	Administrative Validation Continuing targeted administrative validation of delayed follow-ups across all specialties via letter and text methodologies.	

	Clinical Validation To supplement targeted clinical validation within clinical teams of delayed follow-ups which have been subject to administrative validation, implementation of a programme of GP based clinical validation.
	Clinical Outcomes Promote increased compliance with clinical outcome recording to support targeted action to reduce delayed follow-ups in high risk specialties.
	Access Policy Strict application of Access Policy to help avoid artificial inflation of delayed follow-up numbers by ensuring follow-up patients are routinely discharged to GP if they do not respond to appointment invitations.
Clinical Transformation	**Clinical Guidance** Agreement and implementation of clinical follow-up guidance across all specialties (as appropriate).
	Self-Management Building on work progressed in ENT, Gynaecology & respiratory, adoption of self-management programme principles as an alternative to clinic based follow-up care across a broader range of specialties (as clinically appropriate).
	Virtual Clinics Expansion of the range of virtual clinic review methodologies to a greater range of specialties as an alternative to clinic based review.
	Community Based Reviews Explore opportunities for additional community based practitioner review models in addition to model already planned for Glaucoma.

Whilst the UHB has achieved measured progress during 2018/19 in preventing significant growth in the overall number of delayed follow-ups and reductions in the volume of patients in the 0-25%, 26-50% and 51-100% delayed categories, further progress in reducing those patients in the 100% delayed category during 2019/20 will require additional solutions.

The plan outlines both specialty specific and generic solutions designed to reduce the overall volume of delayed follow-ups by 25% during 2019/20. In addition to specific initiatives in respect of Planned Care Programme specialities, the strategy includes the following themes:

- enhanced training programmes to support improved pathway management
- targeted administrative validation
- Targeted clinical validation within clinical teams and via a programme of GP based clinical validation.
- adoption of self-management programme principles as an alternative to clinic based follow-up care across a broader range of specialties
- Expansion of the range of virtual clinic review methodologies to a greater range of specialties as an alternative to clinic based review.
- Further opportunities for additional community based practitioner review models in addition to model already planned for Glaucoma.

The UHB estimates the potential cost of achieving this planned reduction to be approximately £1m.

Outpatient Improvement Programme

In support of the above, the UHB will continue to pursue a programme of outpatient efficiency and clinical service transformation priorities designed to improve the management of demand, patient experience and activity within existing resources. Building on progress achieved during 2018/19, our plans reflect a range of efficiency & productivity improvements including new-follow up ratios, DNA performance, referral management and a continuous review of clinic templates to reflect demand patterns. Detailed priorities, by specialty, will be overseen by our Executive led Turnaround Group.

Eye Care Sustainability (including Eye Care Measures)
The UHB's proposals to deliver an overarching Eye Care sustainability plan have been supported by Welsh Government Eye Care Sustainability Fund. During 2019/20, the UHB will progress implementation of the plan which provides a framework within which community and hospital based eye care services within the UHB will be delivered and the sustainable development of these services over the next three years.

The overarching theme of the UHB's plan is to safely share care between community and hospital eye care professionals, as required by existing and agreed Welsh Eye care protocols to ensure that patients who require hospital based care are able to receive it in a timely and co-ordinated manner. This fits with the aspirations of the "A Healthier Wales" framework. Key workstreams in the plan include:
Cataract Pathway – centred on integration of community based optometrists to support the assessment of potential cataract patients thereby allowing specialist medical resources to be prioritised for delivering cataract treatments
Glaucoma pathway – management of glaucoma review patients within the community setting with joint patient risk stratification protocols between community and hospital based clinicians to facilitate the seamless transfer of higher risk cases for specialist care, as required
wAMD – implementation of a single electronic archiving and clinical record keeping system, which will allow patients to be reviewed remotely and treated within an expanded community based ODTC model.
Eye Care Measures – delivering prioritised assessment and treatment of eye care patients according to their assessed clinical priority within appropriate timescales, irrespective of the former new or follow-up status.

Obstetric Anaesthetic Workforce expansion to support maternity services at Glangwili: The current workforce / rota cover for the maternity unit does not meet the Royal College of Obstetric standards. To provide a service in line with external quality standards, and to provide the optimal service to our users an expansion in the workforce is required. It is recommended that there are 15 consultant session's job planned to support the maternity ward, elective and emergency theatre sessions, an overall expansion of 8.3, required to prevent maternal or neonatal complications. The service model is under review but it is recognised that effective workforce planning in 2019/20 is crucial in ensuring that the new unit matched with a high quality workforce.

Supporting Capital Priorities

In support of the above planned care service priorities, the UHB plans to pursue the following capital development proposals to support further clinical transformation and sustainability of services beyond 2019/20 (see also capital section):

Enablers – 2019/20 actions	
Workforce	**Finance**
Review of workforce models to support proposed planned care actions	The financial plans for service development schemes are part of the overall UHB financial governance structure
Capital	**Digital**

• Prince Philip Day Surgery & Endoscopy expansion scheme • Expansion of the Obstetric Anaesthetic Workforce to support maternity services at Glangwili • Ophthalmology Diagnostic & Treatment Centre • Cataract Unit • Investment in Digital solutions	See above and digital enabling plan
Quality	
• Reduced RTT • Increase sustainability of the service • Improved environment e.g. Prince Phillip endoscopy unit to meet JAG accreditation	

Unscheduled Care

The Unscheduled Care appendix to the Performance Plan can be found here.

The UHB's unscheduled care system remains extremely challenged. Compared to the same period in 2017/18 (April – October), monthly attendances to A&E departments across the UHB have increased by +2.4% (+2,191) however emergency admissions have reduced by -5.1% (-1,127) and ambulance attendances have reduced by -4.45% (-953).

2018/19 Performance Headlines: overall performance measures have shown some improvement but with significant challenges remaining to achieve the standards that are aspired to and that our patients should expect. Headline performance levels for the year to date are as follows:

- Red Calls in 8 minutes: the UHB continues to work with WAST in maintaining the national target of 65%
- 4 Hour Performance: continues to be above the all Wales trend in the first 7 months of 2018/19 and in September 2018, performance was ranked as being the third best in Wales.
- Ambulance Handovers over 1 hour and 12 Hour Performance remain significant challenges within the UHB and are as a direct consequence of insufficient capacity within hospitals, the effect of this is inappropriate waiting times in A&E departments, particularly overnight, affecting the A&E departments ability to maintain flow, the inability to clear today's work today means that A&E departments are blocked. Both of these are key priorities for 2019/20. Our position based on the April 2019 starting position for 2019/20 will show an improvement over the year - the April 2019 position for Ambulance handovers is projected at 158 but the March 2020 position is 109, therefore there is an improvement for the year. Likewise for 12 hour waits, the April 2019 figure is projected at 551 and March 2020 position is 431. Our ambition is to completely eliminate ambulance handover delays and 12 hour waits in its A&E departments.

In delivering improvement, there are a number of challenges which we will need to overcome including:

- Workforce availability and capacity across the whole of the unscheduled care system. Vacancies remain ever present in middle grade posts within A&E and nursing staffing levels on medical wards with a resultant reliance on agency staff. In addition GP out of hours' rotas remain fragile;

- Whilst there has been investment within the A&E departments, new minors department at Glangwili, new ambulatory care units at Bronglais & Withybush Hospitals, there remain key environmental challenges within our departments. All of our major A&E departments were planned on much smaller attendances and these continue to increase annually;
- High conveyance rates within Carmarthenshire compared to other areas within the UHB and All Wales;
- Availability of out of hospital capacity which compromises our ability to implement agreed discharge standards and increases length of acute hospital stay;
- Increased age & acuity of patients presenting with multiple co-morbidities and families/residential homes sending patients to A&E when they can no longer cope;
- Lack of capacity in ABMU for timely transfer and management of patients requiring interventional cardiology;

The unscheduled care programme aims to resolve these issues on a sustainable basis. The Unscheduled Care Programme sets the strategic direction and objectives that drives the county and locality plans. This board holds the responsibility for the development of the Unscheduled Care Programme for the UHB in partnership with its coterminous Local Authorities and Welsh Ambulance Service Trust, to improve care and experience for people and to achieve the National Programme of work for Unscheduled Care agreed by the Chief Executives, LHBs Wales, Directors of Social Services & Chief Executive WAST.

This board recognises that the current services within the unscheduled care system are unsustainable. The unscheduled care programme must therefore deliver significant change to achieve the agreed aim of; Improved patient care through improved unscheduled care services.

The programme will bring together partner organisations across the unscheduled care system; health and social care working together to ensure that patients are treated in the right place by the right person at the right time, by identify duplication and gaps in services, improving current services and the patient experience. The following key objectives have been agreed;

- Better understanding of demand and capacity across health and social care unscheduled care services;
- Setting standards using an evidence based approach;
- Describe what the ‘best we want to offer’ for our unscheduled care service looks like;
- To support communities of practice to implement unscheduled care improvement plans to deliver the outcomes defined in these standards;
- Develop, with partners, a series of performance metrics across the unscheduled care system, ensuring alignment with national work;
- Ensure that the necessary governance mechanisms are in place to provide assurance to the UHB.

Over the last 2 years a number of external audits have been undertaken by Health Inspectorate Wales, Welsh Audit Office and the Welsh Government Delivery Unit. These reports reviewed discharges within the community & acute hospital settings and ambulance handover. More recently, the Delivery Unit have audited complex discharges within both acute and community hospitals and the findings and recommendations mirror the earlier reports. The recommendations which will form the foundation in our unscheduled care improvements in 2019/20 are centred on the following themes:

- Having alternative community wrap around services (e.g. Community Resource Teams) for carer support and respite;

- Pathways for emergency care which bypass A&E should be in place;
- Discharge planning must commence at an early stage. It should begin with the patient’s acute phase and if necessary transfer seamlessly into the community hospital setting;
- Having clearer more succinct rehabilitation and assessment pathways, and communicating these to the patient/family with an Estimated Date of Discharge;
- Reducing waits for longer-term packages of care & providing more timely access to reablement packages at home.

Unscheduled Care Improvement Plan

There is significant advice and best practice available to the UHB following a number of service reviews undertaken over the past few years and the audit reports outlined above, hence the improvements needed to be made to our current systems are very clear. Our focus therefore, needs to be on implementation of recommendations from these longstanding reviews/audit reports. Alongside this the implementation of the unscheduled care standards across the 4 prioritised component steps and development of the remaining standards for component steps 1, 2, 3 & 7.

Key objectives and associated actions that are considered enablers to the more detailed action that will be overseen at a local county level are shown in the table below:

Unscheduled Care Key Actions				
Key Actions	**Quarterly Milestones 2019/20**		**Measure**	**Executive Lead**
Single point of access to provide information, advice & assistance	Q2	Develop a single assessment and care plan template to be shared across system	Reduced LOS and reduced conversion rate for frail patients	Deputy Chief Executive – Chief Operating Officer and USC SDM
Roll out of single patient plan (staged approach stay well – anticipatory – advance care plans)	Q4	Roll out of single patient plan (staged approach stay well – anticipatory – advance care plans)	"Number of stay well, anticipatory and advance care plans	
	Q4	Single point of access to provide information, advice & assistance	"Number of outbound calls as a % of people registered with 'stay well' plan	
Undertake capacity & demand review & modelling in community services	Q1	Review DES Care Homes and identify areas of duplication i.e. Locality Frailty Nurses and Community Nursing assessments	Reduced admissions to hospital by care home residents.	Deputy Chief Executive – Chief Operating Officer AND Director of Primary Care, Community and Long Term Care and USC SDM
	Q1	Review of 'whole system' Chronic Disease Management in Health Board	Reduction in admissions to hospital for those with chronic disease - Basket of 8 tier one targets	
	Q1	Evaluate the use of Community Care beds over the winter period and identify a plan for effective utilisation and required resource throughout the year	Reduced admissions and number of bed days occupied by > 75s admitted by Gen Med emergency	
	Q2	Develop a combined Long Term Condition Team integrating frailty and dementia screening into core patient assessments in Pembrokeshire	reduce admissions to hospital for complex and frail patients	

	Q4	Develop Crisis/Urgent Response model	Reduced admissions and number of bed days occupied by > 75s admitted by Gen Med emergency	
	Q4	Development of integrated community resource teams in Pembrokeshire	Workforce model for each ICN	
Embed culture of 'Think AEC first' & 'Home First'	Q4	Joint planning of Crisis Response to support implementation of nationally agreed AEC and Home first Principles	Reduced admissions and number of bed days occupied by > 75s admitted by Gen Med emergency	Deputy Chief Executive – Chief Operating Officer and USC SDM
Implement early conversations with patients	Q4	Introduce 'Ticket Home' on Medical Wards; All Frail Patients to have Clinical Discharge Criteria agreed between Clinician, MDT, Patient and their Carer.	Reduced Days Lost across the D/C pathway	
Consistent front door turnaround services	Q1	Improve redirection and utilisation of services outside of the Emergency Department in all OOH services, GP stroke's, Community Pharmacy, Frailty Clinics, Mental Health and Learning Disabilities - Withybush	Reduction in ED minor attendances	
	Q3	Development of Frailty Pit Stop Model at front door to support with enhancing discharge within 72 hours for frail population - Withybush	Reduction in LOS for people over 75 years	
	Q4	Extend TOCALS as part of intermediate care review to support AEC and 12 hour working	Reduced admissions and number of bed days occupied by > 75s admitted by Gen Med emergency (n= 87000)	
Ensure consistent process to identify simple / complex discharges on admission	Q1	Review complex discharge pathways to identify improvement to support timely and safe transfer home		
	Q2	Embed Red2Green, board rounds, 4 questions and SAFER patient bundle	Reduction in LOS	
Embed Red2Green, board rounds, 4 questions and SAFER patient bundle	Q4	Written Control Documentation Procedure for Delayed Transfers of Care and Discharge Planning approved and implemented via training. (DToC)	Accurate dataset within SharePoint, Days Lost reduction across D/C pathway (SharePoint)	
Ensure consistent handover to community services	Q1	Develop Procedure for DToC Validation and Reporting. Gain Control Group and Policy Group approval and implement training	Improved consistency and compliance of DToC reporting	
	Q1	Develop Procedure for use of SharePoint Working List. Gain Control Group and Policy Group approval and implement training to relevant staff	Reduced number of bed days occupied by > 75s admitted by Gen Med emergency (n=87000)	
	Q1	Review and implement consistent process for FNC and CHC	Reduction in LOS	
	Q1	Accessing Alternatives to Admission - MDT pilot currently being funded by discretionary ICF.	Reduce number of unscheduled admissions / reduce LOS	

Stroke: Delivering high-quality, evidenced-based stroke care for every patient continues to be a challenge for the UHB, in part due to stretching our specialist stroke multidisciplinary team across four acute sites. The UHB continues to be actively engaged with ABMUHB in the planning of a hyper-acute stroke unit (HASU) via the ARCH (A Regional Collaborative for Health) programme.

In addition, during 2019/20, the UHB will undertake a whole-system pathway re-design of our stroke services, from prevention, through acute stroke and rehabilitation, to life after stroke. This will consider the best use of our current staffing resource and identify plans to address gaps in multidisciplinary service provision, including the development of early supported discharge and community neuro-rehabilitation. Rather than releasing cash savings, these changes will focus on improving the quality and efficiency of our stroke services. The key challenges we face as a UHB include:

- Admission to the stroke unit within 4 hours
- % of patients thrombolysed within 45 minutes door to needle
- % of patients CT scanned within 1 hour
- % of patients seen by a Stroke Consultant within 24 hours.

To help support these challenges a series of improvement plans for 2019/20 are being put in place (hyperlink) based on improving the domains of the Welsh SSNAP (Sentinel Stroke National Audit Programme) Data. Review of the last seven periods of data have shown that there are domains within the UHB with poor measures, and whilst there are some changes will need wider buy-in (e.g. radiology or bed-management support), others could be an issue for the stroke teams themselves to resolve. The Stroke appendix to the Performance Plan can be found here.

Dementia: The UHB and its partners, has identified a range of priorities for development to support those living with/caring for people with dementia. In 2019/20, with the support of circa £1.2m Welsh Government dementia funding.

Dementia Key Actions (initiatives funded via Dementia ICF)

Key Actions	Quarterly Milestones 2019/20		Measures	Executive Lead
Strengthen dementia training in the UHB and across our partner organisations	Q1	Appoint joint agency training lead for dementia	Increase % of NHS employed and community care staff who deliver hands on care who are trained in an appropriate level of dementia care	Director of Therapies and Health Science and Assistant Director of Therapies
	Q2	Complete joint agency training plan		
	Q3	Deliver enhanced level of training		
	Q4	Deliver enhanced level of training		
Expand and enhance our memory assessment services to improve our dementia diagnostic rate and identify those with dementia at an earlier stage	Q1	Appoint 3 x Advance Nurse Practitioner (ANP) as part of MAS & establish infrastructure for screening with iPad	Number of people diagnosed with dementia & able to access MDT 'teams around the individual'.	
	Q2	Complete induction (and map training needs for appointed practitioners) and confirm as part of MAS working model. Adjust diagnostic pathway to reflect use of diagnostic screening.		
	Q3	Introduce model of ANP led dementia diagnosis		
	Q4	Evaluate Model of ANP led diagnosis to adjust as required		

Develop locality wrap around care	Q1	Establish agreed partnership agreement with Dementia UK for a team of Admiral Nurses and agree model for Dementia Community Navigators. Joint working with the UK Network of Dementia Voices to co-design locality wrap around	Care co-ordination, carer support and opportunity to develop coping strategies	
	Q2	Appoint 1st Admiral Nurse & complete induction. Establish tendering process or appointment for dementia community navigators		
	Q3	Appoint remaining Admiral nurses and establish co-designed community support as part of CRTs		Director of Therapies and Health Science and Assistant Director of Therapies
	Q4	Deliver integrated tem service		
Support development of dementia friendly communities	Q1	Establish dementia friendly communities lead in each county	Number of dementia friendly communities/services/organisations	
	Q2	Establish Communities work plan to support increase in the number of dementia friendly communities/businesses		
	Q3-4	Deliver work plan		
Establish a system wide specialist multidisciplinary behavioural assessment team to improve care for those with dementia e.g. care homes to reduce the use of anti-psychotic medication	Q1	Appoint an MDT team of specialist/advanced scope practitioners	• % people with diagnosis of dementia prescribed antipsychotic medications. (Annual Audit & care home evaluation) • number of people living with dementia who access urgent short term care • Number of people living with dementia with anticipatory care plan.	
	Q2	Develop hub and spoke model to deliver targeted MDT support triggered by presentation of behaviour that challenges. Development of work plan and priorities for targeted intervention e.g. care homes		
	Q3-4	Deliver service as described in work plan		
Improve advance care planning for people with dementia	Q1	Agree model of practice and establish Marie Curie Dementia support workers to improve access to advanced care planning for people living with dementia	• number of people who are living with dementia who are at end of life that have USC hospital admission • Number of people living with dementia who have an anticipatory/advanced care plan. • % older people accessing Continuing Healthcare	
	Q2-4	Deliver service as agreed		

Cancer

Detailed Plan found here

The UHB has a slightly higher incidence of cancer than the Welsh average, as pockets of high economic deprivation are associated with increased incidence of all types of cancer. The UHB supports diagnostic services and chemotherapy for most of the cancer sites. Oncology is supported by ABMUHB and all radiotherapy takes place in Singleton or Velindre hospitals. A significant volume of specialist oncology surgery takes place in ABMUHB and Cardiff and Vale UHB.

Our plans have be drawn from the our more detialed Together for Health Cancer Delivery Plan which describes the UHB's overall programme of work to address the priorities reflected in the NHS Wales Cancer Delivery Plan as follows:

- Preventing Cancer
- Screening & Detection
- Meeting the needs of people affected by Cancer
- Detecting Cancer Earlier
- Delivering Fast, Effective Treatment & Care

In addition to the above, a key priority for the UHB during 2019/20 will be implementation of the Single Cancer Pathway (SCP) in readiness for public reporting of performance date by August 2019. The UHB has established a SCP Implementation Group, reporting to the Executive led Cancer Board, to oversee the implementation plan developed in support of the SCP. The key elements of this plan are highlighted in the actions listed below.

The UHB remains concerned about the impact of the SCP on diagnostic service capacity and the availability of practical, local solutions during 2019/20 to significantly increase key diagnostic service capacity to meet the anticipated impact of the SCP. Whilst work is continuing with support of the Wales Cancer Network and Welsh Government Delivery Unit to further assess the forecast impact of the SCP, the UHB believes that regional solutions will be required to deliver a sustainable enhancement of diagnostic capacity and will progress discussions via the Joint Regional Planning & Delivery Committee to identify opportunities for enhanced capacity.

Cancer Key Actions				
Key Actions	**Quarterly Milestones 2019/20**		**Measure**	**Executive Lead**
Detecting Cancer Early	Q1	Introduction of the new Fit test for bowel screening.	Forecast 7% increase in Bowel Screening Uptake	Director of Public Health and Cancer General Manager
Meeting the needs of people affected by Cancer	Q1	Further strengthening of the Acute Oncology Service (AOS) with the planned appointment of an AOS nurse at Bronglais to support and coordinate the management of oncology patients who present with acute illness related to their condition.	Appointment to post Monitoring of monthly activity	Deputy Chief Executive - Chief Operating Officer and Cancer General Manager
	Q1	Further increases in local Chemotherapy delivery across the UHB as a consequence of joint service planning with ABMUHB, reducing the need for patients to travel outside of the UHB area for treatment.		
	Q3	Introduction of a Women's Cancer Pharmacist for the treatment of metastatic breast cancer to offset the additional cost pressures associated with new NICE approved drug treatments.		
Delivering fast, effective treatment	Q1-Q4	Continue the focus via MDTs to refine diagnostic and assessment pathways	Number of revised pathways	
	Q1-Q4	Continue to work with ABMUHB to reduce tertiary unit treatment delays for specialist surgical and oncology pathways	Monitoring of monthly activity	

	Q1-Q4	strengthen capacity and sustainability of key diagnostic services to support tumour pathways		
Implement the Single Cancer Pathway	Q1-Q4	Led by the UHB's Cancer Board and SCP Implementation Group: • Work with the Wales Cancer Network and Delivery Unit to further assess anticipated demand and available capacity to support the SCP • Ensure UHB ability to report component pathway waits in support of planned public reporting • Embed systems and processes with diagnostic and acute care teams to ensure timely identification of 'date of suspicion' for those patients not directly referred by general practitioners • Progress targeted roll-out of UHB E-referral system to ensure coverage for all SCP specialties • Roll-out Tracker 7 application for all service management teams to support effective management of SCP component waits • Utilise the newly appointed Cancer QI Patient Centred Care Manager to support individual MDTs to adopt and implement nationally agreed optimal diagnostic pathways • Implement community pharmacy direct referrals for chest x-rays • Continue a structured programme of staff engagement events with hospital and primary care teams • Explore regional solutions to anticipated diagnostic service capacity challenges where local solutions / capacity will be insufficient to meet forecast demand	Monthly shadow SCP monitoring performance data	Deputy Chief Executive - Chief Operating Officer and Cancer General Manager

The Cancer appendix to the Performance Plan can be found here

Public Health Interventions

Drugs and Alcohol

Tackling drug and alcohol use is complex, it requires a multi-faceted, integrated approach across organisations, settings, communities and individuals. Moving forwards our focus will be towards health and wellbeing not just misuse of substances.

Drug and Alcohol Key Actions

Key Actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Prevention: Whole Population		Support Welsh Government implementation of Minimum Unit Pricing	**TBC**	Director of Public Health and Head of Commissioning & Partnership Strategy Development
		Increase links with the local licensing process		
		Develop intelligence and data resource and capability across partnerships		
		Scope out new children and young persons' service model, increasing links with partners		
Targeted Prevention: Alcohol		Review primary care screening and brief intervention	**TBC**	
		Continue to develop Alcohol Liaison Services in acute settings including psychological interventions		
		Establish Alcohol Liaison Service in Withybush		
		Continue to roll out screening and brief intervention (AUDIT-C) across all hospital sites		
		Roll out alcohol withdrawal protocol (CIWAR) across hospital sites		
		Continue to commission Pharmacy and specialist site Needle Syringe Programmes, encourage returns and work with communities over any drug related litter	**TBC**	

Targeted Prevention & Harm Reduction: Drugs		Explore Pharmacy distribution of Naloxone		
		Explore Pharmacy enhanced services for Blood Borne Viruses		
		Roll out distribution of Naloxone across hospital sites		
		Agree non –fatal overdose ISP		
Treatment and Recovery		Review Mental Health /Co-occurring approach and access to psychological and psychosocial support	**TBC**	
		Review prescribing access and model as part of the treatment system		
		Scope out a service model for older adults with alcohol issues		
		Assess housing need impacting on recovery and further develop partnerships with housing and employment		

Smoking Cessation

Smoking is the leading cause of preventable death and disease in Wales and the leading factor for disability-adjusted life years. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Smoking Cessation Key Actions				
Key actions	**Quarterly Milestones 2019/20**		**Measure**	**Executive Lead**
Increase the number of people accessing smoking cessation support to meet the Welsh Government Tier 1 Targets	On-going	Continue to commission the secondary care and the pharmacy level 3 smoking cessation service.	• National guidelines for minimum service standards, common dataset are fully implemented and monitored. • Number of referrals to HMQ by referring organisation • Smoking prevalence in adult population (target 16% by 2020) • Number and % Treated smokers by service provider • % CO validated as quit	Director of Public Health and Principal in Public Health
	Q1-Q4	Continue to work with partners across the UHB to ensure smoking cessation (and tobacco control) actions are included in all Together for Health Delivery Plans.		
	Q1	Support local implementation of minimum services standards and develop audit protocol.		
	Q1	As appropriate, ensure smokers are referred to the Help Me Quit (HMQ) national hub for advice, triage and telephone support to quit.		
	Q2	Ensure local implementation of the nationally approved common dataset.		
	Q3	Support the local implementation of the national smoking cessation brand (HMQ)		
	Q3	Continue to work with partners in the statutory and non-statutory sectors to reduce inequalities through targeting specific service user groups and communities (most deprived fifths) where smoking prevalence remains high.		
	Q4	Support the development of a single client management system for Wales. This system will improve scheduling, management and referral between secondary care and community based services.		
	Q4	Continue to develop an early years smoking cessation service to ensure full implementation of NICE Guidance including CO monitoring, Brief Intervention Training, raising awareness of local referral pathways and service evaluation/audit.		
Reduce exposure to	Q2	Work with Local Authority partners to support implementation of smoke free policy in schools, playgrounds, social housing and other public spaces.	• Smoke free sites policy implemented, enforced and evaluated	
	Q2	Develop smoke free families' project with Midwives and Health Visitors.		

second hand smoke	Q3	Review current smoke free sites policy to ensure it complies with recommendations outlined in the Public Health (Wales) Act 2017.	• Number Midwives/ health Visitors trained • Percentage women CO validated at the first antenatal booking appointment • Number and percentage referred to specialist smoking cessation support • Percentage women smoking during pregnancy • Percentage reduction in exposure to second hand smoke	
Reduce the uptake of smoking (Prevention)	Q1	Continue to deliver e-cigarette resource via School Health Nursing service	• Percentage smoking prevalence in children • Number of schools with smoking policy • Number of school nurses trained	
	Q3	Review current prevention activity delivered through school and community based settings and make recommendations for actions in years 2-3.		

Enablers – 2019/20 actions	
Workforce	**Finance**
Our Directorate will: • Take forward a workforce review and redesign following the redeployment of Stop Smoking Wales staff from Public Health Wales to Health Boards. • Improve locality working and realign capacity to address areas of greatest need first. • Focus on ongoing learning and development. • Develop new roles to support key priority areas (specifically maternal smoking and mental health)	Our Directorate will: • Review the allocation of funding to cessation schemes and ensure they reflect national priorities and other investment at the national level. • Review drugs budget for NRT provision in Pharmacy Level 3 Services • Undertake a review of smoking attributable health care costs. • Work closely with primary and secondary care services to reiterate the importance of upstream investment in prevention and smoking cessation to reduce the health and social care costs associated with smoking.
Capital	**Digital**
Our Directorate will: • Review current estates plan to ensure there is capacity to support a growth in cessation clinics especially in outpatients. • All existing sites will be reviewed to ensure they meet the long-term needs of the directorate. • Explore opportunities to make better use of local facilities especially primary care sites in those localities with the greatest need and improve delivery of care.	Our Directorate will: • Continue to work with the informatics team to upgrade maternity records in Myrddin to capture key performance indicators required by Welsh Government. • Continue to monitor systems/opportunities for data linking across Myrddin and QM10 and the proposal for a single client management system being proposed and managed by Public Health Wales. • Consider opportunities to centralise performance reporting within the UHB.
Quality	
• To improve accessibility and experiences for people who use our services or refer into our services. • To demonstrate improvement in National ratings for delivery against tier 1 targets • To provide meaningful data to evidence the effectiveness of our services and the outcomes achieved. • To demonstrate the safety of our services and the care, treatment and support they provide	

Immunisations and Vaccinations

Improving immunisation rates over the next year will in response be multifactorial, and include delivering high quality, evidence-based information on immunisations to professionals and patients to address vaccine hesitancy.

Immunisations and Vaccinations

(DRAFT- Subject to change following 2018/19 flu season debrief and priority setting)

Key actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Bespoke pre-school immunisation clinics to address particular areas of need.	Q1-Q2	Bespoke clinics in Llanelli Flying Start nursery settings offering pre-school booster and 2nd MMR to those who have DNA'd > 3 times. LMC approval for this has been given	Increase in PSB and 2nd MMR uptake reflected in COVER report	Director of Public Health
	Q3	Analysis of results of pilot		
	Q4	Roll-out of pilot to other Flying Start areas if analysis of results shows positive improvement in uptake.		
Review how, and where, we offer immunisations with the aim of assessing and increasing accessibility for families without private transport, in rural areas, working during clinic times or with other access issues.	Q1-Q2	Mapping exercise to establish days and times of existing immunisation clinics.	Increase in % of children receiving 3 doses of the '6 in 1' by age 1 reflected in COVER report	
	Q3	Engagement with families to find out "what works for them" – focus group work. Analysis of findings from focus groups.		
	Q4	Pilot programme of clinics e.g. after work / 'pop-up' clinics – dependent on the findings of the focus groups.		
Increased use of positive messages and social media to promote immunisations. 2019-20 will see a focus on flu and MMR, as the elimination of measles is dependent on achieving herd immunity through high levels of uptake.	Q1-Q2	Evaluation of the impact of the 'superprotectors' flu vaccine campaign and targeted social media utilised in the 2018-19 flu season to determine whether similar public campaign approaches will positively impact on routine childhood vaccine uptake, with a particular focus on MMR. Exploration into how social media can be utilised to increase uptake of adult vaccinations, such as shingles, pneumococcal and annual flu vaccination.	Increase in MMR and flu vaccine uptake reflected in annual reports	
	Q3-Q4	Focussed media campaign on vaccination, utilising the super protectors branding and with messages and target media developed based on evaluation findings		
Successful flu vaccination campaign 2019-20	Q1-Q2	Planning for the 2019-20 flu season will begin at the April 2019 debrief and build on learning from the 2018-19 season. The flu plan will be developed ahead of season and agreed by mid Q2. This year the staff campaign will be a priority area alongside at risk groups and 2-3 year olds, we will continue to build on the superprotectors brand.	Increase in flu vaccine uptake in 2-3 year olds, at risk groups and healthcare staff across Hywel Dda	
	Q3-Q4	Delivery of an enhanced 2019-20 flu season campaign, including early use of social media, engagement with GP's and pharmacies, implementation of identified interventions from the 2018-19 evaluation and regular campaign assessment to ensure maximum vaccine uptake.		

Therapy and Diagnostic Services

Therapy
Detailed Plan found here and here.

In the past year, services have been brought together into a single Therapy Services Directorate structure, with the potential for further services to be aligned to this directorate over the coming years. A priority for 2019/20 will be the establishment of a Clinical Director of Therapy Services post to strategically and operationally manage the directorate, further strengthening the impact of these services in supporting the UHB's business and the health and well-being of our population. The therapy services have agreed to focus on a range of collective priority areas to be delivered alongside their individual service objectives over the next 3 years starting some of these in 2019/20.

Older People (incorporating frailty): Therapy services are intrinsic to older people receiving the right care at the right time in the right place and significantly impact on their outcomes, including their need for long term care and support. Whilst the therapy services do not operate in isolation, their contribution is fundamental to older people remaining able and independent wherever possible, for as long as possible. They are pivotal to providing assessment, care and support both in community and primary care and within the acute hospital setting.

1st Point of Contact: The fragility of local primary care services has triggered a scheme of work to rethink how best to support people to remain well and living in their own home making use of local amenities and social opportunities to support wellbeing. Therapy services are committed to strengthening their presence as 1st point of contact for assessment and intervention as part of this change. Therapists are already in place in some GP clusters, providing an effective alternative to people requiring GP consultation. Access to a physiotherapist when presenting with a musculoskeletal problem is proving highly effective and occupational therapists are also already reducing demand for GP consultation through providing proactive assessment and care planning.

Improving Self-management: The therapy professions pride themselves in utilising self-management strategies as established practice, but as social expectations, understanding of wellbeing and use of media have evolved, there is a need to refresh the approach. All the therapy services provide written guidance and incorporate self-management into their prescribed programmes of care and are exploring how to extend and improve this practice.

Enablers: All areas of therapy practice are seeking opportunities to improve effectiveness and efficiency in the context of modernising health and social care services. Consequently a range of enabling themes are being pursued across all services including the use of technology; workforce redesign; and, a stratified approach to assessment & intervention.

Additional Learning Needs and Education Tribunal (Wales) Act 2018: In 2019/20 the UHB will be required to establish a Designated Education Clinical Lead Officer role in order to comply with the Additional Learning Needs and Education Tribunal (Wales) Act 2018.

Development of an Arts in Health Strategy: This will build upon existing Arts in Health activities and maximise the input of local third sector partners. Arts Council funding of £25K will be utilised to co-ordinate these developments, identifying and co-ordinating with key stakeholders across the three Counties in order to develop a sustainable Arts in Health infrastructure.

Therapies Key Actions

Key actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Provide reliable, cohesive, integrated therapy services across all specialties that support UHB Transformation Plan	Q2	Establish the role of Therapies Clinical Director to develop an integrated structure and operating arrangements across therapy services	• Improved efficiency and effectiveness of therapy services. • Specific annual Integrated Therapy Services Objectives to be negotiated based on need	Director of Therapies and Health Science and Assistant Directors of Therapies and Health Sciences
Improve outcomes for older people taken to hospital for Unscheduled Care	Q4	Establish 8am - 8pm (M-F) therapy assessment and intervention for Withybush & Glangwili in order to Initiate OT/physio assessment of 12% of people ≥ 75 within 2hrs of arrival at A&E	10% reduction in A&E conversion rate for people ≥ 75 Withybush and Glangwili by end March 2020	
	Q4	Complete therapy element of CGA within 24hrs of admission	Increase of discharges within 72 hrs by 25% by end March 2020	
	Q4	Deliver proactive intervention and discharge plan to support discharge within 72 hrs	Increase of discharges within 72 hrs by 25% by end March 2020	
	Q4	Test stratified pathway approach to acute medical admissions	Reduce Length of Stay (LOS) of people ≥75 by 1 day Withybush and Glangwili 1yr after initiated on a ward by ward basis as approach is rolled out	
	Q4	Develop blended Healthcare Support Worker (OT, Physio & Dietetics) therapy workforce to deliver stratified pathway approach to provide continuity of intervention	Reduce LOS of people ≥75 by 1 day Withybush and Glangwili 1yr after initiated on a ward by ward basis as approach is rolled out	
	Q4	Faster diagnosis and improved management of dysphagia	Reduction in aspiration and associated conditions e.g. pneumonia	
	Q4	Individualised dysphagia therapy	Reduced need/prescription for thickener/modified diet.	
	Q4	To support the development of an integrated UHB Stroke Plan that acknowledges the essential role that therapists have in optimising effective rehabilitation and recovery	Model of care that supports effective delivery of rehabilitation after stroke, adopting an incremental approach to investment. Speech and Language Therapy repeatedly performs badly against SSNAP across all sites, dietetic input is minimal and we have no psychology input to stroke and there are significant gaps in all therapy provision. Improved compliance with SNNAP	

	Q4	Embed nutrition & dietetics as core to the CRT's	Proof of concept regarding potential reduced nutritional prescribing in care home; emergency admission, pressure damage, number of emergency admissions from care homes where poor nutrition is a contributory factor?	
	Q4	Reduce the likelihood that people with dementia who have behaviour that challenges are admitted to acute hospital where behaviour is a contributory factor triggering admission	Reduce the number of emergency admissions where behaviour that challenges is a contributory factor.	Director of Therapies and Health Science and Assistant Directors of Therapies and Health Sciences
Organise the service to support people to Self-Manage	Q4	Establish a Virtual Pulmonary Rehabilitation network to deliver reliable and robust pulmonary rehab across all 3 counties	• Address waiting list and operate within waiting list targets by March 2020 • Deliver pulmonary rehabilitation to 460 patients' per annum, reducing their likely emergency admissions by 5 days a year.	
	Q4	Make pre diabetes programme accessible UHB wide as a routine part of pre-diabetes management (incremental roll out)	70% of pre-diabetic patients seen will have reduced risk within 1 year of dietetic intervention minimum of 600 people 1st year and increasing subsequently.	
	Q4	Embed 'Introduction to Diabetes' in the community diabetes pathway for people with Type 2 diabetes	Improve PREM scores for diabetic self-management for a minimum of 1,000 people with Type 2 diabetes per year.	
	Q4	Apply initially in paediatrics across therapy services and evaluate impact.	Formal evaluation by end March 2020	
Right Person, Right Place, Right Time, Therapies as 1st Point of Contact	Q4	Services modelled to achieve a reliable match between demand and capacity for community therapy services (including community clinics)	Sustainable maximum waiting time of 14wks for therapy assessment & intervention from RTT by end March 2020	
	Q4	Physiotherapist to assess & autonomously manage patients presenting in primary care with MSK conditions - incremental implementation & consolidate	Physiotherapy to be the 1st point of contact (in place of GP) for 20% of patients presenting to defined GP practices with MSK condition.	
	Q4	Carry out biopychosocial assessment and intervention with older people who are frequent attenders at GP practice - incremental implementation	Reduced escalation (to A&E or GP) through occupational therapy intervention in 65% of people seen	
	Q4	Undertake research project with Royal College of Occupational Therapists (RCOT) and Univ. of Nott. To test the impact of OT vocational clinic in general practice.	People being supported to return to an remain in work, with measurable impact on health & well-being	
	Q4	IBS pathway in one Primary Care cluster to deliver first point of contact for patients with suspected and diagnosed IBS (proof of concept) as an alternative to medical management	Reduce the medication cost and investigation for 200 people with IBS per year (approximately saving/cost avoidance £50k)	
Comply with Statutory Requirements of the Additional Learning Needs and Education Tribunal (Wales) Act (2018)	Q4	Establish and develop the Designated Education Clinical Lead Officer (DECLO) role as described in the Act as a UHB duty.	Senior strategic leadership in improving the extent and effectiveness of planning and collaboration between health, education and social care in the delivery of services for children and young people with additional learning needs.	

Radiology Key Actions

Key Actions	Quarterly Milestones 2019/20		Measures	Executive Lead
Scope the implications of the Single Cancer Pathway	Q1	Establish the need for any additional capacity to support the RTT	TBC	Deputy Chief Executive - Chief Operating Officer and Head of Radiology
Recruit to the high vacancy rates within the radiologist workforce.	Q1 - Q4	Explore further strategic joint appointments with ABMU (ARCH project) The availability of a range of interventions within ABMU will attract the radiologists that want to retain skills.	TBC	
	Q2	Recruitment campaign specifically targeted at radiologist's that began in 2018. Dependent on the outcome will depend on when and how the next run is targeted		
	Q1	Maintain close links with the Imaging Academy. Continue to support current radiologists with their involvement in lectures		
	Q1	Re-establish the UHB as a training centre for radiologists.		
Succession plan to key leadership/ management roles within the directorate	Q1-Q3	• Engage Workforce Development and undertake • skills mix review, • exploration of opportunities for training, education and development • utilisation of the EAGLE framework to support role design and development	TBC	
Develop roles of radiographers further	Q1 & Q2	Further engage Workforce and organisational development to support exploration of roles and role redesign	TBC	
	Q1	Undertake skills gap analysis to identify leadership training required		
	Q2 & Q3	Develop potential in house training packages to support the advanced roles (This is dependent on successful recruitment of radiologists to support and develop robust governance structures)		
Explore the role of support worker and further introduction of the Assistant Practitioner	Q1	Undertake a Skill mix review	TBC	
Additional CT capacity at Glangwili	Q1	Ensure project remains high priority within Welsh Government	This supports SCP	
	Q1	Work with other specialities including the cancer board to highlight the need for additional capacity		
Timely replacement of radiology equipment in line with appropriate guidelines and models	Q1 & Q2	Ensure Risk assessments and risk register remain up to date.	TBC	
	Q1 & Q2	Anticipate potential Welsh Government funding by preparing business cases for at risk equipment		
Use of a single instance of Radis to develop streamlined reporting lists.	Q1 & Q2	Single instance Radis dependent on NWIS timeframe. Preparatory work underway for an implementation April 2019. This includes data cleansing , standardisation of codes and standardisation of booking procedures	This supports SCP	
Review patient pathways to ensure the correct test is being provided at the correct time in line with national guidance	Q1 & Q2	Engagement with clinical specialities and clinical directors Review referral rates from specialities and analyse any high referrals (Some dependency on the introduction of more radiologists. This will allow the introduction of radiologist of the day to discuss referrals , and a higher presence at MDT)	TBC	
The right test in the right place.	Q1-Q3	Radiology involvement with all service developments	TBC	
	Q1-Q3	Engagement with TCS to evaluate the diagnostic provision required at local hubs.		

Pharmacy Key Actions

Key Actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Aseptic Services- ensure robust and resilient aseptic services (and radio-pharmacy)	Q4	Replacement of existing aseptic facilities with a standalone unit that will provide aseptic production for the UHB. This is part of an on-going business justification case with Planning, Estates and Welsh Government.	• Progress as per timeline schedule. • Completion of • Aseptic Production Capacity Plan • Completion of recruitment	Deputy Chief Executive - Chief Operating Officer and Head of Medicines Management
	Q1	Complete skill mix review following closure of the Aseptic Unit in Glangwili to ensure sufficient capacity in place in Withybush.		
	Q1	Current post due (8B) to retire but in line with future needs the JD needs to reflect higher responsibility (8C)- additional £2,500		
	Q2	Band 6 Pharmacy technician support required- £39K (PYE £30K) – investigate a funding stream for this as currently unfunded		
Embedding of pharmacy teams within the community and primary care setting- Care homes, GP practices, Domiciliary Care support and clusters with a number of key clinical areas to progress that will deliver direct cost efficiencies across the UHB and deliver on Tier 1 targets	Q1	8b Pain Management Lead 8a Pharmacists 3 Band 6 Technicians	• Reduction in opioid burden ADQs per 1000 patients • Reduction in gabapentin and pregabalin DDDs per 1000 patients • Reduction in Tramadol DDDs per 1000 patients • using the National Prescribing Indicator 2019 – 20 • Increase in numbers of patients having a medication review in Biopsychosocial chronic pain clinics	
Strengthen the services to improve patient flow in the hospital site (and support Tier 1 targets) and improve communication across the interfaces to reduce medicine related harm	Q2	Investigate the options and possible ways to strengthen services and improve communication	Reduce medicine related harm	
Reducing medicines related harm through learning from medication safety incidents and promotion of safe and effective prescribing move pharmacy to the point of prescribing, and increasing education for all health professionals	Q1	Review of service needs and pharmacy skill mix	• Complete work shop on current service model. • Review of JDs for Band 2-6 • Review of JDs for Band 6-8c • Working framework for use within service	
	Q2	Full JD review across the service- ATO and technicians		
	Q3	Full JD review across the service- Pharmacists		
	Q3	Training and Development priorities for pharmacy – review and align with PADR and service needs		

Enablers – 2019/20 actions	
Workforce	**Finance**
Review of skill mix, flexible working	Funding of existing posts to continue
Capital	**Digital**
Capital for the replacement aseptic unit	Replacement of the pharmacy system (approved at national level) implementation anticipated in 20-12
Quality	
Greater efficiency and reduced risk of medicines related harm to patients	

Pathology				
Key Actions	**Quarterly Milestones 2019/20**		**Measure**	**Executive Lead**
Reconfigure space, within existing Pathology footprint, to provide Blood Science laboratory facilities at Glangwili	Q1	Meeting with Roche Project Manager to agree Floorplans.	Fit for purpose Blood Science laboratory that serves Glangwili and the surrounding population for medium term ahead of TCS developments.	Deputy Chief Executive - Chief Operating Officer and Pathology Service Manager
	Q1	Arrange stakeholder meeting to agree M&E, architectural drawings and implementation plans.		
	Q2	Following agreement SRS (contractors) to initiate enabling works as turnkey project.		
	Q3	Following enabling works implement and validate of new Biochemistry Equipment.		
	Q4	Following Haematology procurement implement and validate new Haem and Coag equipment		
Reconfigure existing Cellular Pathology laboratory facilities to reduce environmental and health and safety risks.	Q1	Establish adequate space for a minimum of 6 Consultant Histopathologist staff and secretarial support. Old Finance unit identified however yet to agree suitability.	Fit for purpose area to accommodate staff.	
	Q2	Finance team to relocate and area to be reconfigured to accommodate.		
	Q2	Relocation of Consultants and support staff.		
Reduce waste and variation utilising a "demand optimisation" focus on test requesting to reduce inappropriate requesting, whilst supporting the reduction in hospital referrals and admissions	Q1	Identify assays that are over requested and put protocols in place to reduce unnecessary requests.	• Reduction in targeted assay requesting. • Reduction in requesting pattern variation between practices. • Measure the impact of Pathology tests to patient pathway and calculate benefits in terms of patient outcomes and cost.	
	Q2	Meet with GP cluster groups to discuss the Atlas of Variation data, identify areas of requesting to focus on and review. Utilising the data to develop symptom/disease based profiles to reduce requesting variation between practices.		
	Q3	Look at opportunities for Pathology testing to add value to patient pathway helping to reduce the amount of referrals and admissions.		
Improve usage of electronic test requesting	Q2	Set up task and finish group to develop strategy to improve WCP and GPTR uptake. Look at targeting areas to improve compliance.	Increase uptake in systems.	

through of Welsh Clinical Portal / GP Test Requesting (GPTR) Uptake				
Review Phlebotomy Services across UHB (different systems in place at different sites)	Q4	Set up task and finish group to develop UHB strategy to improve phlebotomy services across the sites.		
Workforce Skill Mix Review	TBC	TBC		Deputy Chief Executive - Chief Operating Officer and Pathology Service Manager
Consolidate Haematology/coagulation services into a managed service	Q1	Meet with Procurement to establish Haematology tender project. And decide procurement method that is best suited to meet the needs of the service.	Successfully procured Haematology and coagulation service fit for purpose to support the UHBs requirement.	
	Q2	Develop specification requirements for Haematology and Coagulation		
	Q2-Q3	Undertake tender process.		
	Q1 (2020/21)	Award, implement and validate service.		
Utilise All Wales Frameworks for Point of Contact Testing (POCT)	TBC	Once established by shared services migrate existing POCT contracts to new framework to benefit from the opportunities the All Wales Framework provides such as economies of scale and Key Performance Indicators agreements etc.	Improved contracts with POCT suppliers	
Subject to available resource, enhance the current workforce that support Point of Care testing equipment and technologies	Q1	Undertake Review of POCT services across the UHB Benchmark current services with other POCT across Wales.	Robust POCT support, improvement in POCT quality and safety.	
Implement an improved targeted recruitment strategy for Consultant Cellular Pathologist vacancies	Q1	Develop a Histopathology Recruitment Page on the UHB Website and utilise social media to advertise posts. Target Tier 2 Visa countries such as Nigeria where we have experienced previous success.	Increase in substantive Consultant Posts	
Implementation of digital pathology within Cellular Pathology	TBC	TBC		
Support the delivery of the single cancer pathway including an impact analysis on workload and staffing capacity.	TBC	TBC		

Quality, Safety and Pathway Improvement

Visible leadership with a strong safety culture at all levels of the organisation are key principles, which will ensure that learning is at the forefront of all that we do. Analysis and triangulation of data, reviewing and learning from incidents, identifying quality outcome measures and listening to the patient experience will ensure our services are of the highest standard. The detailed Plan can be found here.

Quality Improvement Programme

The UHB will adopt a whole system approach to quality improvement as described in its Quality Improvement Strategic Framework 2018/21. This approach is aligned to the processes for quality assurance and organisational development, with a focus on identified quality improvement goals, staff development and cultural change through patient centred collaboration.

The implementation of this framework will commence in 2019/20, and, a collaborative steering group will provide the governance arrangements for the strategy's implementation. This will include planning an organisational launch in March 2019, communication and engagement with front line staff and operational management teams to promote the identification of priorities and improvement opportunities to contribute to achievement of the quality goals and subsequent selection, training and support for collaborative teams. Collaborative teams will be identified by May 2019 and once identified will commence a collaborative training programme, delivered over a 12 to 18 month period, with a cohort commencing the programme annually.

The programme is designed for multidisciplinary teams to develop the skills, behaviours and working relationships to foster a culture of improvement through the implementation of a specific improvement project within their area. The programme will be a mixture of structured educationally delivered sessions and more flexibly delivered self- selected topics to meet the requirements of the team members and the improvement activity. Some financial support will be required for this to ensure appropriateness of educational content and delivery.

Each team will be supported through the programme by a collaborative improvement coach. The coach's role will be to support, guide and facilitate the collaborative team's development. A cohort of coaches been identified based on their improvement, learning & development and organisation skills and expertise from within and outside the organisation.

Throughout, the programme teams will also be supported by and actively encouraged to link their activities to the Hywel Hub, in terms of facilities, resource, expertise and work especially in relation to innovation and research and development.

Patients and service users experience will be at the centre of this approach and teams will be encouraged to use patient feedback and opinion to inform their improvement project and where appropriate involve and include patients/service users as member of collaborative teams.

The first Collaborative Programme will start in June 2019 with completion by the end of 2020. Teams will be encourage to share and show case their activities, successes and failures during that time. Regular and structured evaluations will be undertaken through the programme to measure impact on approaches and sustainability of this approach on the improvement culture and climate within the organisation.

Workforce and Nurse staffing levels (Wales) Act 2016 Requires that each Health Board pay due regard to ensuring the nurse staffing level for all its services is sufficient to provide sensitive care to all its patents.

Patient Experience Understanding what matters most to service users, carers and their families and friends, is an important part of the quality improvement process within the organisation. Good experiences of care, treatment and support, throughout a patient's healthcare journey, is an essential component of delivering excellent healthcare. Patient experience should be fully embedded in the organisation's leadership, culture and operational processes. It is a priority for the UHB to have a systemised approach to collecting, analysing, using and learning from the feedback, to drive quality improvement.

Without the correct systems and processes in place, it will not be possible to measure and drive quality improvement. The Board has a statutory responsibility for implementing the all Wales 'framework for assuring service user feedback' (WHC 2018/042) and to have systems in place to receive feedback on what it feels like to be a user of services within the UHB.

Safeguarding Safeguarding of service users and their families is central to every aspect of activity within the organisation. The principles outlined in Social Services and Well-Being Act (Wales) 2014, are employed by staff across the organisation, to achieve the highest standards of care, from prevention through to protective interventions.

Over the past year a regional strategic delivery plan - Safer Lives, Healthier Relationships" Tackling Domestic Abuse, Sexual Violence and Violence against Women in our community has been developed in partnership with Local Authority, Police, and third party organisations. This Strategic Delivery Plan outlines how the Mid and West Wales Safeguarding Executive will deliver on the priorities outlined in "Safer Lives, Healthier Relationships", the regional domestic abuse, sexual violence and violence against women strategy.

The six strategic priorities detailed within this delivery plan will contribute to the prevention of domestic abuse, sexual violence and violence against women, the protection of victims and the support of all those affected. The plan is a working document that outlines the commitment to the next 12 months activity and will be reviewed annually to reflect the priorities agreed by the Regional Safeguarding Executive, found here.

Quality Improvement Programme Key Actions

Key actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Pre-Nurse Education	Q1	Respond to key national career, education and development frameworks/drivers to facilitate the development of appropriate education and training to ensure the workforce remains fit for purpose and meets the evolving needs to the population	• Evidence of partnership working and engagement • Development and delivery of pertinent scoping tools • Development of CPD steering group • Publication of New All Wales Medication Administration of Standards	Director of Nursing, Quality and Patient Experience and Assistant Directors of Nursing, Quality and Patient Experience
	Q2	Actively participate in the development of the All Wales Medication Administration Standards commencing March engage.		
	Q3	Using a collaborative approach the UHB will engage with partner AEIs to facilitate the transition and delivery of the new 'Once for Wales' 2020 pre-registration nursing curriculum		
	Q3	Scoping of workforce expertise in relation to core skills identified in new nursing/midwifery curricula to inform workforce planning and set priorities for CPD and up skilling where clinically necessary		
Nursing Digital Healthcare / Documentation	Q1	Secure and appoint to a permanent Clinical Nursing Informatics positions	• Digital documents formally approved • Continuation of Nursing Informatics Post • Progress on e-documentation project • Finalise Community Nursing Documentation	
	Q2	Agreed standardised Adult In-Patient Assessment, Six Core risks assessment and a digital vital signs programme to be piloted from June 2019		
	Q2	Review and amend the written Community Nursing Documentation ensuring congruence with WCCIS for seamless transition to digitalised record as stipulated in Digital Strategy		
	Q4	Aligned to the Digital Strategy support the service to move towards mobile working within district and community nursing services.		
Workforce and Nurse staffing levels (Wales) Act	Q3	Develop a system that enables the UHB to review and record every occasion when the number of nurses deployed varies from the planned roster	• 100% of the Section 25B wards will have their Nurse Staffing Levels re-calculated at least every six months • A system to record and review every occasion when the number of nurses deployed varies from the planned roster will be in use on the Section 25B wards • 50% of the nursing services where Section 25A of the Act applies will have had a systematic review of their nurse staffing levels undertaken, using a triangulated methodology • 100% of the district nursing teams will have an agreed nurse staffing level in place which is fully compliant with the District Nursing staffing principles. • 25% increase in the number of pre-registration student primary care hub	
	Q4	Undertake the nurse staffing calculation for the section 25B wards, at least every six months in accordance with the requirements set out in the Nurse Staffing Levels (Wales) Act 2016		
	Q4	Develop a time table to review the Nurse Staffing Levels for those areas under Section 25A of the Nurse Staffing Levels (Wales) Act 2016		
	Q4	Review the nurse staffing levels for the District Nursing Teams to ensure compliance with the District Nursing Staffing Principles		
	Q4	Ensure that primary care nursing plans are prioritised in regard to recruitment, retention and development of general practice nurses		
	Q4	Support the local care home sector with recruitment, retention and development of nurse staffing level principles.		

			placements and the number of NMC qualified mentors based in Primary Care	
Patient Experience	Q3	Implementation of a patient experience electronic system, including expansion of the Friends and Family Test to all services across the UHB area	• Patient experience is central to performance management • Assurance reports for all services • Information is clearly visible to patients • Maintain Welsh Government targets	Director of Nursing, Quality and Patient Experience and Assistant Directors of Nursing, Quality and Patient Experience
	Q4	Consistently maintain Welsh Government Target of 75% of concerns responded to within the 30 working day period and improvement in key performance measures for the quality and outcomes of concerns.		
	Q4	Strengthen the provision of Patient Experience, Advice and Liaison Services across hospital and community facilities and the patient support contact centre, to ensure proactive and early resolution of concerns, requests for information and enquiries regarding treatment and care		
	Q4	Publication of a Patient Experience Charter (and associated two year Delivery Plan) clearly setting out the organisation's commitment to receiving and listening to feedback and driving quality improvement in response.		
Quality Improvement (QI)	Q1	Operational and Service baseline assessment of quality improvement capability and preparedness	• 50% of operational teams have completed baseline assessment • 10 project teams of 8 frontline staff identified and operational commitment to support engagement in the programme confirmed • 10 QI team coaches identified and trained to support delivery of future collaborative cohorts • 1st collaborative programme commenced • Monthly progress reports provided to the board on the collaborative progress • 80 staff trained in QI methodology and behavioural change techniques • 8 improvement projects delivered and have demonstrated measureable improvement against a quality goal and operational priority	
	Q1	Support and development of improvement coaches		
	Q2	Identification of project teams to take part in the collaborative programme		
	Q4	Monitoring and assurance process on collaborative programme progress to the board		
	Q4	1st collaborative programme delivered		
Quality Governance	Q1	Produce Annual Quality Statement	• Dashboard built and utilised • Finalised Annual Quality Statement presented to Board • Devised action plan to support delivery of the WAO recommendations	
	Q2	Development of a fully functioning interactive outcome focused quality dashboard.		
	Q2	Identification of quality outcome measures across services of the UHB, which can support the triangulated approach to quality & safety.		
	Q2	Improvement in the closure and quality of Serious Incident investigations in line with Welsh Government targets of 90%		

	Q2	Deliver on the recommendations identified within the Welsh Audit Office Governance review		
Safeguarding	Q3	Continued improvement in delivery of training for safeguarding across the UHB	• Delivery of Ask and Act training level 2 &3 – priority 5. 50% of required staff • 85% staff trained across the UHB in children and adult safeguarding at all levels • Clear improvement in scoring linked to all identified actions in Maturity Matrix 100% attendance at Regional Local Operational Group • 100% attendance at Regional Executive safeguarding Board • Through thematic analysis of referrals note reduction in any obvious trends by 5%	Director of Nursing, Quality and Patient Experience and Assistant Directors of Nursing, Quality and Patient Experience
	Q3	Deliver on actions identified within the Maturity Matrix Safeguarding Improvement plan		
	Q4	Continue to support good working relationships with partner organisations across Region		
	Q4	Continue to improve learning lessons from Safeguarding investigations.		
	Q4	Phased approach to the delivery the Violence Against Women, Domestic Abuse and Sexual Violence 6 strategic regional priorities; commencing with Priority 5 (training)		
Infection Prevention	Q1	Working alongside the Rapid Response to Acute Illness Improvement Programme we will support the systematic implementation of the National Early Warning Score (NEWS) in the Community.	• Publication of impact of age standardisation on infection rates. • Evidence of improvement and progress toward infection reduction targets as monitored via the Infection Reduction Improvement Plan and monthly Integrated Performance Reports: • 80% Community/District Nurses receiving NEWS Training. • 10% Reduction in Number of Long Term Catheters Inserted/managed in the Community. Using Cobweb data. • 50% of identified Healthcare Professionals completing the ANTT E-Learning Programme with competency assessment.	
	Q3	We will work collaboratively with colleagues in Public Health Wales at the Communicable Disease Surveillance Centre to study the impact age standardising on our performance reporting.		
	Q4	We will reduce our Staphylococcus aureus BSI to no more than 10 per month by targeting Skin and Soft Tissue Infections (including Leg Ulcers and Pressure damage). These will be aligned to our quality goals with a focus on roll out Aseptic Non Touch Technique		
	Q4	We will reduce the burden of Antimicrobial resistance on morbidity and mortality of our population. We will work towards the improvement goals set out in WHC 2018/20 and will define an improvement plan to implement and report compliance with the “Start Smart then Focus” standard.		
	Q4	We will continue to work towards the E. coli Blood Stream Infection (BSI) infection reduction target and as a minimum will aim to reduce this to no more than 27 per month. In achieving this continued reduction we will enhance the work in relation to hydration, prudent urine sampling and recognition of Urinary Tract Infection (UTI). We will further progress out quality goals through implementation of the catheter passport within community nursing and at the front of house in our Accident and Emergency Departments.		

Pathway Improvement Programme

Across the UHB, we know that there are many service pathways that are very fragile and are operating sub-optimally in terms of access by our residents to safe, high quality care and treatment, provided at the right time, and with the right skills so ensuring the best outcome for our patients. In May 2018, the Board was presented with a report that highlighted service fragility, where we are not offering the safest, high quality services to our residents. Typically, these services have insufficient workforce to cover the rosters safely which means that we often use temporary, very expensive medical locums and medical agency staffing, as well as agency nursing staff, to fill key vacancies which remain significant and result in reduced quality. The UHB will commencing work to review our fragile services in order to understand what actions we need to take as a precursor to the development of the new planned and urgent care hospital. Throughout this process we will continuously engage with the Community Health Council and our public to agree a way forward.

These services are mainly the more specialist pathways, some of these pathways are already provided on a regional basis mostly provided by ABMUHB and as such we propose that we need to set up a pathway improvement programme, aligned to the quality improvement programme, that will require input from all of our key stakeholders as well as clinical leadership from both UHBs. Such a dedicated Quality and Pathway Improvement programme will need to review the following fragile services:

- Tertiary-linked Pathways – Dermatology, Vascular, Cardiac Surgery, Specialist Neurology including neuro-rehabilitation and Spinal;
- Internal Pathways, where due to workforce issues, services are very fragile, namely Stroke, Cardiology, Respiratory, Gastroenterology, Trauma and Orthopaedics, Paediatrics, and all of these will necessitate a review of Critical Care.
- Significant work on two pathways

Together for Health Delivery Plans

Detailed Plan found here.

In order to progress the actions of each of the Together for Health National Implementation Groups 2019/20, we have developed revised delivery plans addressing each of the 2019/20 priorities. These are based on a standardised approach of 'we have, we are, we will'; and noted where further developments are required but based on the premise that the actions identify either require no funding or have a funding source identified.

Carers

Carers (paid and unpaid) are an essential resource for the delivery of care closer to home. The availability of commissioned carer services for people with complex care needs, people who live alone and respite together with family and friends who, voluntarily, take on the care needs of a friend or loved one provides a very significant contribution to overall system capacity. The principle challenges for providing carer services are the sustainability of commissioned services (and the paid care workforce) together with supporting unpaid carers.

The UHB leads, on behalf of the West Wales Regional Partnership Board, a regional Carers Development Group. Working together, the partners develop an annual Carers Delivery Plan which sets out a framework for support for unpaid carers across the region and responds to both the needs identified within the Population Needs Assessment, as well as the Welsh Government priorities for carers: Supporting a life alongside caring; Identifying and recognising carers; and, Providing information, advice and assistance, and linked to this, improving the discharge and transfer of care arrangements.

The continued priority for 2019/20 onwards is to put "carers in control" by continuing to develop an integrated approach to the identification, assessment and support of Carers' health and well-being needs across health and social care. Our aim is to:

- Maintain the independence, physical health and emotional well-being of unpaid Carers and their families
- Empower and support unpaid Carers to manage their caring roles and have a life outside caring
- Ensure unpaid carers receive the right support, at the right time, in the right place
- Respect the decisions of unpaid carers about how much care they will provide, and support them in their decision about not providing care at all if that is their wish.

Operational Estate Maintenance

Following a review of a range of performance statistics to ascertain the UHBs compliance with best practice in Planned Maintenance Support to our Infrastructure. The UHB has identified that an improvement should be made to resource levels on a range of areas to improve our levels of compliance. Key Appointments will be to additional maintenance staff in specific disciplines. We are working towards developing this enhanced resource in conjunction with meeting financial targets for 2019/20 Financial Year.

Fire Safety

Following a review of Fire Safety resources by NWSSP-Shared Services we have identified the need to increase resources in Fire Safety Management within the UHB. Key elements of this include the UHB's ability to support our Key hospital sites with dedicated staff together with the overall leadership of the Fire Safety team with a dedicated Fire Safety Manager. These appointments are now underway and will be in post in the first quarter of the 2019/20 Financial Year.

Health and Safety Management

Following a review of the Health and Safety and Security Team within the UHB and considering the resources available to other Health Boards across Wales it is clear that some increases to resources are needed to deliver the full range of support services appropriate to the UHB. Within this, Key Appointments are an additional Case Manager and a Health & Safety Officer and appropriate administrative support. We are working towards developing this enhanced resource in conjunction with meeting financial targets for 2019/20 Financial Year.

Health Records

The Health Records department have identified a series of key service priorities for 2019/20 including the implementation of direct patient booking; to support the full implementation of e-referral system; scope the development of an automated clinic utilisation system (to assess if an internal solution is available or if consideration should be made to purchase an external solution); development of a printing system for patient communication; scope the development of more e-communication systems for patients; scope the development of an internet outpatient appointment booking system; and scope the implementation of a scanned patient record to agree an appropriate scanning model and relevant fundng.

Implementing Welsh Language (Wales) Measure 2011 Standards

Having received the compliance notice which came into force on 30 November 2018 the UHB needs to comply with all new standards by 30 May 2019 and there are significant new expectations within these standards that require us to improve in the following areas:

- Service Delivery Standards to include how we communicate and deliver services to our population in their language of need; our internet and intranet; signage including temporary signage; contracts and tenders and primary care services
- Policy Making standards to include formulating new policies; consult on service change and publishing a policy on providing primary care services
- Operational Standards to include recruitment and how we correspond with the current and future workforce; provide opportunities for staff within work time to learn or improve Welsh Language skills; assessing vacant posts – welsh essential/desirable and evidencing the results;
- Records show that during the last four years that translation work increases month on month, this trend is predicted to continue and grow

There will be resource implications in terms of skill mix, translation, staff training, and service support to help all staff both understand the new standards to which we need to work and to ensure we implement them and make real impact. To transact this, the key actions include:

- Continue to maintain and deliver a robust translation service for the whole of the UHB
- To implement the Strategic Framework: More than just words....
- Provide advice and support across the UHB in terms of Welsh Language and our statutory duty
- Support staff at all levels to access Welsh Language training
- Continue to contribute to All Wales discussions and forums with regard to Welsh Language developments

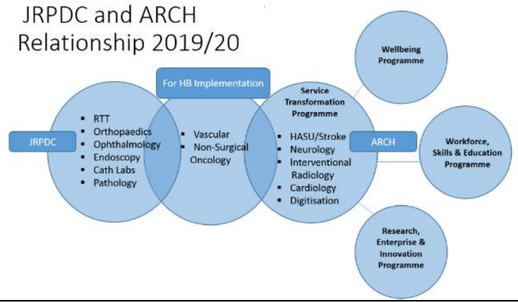
Regional and Commissioning Plans

Regional

We undertake regional planning with ABMUHB conducting through Joint Regional Planning and Delivery Committee (JRPDC) and A Regional Collaboration for Health (ARCH), and also with Powys teaching Health Board and Betsi Cadwaladr University Health Board through the Mid Wales Joint Committee for Health and Care

Joint Regional Planning and Delivery Committee and A Regional Collaboration for Health

Detailed Plan found here.



The relationship between the UHB and ABMUHB has been strengthened through the mechanisms and opportunities provided by ARCH and the JRPDC. The focus for the JRPDC is on shorter-term priorities and delivery, whilst ARCH, which also includes Swansea University, focuses on the medium to longer term. Our regional planning and delivery priorities and the inter-relationships between the ARCH programme and the JRPDC work programme for 2019/20 are shown in the diagram. Subject to resource and capacity, the following workstreams will be progressed (many of which link to our planned care action plan)

Joint Regional Planning Key Actions - JRPDC

Key actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Endoscopy	Q4 (2018/19)	Development of a work programme	As per quarterly milestones	Director of Planning, Performance, Informatics and Commissioning
	Q4 (2018/19)	Demand and Capacity progress report		
	Q4 (2018/19)	Draft analysis of opportunities for the year ahead		
	Q1-Q4	Implement and monitor agreed plan		
	Q4	Development of 2019/20 feasibility plan to address the five priority areas based on above milestones		
Cellular Pathology	Q4 (2018/19)	Revision of draft Strategic Outline Case (SOC) to comply with Executive Team and scoping meeting with Welsh Government recommendations	As per quarterly milestones	
	Q4 (2018/19)	Formal sign off of Draft SOC by UHB's		
	Q4 (2018/19)	Submission to Welsh Government of Draft SOC		
	Q1	Scrutiny Questions		
	Q1	Resource schedule for Outline Business Case (OBC)		
	Q4	Complete OBC		
Catheter Laboratories	Q4 (2018/19)	Completion of Hywel Dda demand and capacity analysis and decision on preferred option.	As per quarterly milestones	Deputy Chief Executive - Chief Operating Officer
	Q4 (2018/19)	Decision required on sustainable funding of the tertiary catheter lab activity through the WHSSC ICP/Health Board Annual Plans.		
	Q4 (2018/19)	Put in place interim arrangements from January 2019 to maintain progress on TAVI recovery.		
	Q1	Assumption is funding agreed through WHSSC. Progress recruitment for the tertiary Catheter lab expansion		
	Q1 onwards	Planning work for replacement of 3rd catheter lab at Morriston in year 2 or 3		
	Q2 onwards	Phase in additional activity as recruitment progresses		
Orthopaedics	Q4 (2018/19)	Demand and capacity analysis and options paper	As per quarterly milestones	
	Q1	Consideration of joint strategic direction and action plan for 2019/20		
Vascular	Q4 (2018/19)	Work programme 2019/20	As per quarterly milestones	
	Q1	The implementation of the regional Limb at Risk Pathway		
Dermatology	Q4 (2018/19)	Baseline analysis	As per quarterly milestones	
	Q1	Agree work plan and actions		
Ophthalmology	TBC	Review the potential for a regional eye on-call service	As per quarterly milestones	

Joint Regional Planning Key Actions - ARCH

Key actions	Quarterly Milestones 2019/20		Measure	Executive Lead
Neurology	Q1	Fully costed regional service model	Deliver a regional neurological conditions service that provides safe, effective and equitable care across the region including Mid Wales and surrounding areas.	Medical Director
	Q3	Implementation and delivery plan		
Interventional Radiology	Q1	Agree plan to stabilise and grow services	Deliver a regional Interventional Radiology service that provides sustainable, safe, effective and equitable care across the region.	
Cardiology	Q1	Plan to develop an Operational Cardiology Service Delivery Network (OCSDN)	Develop a clinically led 5-10 year vision for a comprehensive regional networked service model for Cardiology	
	Q2	Regional Clinical Model development		
	Q4	OCSDN go-live		
Digitisation of Services	Q3	Scoping document that outlines digital ambitions and deliverables for the region	Bring together closer working between UHB Informatics departments, and Swansea University to maximise the resources, knowledge and opportunities for the benefit patients, staff and partners across and for the benefit of the region.	Director of Planning, Performance, Informatics and Commissioning
Hyper Acute Stroke Unit (HASU)	Q1	Regional HASU model and impact analysis to be presented to UHBs which include a regional rehabilitation model for stroke to support the flow through HASU	Understand the operational and workforce requirements associated with establishing a HASU for South West Wales.	Director of Therapies and Health Sciences
	Q3	Based on agreed model develop a detailed implementation/delivery plan for sign off by UHBs		

In addition to the service transformation programme within the ARCH portfolio, the three key work streams below will also take forward regional working:

Wellbeing Programme

Aims to contribute to the reduction of health inequalities between population groups and affect a tangible step-change in approach to prevention and early intervention. Specific deliverables are:

- **A Wellbeing Schemes Learning Forum** launched to share best practice, learning, innovation and impact from each of the wellbeing schemes in April 2019; and,
- Initial **scoping completed of an** Integrated Regional Well-Being Information Platform for the region by August 2019.

Skills, Education and Workforce Programme

Aims to widen access and opportunities for people living within the region to pursue a career with the NHS and promote South West Wales as the destination of choice to train, work, and live. Specific deliverables are:

- An Apprenticeship Career Framework to be agreed by April 2019 with posts advertised in May 2019 and new recruits in place by Sept 2019;
- Schools Experience Programme (16-18yrs) launched in April 2019 with first cohort in place from Sept 2019;

- A Workplace Wellbeing programme developed which can be integrated into all health & social care education programmes, this will include secondary schools, FE providers and universities by January 2020; and,
- A scoping exercise completed under Regional Network of Improvers to develop a network of improvers across the ARCH region by March 2020 and an agreed plan implemented by Sept 2020.

Research Enterprise and Innovation Programme

Aim is to expand Institute of Life Sciences (ILS) facilities across the region and drive an ecosystem of vibrant life sciences as follows over the next 1-3 years:

- ILS Llanelli linked to Wellness and Life Science Village in Llanelli as part of Swansea Bay City Deal (SBCD) to be delivered by September 2021
- ILS Healthcare Technology & Innovation Centre at Singleton and Regional ILS Morriston, also linked to SBCD

Mid Wales Joint Committee for Health and Care

Detailed Plan found here.

The Mid Wales Joint Committee (MWJC) has strengthened its role in the joint planning and implementation of health and care services across Mid Wales. The MWJC vision is as follows: ‘The population of Mid Wales is provided with equitable access to high level, safe, sustainable, bilingual and high quality integrated health and care services’. Central to this vision is a more integrated health and social care system with effective cross organisational working across Mid Wales and beyond. Providing increasing care closer to home, more self-care to help individuals’ live more independent lives and appropriate support for unpaid carers. This has been captured by a Strategic Intent Document that focuses on the delivery of the five overarching aims which will support health and social care provision through integrated service delivery from prevention, early intervention, diagnosis, treatment, rehabilitation and the promotion of self-management, as follows:

Mid Wales Joint Committee for Health and Care Key Actions

Key actions	Quarterly Milestones 2019/20 (where the UHB is the lead)		Measure	Executive Lead
Aim 1: Health, Wellbeing and Prevention Improve the health and wellbeing of the Mid Wales population.	Q4 (2018/19)	Develop a strategy for Green Health for Mid Wales	• A clear Mid Wales Green Health Strategy which ensures the optimised networking and involvement of all partners. • A wider range of Network of Green Health activities available across Mid Wales.	Chief Executive Officer and Director of Planning, Performance, Informatics and Commissioning
Aim 2: Care Closer to Home Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home.	Q3	Review the existing oncology pathway for Mid Wales in order to improve access to community based oncology services, along with the repatriation of work back to Mid Wales as appropriate	Equity of access to oncology services and wherever possible care closer to home.	
	Q3	Develop an integrated community focused respiratory approach Mid Wales	• An aligned approach across the Mid Wales area with a networked team delivering care closer to home. • Development of a cross UHB Multidisciplinary Team approach including Primary and Secondary care.	

	Q3	Develop an integrated multiagency and multi professional dementia care approach across Mid Wales	An integrated Dementia delivery plan for Mid Wales with networked service delivery approach between Health Boards and Local Authorities.	
	Q4 (2018/19)	Telehealth projects	First year implementation of the Telemedicine Strategy and Implementation Plan	Chief Executive Officer and Director of Planning, Performance, Informatics and Commissioning
Aim 3: Rural Health and Care Workforce Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.	Q1	Develop a robust workforce plan for Mid Wales which is within the UHB workforce plans and which considers the rurality of Mid Wales	Delivery of a Mid Wales workforce that is sustainable and has the ability to respond to staffing requirements across the area, ensuring Health Board boundaries are not a barrier to service continuity.	
Aim 4: Hospital Based Care and Treatment Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.	Q4 (2018/19)	Develop a clinical strategy for Bronglais / Mid Wales	Bronglais as an important part of a clear vision of how services could be provided through networks crossing organisational boundaries, through better use of new staff groups and through using technology enabled healthcare.	
	Q4	Develop clinical networks across those secondary services which provide services to the population of Mid Wales	• Networked services providing care for the people of Mid Wales with partners in Hywel Dda, Powys, Betsi and English providers. • Creation of opportunities for outreach services across the Care Hubs in Mid Wales.	
	Q4 (2018/19)	Review current colorectal pathway for Mid Wales	• Sustainable Colorectal surgical pathway at Bronglais ensuring a Mid Wales focus on service delivery.	
Aim 5: Communications, Involvement and Engagement Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.	N/A	No Hywel Dda led actions (All sit with WAST)	N/A	

Commissioning

The National Collaborative Commissioning Unit (NCCU) on behalf of Emergency Ambulance Service Commissioner (EASC) develops commissioning intentions for Emergency Medical Transport Services and Non-Emergency Patient Transport Service. These commissioning intentions set high level expectations from which there are specific requirements for Welsh Ambulance NHS Wales Services Trust (WAST Integrated Medium Term Plan found here) to work with the NCCU to update the Framework Agreement and to improve performance in collaboration with Health Boards. Allied to this, with respect to the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) NHS Wales is exploring the options and opportunities to extend EMRTS, with the preferred solution to be implemented in a phased approach with an indicative timescale of 12 months per operational rota.

Welsh Health Specialised Services Committee (WHSCC) has also issued commissioning intentions for 2019/20 which the UHB will look to incorporate into our quality and pathway improvement work programme.

The financial assumptions underpinning both EASC and WHSSC are demonstrated within our financial plan.

UHB's and all key stakeholders across the South Wales region have been increasingly engaged in the modelling work to support a sustainable model for Sexual Assault Referral Centre (SARC) services. Ongoing modelling and planning work has been carried out during 2018/19 with the relevant statutory agencies and clinical representation across all key stakeholders. The most recent work has seen option appraisal workshops held to further work through these options and to score these models across a number of service and activity assumptions. It is understood that UHBs will expect to incur additional costs as associated with the developing modelling work for 2019/20, as well as contributing to initial costs associated with the implementation of a regional paediatric service which took effect from the final quarter of 2018/19. These costs have already been highlighted with finance leads. Further work will need to take place early 2019/20 to develop the commissioning framework which will underpin the new service model and associated costs which will be incurred by the commissioning organisations including UHBs and the police forces across the region.

Enabling Plans

Finance

Detailed Plan found here.

Financial Context and Funding Assumptions

The allocation letter includes £11.157m of a core uplift and £5.457m of A Healthier Wales funding for Hywel Dda. This equates to a 3% increase in funding to recognise the effect of inflationary pressures affecting all organisations. The £27m received in 2018/19 as a consequence of the zero-based review has been added to the UHB allocations on a recurring basis for 2019/20. The plan assumes:

- That the UHB will not have to repay its historic deficit;
- That the planned deficit will be covered in cash terms by Welsh Government funding;
- Planned decisions on an all Wales basis will not have an adverse impact on the UHB financial position;
- Risks emerging in year from NHS Wales-hosted organisations will be managed by those organisations.

The proposed cash releasing savings target for 2019/20 is £24m; and the additional cost and demand growth together with RTT equate to circa £42m. The table below shows how the underlying deficit for 2018/19 maps into the net financial challenge for 2019/20.

Summary Budget	**£'m**	**£'m**
2018/19 Deficit Budget		**(35.550)**
Forecast Outturn and impact of non-recurring actions	(17.802)	
Full Year Impact of 2018/19 saving schemes	5.560	
		(47.792)
Additional Allocations	24.070	
Allocations Pending	3.781	
Savings target	23.866	
		3.925
Cost pressures	(12.224)	
Pre-Commitments	(0.927)	
Other inflationary, growth and service demand pressures	(23.213)	
Strategy Implementation Core Team Funding	2.583	
Strategy Implementation Core Team costs	(2.583)	
Other non-recurring items	1.445	
Proposed deficit budget, 2019/20		**(29.841)**

This Interim Financial Plan reduces the UHB's deficit from £35.5m in 2018/19, to £29.8m in this year's plan. This also includes within our position our plan to meet additional costs relating to maintaining our RTT performance at the 31 March 2019 position, £1m earmarked to support with Winter Plan costs for the year, and a further £1m to support the continued rollout of the Nurse Staffing Act.

Following Welsh Government's investment in supporting the UHB to deliver against the agreed RTT plan for 2018/19, the cost for the UHB into 2019/20 has been assessed as £5.5m. Along with the reduction in the backlog of patients waiting, our efficiency and productivity work over the year has resulted in efficiencies which have enabled our internal delivery capacity to increase into the coming year.

We are therefore in a position to include the financial implications of maintaining our position on RTT within our baseline plan for the first time in many years. This decision does introduce greater financial risk into our plan for the coming year but we believe this is manageable on the basis that we expect to fund the largely non-recurrent resource requirement from the delivery of non-recurrent opportunities throughout the year.

We have also taken the decision to fund the additional costs arising from winter pressures within our baseline. The total value linked to this is £1.0m, which is significantly less than the allocation provided by Welsh Government this year. However, the current year's allocation has allowed us to fully test and develop plans. The Board will receive a briefing on the benefits delivered by this investment in May, and the allocation of £1.0m as part of our budget for 2019/20 will allow us to plan for next winter in a timely manner and deliver greater efficiencies from our resources.

While this deficit position is not an acceptable position for the UHB, it does represent a significant reduction in the UHB's total financial burden on Welsh Government in excess of our allocated budget. This reduction of £19.9m is outlined below:

The University Health Board's financial burden on Welsh Government, in excess of budgeted allocation			
£'m	**2018/19**	**2019/20**	**Change**
Baseline budget plan	35.550	29.841	(5.709)
Additional RTT funding	11.600	Included within baseline plan	(11.600)
Additional winter plan funding	2.645		(2.645)
Total financial burden on Welsh Government	**49.795**	**29.841**	**(19.954)**

The UHB's underlying deficit has arisen from historic inefficiencies in key services. The underlying deficit calculation of £47.792m is based on the UHB's outturn deficit position for 2018/19, adjusted for the impact of non-recurring actions which have benefited the position alongside the full year effect of savings schemes.

While the underlying deficit is understood at a high level, the UHB has not to date been in a position to fully understand the key drivers to the underlying deficit.

The plan is predicated on delivering a greater proportion of our savings from recurrent sources. £24m of savings will be required to be delivered over the coming year; and as these are realised it is anticipated that the UHB's underlying deficit will significantly improve from the position in 2018/19. This is outlined below:

Underlying deficit change from 2018/19 to 2019/20			
£'m	**2018/19**	**2019/20**	**Change**
Baseline budget plan	35.550	29.841	(5.709)
Net non-recurrent support	12.243	0.0	(12.243)
Total underlying deficit	**47.793**	**29.841**	**(17.952)**

Our budget setting approach this year has learnt the lessons from a difficult position in 2018/19, and inevitable and unavoidable cost pressures have been more fully recognised in our internal settlement. Through this process, along with greater financial transparency, disciplines and financial governance arrangements; we will focus relentlessly on delivering against our savings requirement in order to secure a substantial reduction in our underlying deficit. The plan currently has not assumed any additional funding from other Welsh Government resources:

- Transformation Fund
- Prevention and Early Years
- Digital
- Mental Health and Learning Disability
- Clinical plans, Quality and Value Based Healthcare

Cost Growth

Based on the service and workforce plans developed the latest assessment of likely cost growth is set out below:

Cost Growth	**TOTAL £'m**	
Pay Inflation	6.458	Impact of A4C & other pay settlement agreed in 18/19
Non pay Inflation	3.285	Anticipated inflationary increased to non-pay costs
Continuing Health Care	3.161	Estimated increase in CHC cost for 19/20
Statutory Compliance	0.482	Additional costs to deliver against Health & Safety requirements
GMS	0.890	Additional costs regarding Primary care
Quality & Safety	0.309	Increase in costs to improve quality & safety
Other	0.717	
Demand Growth		
WHSSC, EASC and LTAs including inflation	6.090	Increase in the cost of Long Term & Service Level Agreements with other providers
NICE & High Cost Drugs	3.000	Estimated additional
Demographic/Demand on Acute Services	5.449	Additional costs of delivering acute services & demographic growth
Primary care Contractor	1.173	Additional costs identified for Primary Care developments in 19/20
Prescribing	0.700	Estimated additional costs for 19/20
Continuing Health Care	0.280	Anticipated costs of demand increases in CHC
Local Issues		
Nurse Staffing Act	1.000	Phased implementation of Nurse Staffing Act
Winter Pressures	1.000	Provision for additional Winter pressure costs
Other	2.370	Increase in required reserves to match the increase in ICF allocation
TOTAL	**36.364**	

The key actions which will enable the organisation to start the journey of transformation and to shift more of its services into community and primary care are assumed to be self-financing. Other items currently classed under local pressures include the additional Integrated Care Fund funding that the UHB holds; and the implementation of the next phase of the Nurse Staffing Act.

The technical planning assumptions within these are that

- Agenda for Change pay awards are funded
- Medical and Dental pay awards are funded and that any costs over and above 1% are funded by Welsh Government
- The additional employer's pension costs which increase the employers costs from 14.83% are fully funded by Welsh Government
- Non pay inflation is included at either individual directorate assessment or CPI @ 2.7%
- NICE and high cost drugs growth is included at 0.49% which equates to £3.000m
- Continuing Health Care and NHS-funded Nursing Care packages of care inflation at 0.52% and growth at 0.05%
- Prescribing growth at 0.11%
- GMS pressures at 0.15% (assumes inflation uplift for ring-fence)

- RTT - the assessment of costs to deliver the RTT target in 2019/20 is currently £5.552m over and above the recurrent funding. The costs of the delivery solutions in order to mitigate the risk of 36 week breaches, which will need to be discussed with Welsh Government, of £5.552m are included in this plan.

Risks

The following items are either not included in the financial plan at present or there is a risk that the costs currently included will be greater than those currently provided for in the plan for 2019/20. These financial risks will need to be managed if they arise:

Risk	Assumption	£'m
Increase in employers pension cost not centrally funded	If no funding provided	21.406
Use of ICF Fund	If 10% of the allocation is redirected to new schemes	0.680
Dental Inflation	If costs increase over and above current funded levels	0.944
Insufficient fund to progress Key Actions	Annual cost of all identified Key Actions less £3m funding identified for 2019/20	4.963
Unfunded costs cannot be contained		4.400
Inflation costs not contained	Increase in Non-Pay costs of another 1%	1.013
Nationally agreed development costs not contained within contingency	25% increase in costs	0.250
WHSSC/EASC cost increase		TBC
Welsh Risk Pool costs increase		TBC
Delivery of full RTT target cannot be contained within the available non-recurrent funding sources	Proportion of costs met from non-recurring sources	2.500
Funding not available for Strategic Improvement Core Team	No funding available	2.500

These risks require further work to identify mitigating actions to minimise their impact over the period. Financial risks will arise in year that will have to be managed. Appropriate mitigating actions will need to be identified and delivered by relevant Budget Managers. Any material risk and action plans will be discussed at the Finance Committee as part of the monthly financial reporting

Value

Whilst acknowledging that Value Based Health Care (VBHC) is at a relatively early stage of development in the UHB, *A Healthier Wales* alongside our own strategy, *A Healthier Mid and West Wales*, provide both a clarifying context and strategic direction for the developing work programme in this area. The noted Zero Based Review highlighted significant efficiency opportunities for the UHB. A VBHC approach can support exploration here in several ways.

For example, it has been acknowledged that workforce review and changes will be necessary to ensure safe and sustainable services in the future, the technical aspects of the financial approach to Value are perfectly placed to support the contrasting of different grades or professions of staff when redesigning both the who and the how our services are provided.

In reviewing services themselves, a VBHC approach contrasts the desirable clinical and patient outcomes with the cost of achieving those outcomes. In doing so the VBHC approach can deliver both visibility and a consistent currency for all the activities in a pathway, allowing technical efficiency comparisons between organisations, sites or clinical teams but also allocatively reviewing where resources are best deployed in a pathway.

This is particularly crucial if ambitions to move resources into primary, community and preventative healthcare are to be realised. Beyond this there are planning and monitoring opportunities in designing and following up any resultant changes as we move into a redesigned future reality. Priority pathways have already been identified through high level reviews that explored and triangulated existing data covering activity, quality and cost measures. In moving to a more detailed exploration of these, VBHC will be a core component in our approach.

Savings Requirements and Opportunities

As the funding uplift will not fully cover expected cost pressures in 2019/20 there is a requirement for savings of circa £24m - this will accommodate investment in the Nurse Staffing Act and winter pressures. Investments required to deliver a shift into primary and community are assumed to be self-financing. Savings plans will need to include transactional, efficiency and transformational schemes.

The main savings requirement will be based on opportunities identified through benchmarking and other evidence-based assessments of efficiency. The current level of opportunities identified from this approach is summarised in the table below. This still leaves a balance to find and discussions are on-going regarding how this gap can be met. The areas outlined below indicate the major savings areas. Work is underway to quantify the impact of the schemes.

Potential scheme category	**Description**
Transactional / operational schemes	
Transactional schemes – locally managed	Each service area to identify at least 1% efficiency improvement to absorb inflationary pressure
Procurement (excluding utilities)	Expectation of continued downward cost pressure from procurement efficiency, and reduced cost from changes
Medicines management	Impact of likely changes from medicines management eg end of patent drugs, switches
Externally commissioned care	Repatriation of patient care resulting from capacity released from changes in proposals
Reduction in overhead and support costs	Opportunities to reduce hotel services, facilities and support services costs
Pipeline schemes	Adopted schemes from 2018/19 not yet delivered
Strategic	
Reduced length of stay, referral reduction follow up to new rates and other core cost reduction	Reduction in variable pay, potential closure of additional wards, community hospital impact

Workforce

2019/20 Detailed Plan found here.

To Deliver "A Healthier Mid and West Wales". This 20 year vision sets out a plan that requires us to be ambitious with the scale and pace of workforce transformation. It is critical to ensure we have a motivated and sustainable workforce that is competent, confident and engaged ready to meet the opportunities and challenges presented in transforming our services to deliver a social model of health and social care. That said, our priority within the context of the 2019/20 Annual Plan is to continue to stabilise the workforce and lay strong foundations for the delivery of the ten year plan and establish a framework for successful workforce transformation: to stabilise, design, develop and deliver the future workforce.

We know our greatest asset is the people we employ to provide our services and care for our patients. Alongside this are our partners who work with us as volunteers, work experience and people who work within partner organisations. It is essential that we continue to support our existing and future workforce as the organisation transforms. We are committed to continue this through our communications with staff and their representatives and we will develop and embed our retention and attraction strategy to ensure staff are reassured of our commitment to them, are fully informed, involved and influence future service models.

From the Annual Plan the scale of workforce stabilisation and transformation is significant and touches all aspects of design and delivery of services. Our counties and localities are looking to redefine ways of working and assess different approaches to integrated working and multi-disciplinary teams, taking a holistic approach comprising population health and wellbeing, community care, primary care, long term care and links into the servicing hospitals. Each of the counties and servicing hospitals have workforce challenges in the delivery of services, some of which can be linked to the rurality of locations others reflect different starting points (baselines) and strategies employed to achieve workforce sustainability. As our locality working develops, the seven locality teams will work to deliver seamless services across primary, community and social care services, third sector organisations and wider partners and show appropriate local distinctiveness in each locality reflecting the difference of each part of the region. This will require us to consider the nature of our workforce and look to develop different approaches to workforce planning locally and regionally.

We work collaboratively with a range of regional bodies including ARCH Workforce and Skills Development Group, the Llanelli Wellness Village, the Mid Wales Joint Committee for Health & Social Care, University Partnership Board and the West Wales Care Partnership are key to workforce stabilisation and as we move to more seamless health and care delivery, in line with 'A Healthier Wales'.

Shape of our Workforce

We have over 10,000 staff employed to provide our services and care for our patients. In short. The full time equivalent has increased in all staff groups. We have 100 more nurses than in September 2016, and 24 more Allied Health Professionals. Our turnover, while relatively low to commence with, is showing a slight increase of 0.2% over the last year and an overall increase of 0.4% on the 3 years to September 2018 equating to 7.77% as a 3 year average. If Medical and Dental staff groups are excluded from this figure, the overall figure is reduced to

7% at September 2018, 6.75% as at September 2017 and 6.4% at September 2016. Our medical and dental turnover has however, reduced by a further 1.48% as at September 2018.

While 2018/19 has brought significant challenges in relation to our work in stabilisation and development of our workforce, there have been many key successes, with some of our key highlights below giving the position at December 2018:

- Sickness absence at 4.54% is again below the Welsh Government target of 4.75%, and current rates rank amongst the best in Wales.
- Medical recruitment figures for senior appointments are down slightly from 2017 with 53 offers of employment made since January 2018.
- Recruitment campaigns are resulting in successful appointments with 110 (headcount) Registered Nurses recruited externally and 42 (headcount) Therapists recruited externally between April – September 2018.
- In addition, 89 (headcount) Newly Qualified Nurses started in September 2018 with 5 further Newly Qualified Nurses deferring due to start in March 2019 with the next cohort.
- 43% of leavers returned to work [whole time equivalent (WTE)] part time after retirement.
- Mandatory Training and Personal Appraisal Development Review figures continue to improve and are currently at 78.2% and 73% respectively.
- Medical Appraisal is consistently well above target and has ranged between 94%-96% for the full year.

Workforce moving forward
This section gives an overview of five key things we will focus on during 2019/20 captured in our enabling plan to support services in the delivery of their transformation plans as follows:

- Turnaround
- Workforce Development
- Organisational Development
- Staff Experience & Engagement
- Workforce Transformation

Turnaround
Stabilisation of the workforce through recruitment and retention practices are essential, efforts throughout the year led to the appointment of over 417.10 whole time equivalent (WTE) external appointments into the UHB. Appointments in total for the year (internal and external were 965.92 WTE) which includes 102 either Newly Qualified or Return to Practice Nurses. We are seeing the results of our efforts to deliver a shift in WTE from variable workforce to employed workforce. Although the medical vacancy position continues to be a concern, we have had successes during 2018/19 which will enable us to continue building and stabilising our medical workforce. Figures for senior appointments have dropped slightly from 2017 with 53 offers being made in 2018. These figures have doubled since 2015, and we have AAC’s scheduled in from the start of January 2019.

The financial challenge during 2018/19 has been in large part due to the requirement to recruit locum and agency staff to provide cover for vacancies in medical, nursing and other health professional posts. All of our key plans in 2018/19 to mitigate the financial and service quality risks associated with this position were dependent on turning around our vacancy position and eradication of premium variable pay, and this will continue into 2019/20. The significant focus on the reduction of variable pay reported in the 2017/18 plan has been stepped up further during 2018/19, and whilst there are concerted efforts and a robust plan in place to reduce it, despite efforts, it remains a challenge. In comparison with medical and nurse variable pay, the ‘other’ professional groups use less agency, however the reliance is significant. In terms of expenditure overall, looking at month 8 data we can demonstrate a year on year decrease in financial terms – a 17% decrease for the position in 2016/17 to 2017/18 and then a further decrease of 12% to 2018/19.

Workforce Transformation

To deliver our plan, we need to make changes to the way in which we deliver our services, and have a flexible and adaptable workforce that is competent, confident and engaged to ensure we can deliver our revised services. We strive to be an employer of choice and the health and well-being of our staff is paramount. Coupled with this opportunity is the need to understand our future requirements in relation to our transforming services, and be mindful of the potential impact of Brexit. We will continue to review this information as we develop our workforce pipeline, concentrating on our local population, developing new and exciting career opportunities linking with our rural healthcare model, and offering a real opportunity to achieve a sustainable future.

We recognise that around 80% of our future staff are currently with us, and we have been working with them to develop and implement our workforce transformation programme, to support the delivery and sustainability of our future service model. We will continue to work with and engage our staff in shaping their future, throughout this. We will focus on methods to achieve workforce sustainability & transformation which will focus on skill mix reviews to support fragile services and explore alternative working models. This may be through the creation of new roles aligned to pathway redesign or through the extension of practice and new skill acquisition. A key focus for this year will be on the evolution of medicines management, nursing and allied health professional roles in support of these new pathways which may cross professions and organisational settings. Flexibility will be built into roles by design i.e. through skills development, technology & working patterns taking advantage that digital solutions and creative practices can offer i.e. rotational roles. As we work to integrate structures and develop partnerships across health & social care (public, private, third sectors) we will see a shift in the utilisation of multidisciplinary team (including Physician Associates, pharmacists, Advanced Nurse Practitioners and Independent Prescribers) approach to support the whole system. As an example, we are working with NHS Wales Ambulance Services Trust (WAST) to support the delivery of our enhanced Community Model. This may include increasing the number of Advanced Paramedic Practitioners or Paramedics to support primary and community based services, further integration of WAST clinicians with GP clusters, working as part of the Multidisciplinary Team within the Minor Injuries Units, or further development of WAST’s rotational model that could encompass working with respective Emergency Departments.

Developing our Workforce

The key to our future is the delivery of our Education Strategy to ensure our workforce is supported and developed to undertake their current roles effectively and are ready to embrace new roles for the future in an organisation which is continually learning and improving. We also understand the need to attract new staff to our organisation, and support our local population in health and well-being outside of our hospitals. To do this we will focus on the close working relationships with our local Further Education and University providers, and have been introducing new education and training programmes at all levels, to meet the needs of the changing workforce. For some areas the education programmes take many years to complete, so understanding the needs of our future services to ensure we are commissioning the appropriate education is vital.

We are working in partnership with Social Care Wales to develop and deliver a joint induction programme for Health and Social Care Support Workers, and have a very active programme of volunteering, work experience and supporting people into work. Our Future Workforce team was created to seek opportunities to work with our local schools, colleges and communities to look to us as an employer of choice, as well as progressing our corporate social responsibilities and meeting the targets of the Well-Being of Future Generations (Wales) Act 2015. We have increased our 'Grow Your Own' programmes to build our substantive workforce from our local population. This offers our local resident population the opportunity to train and develop into Registered Nurses and Assistant Practitioners, without losing their salary while doing so. Currently over 100 staff are identified within this pipeline, registered nurses from this pipeline are now in substantive roles. Two new programmes on the 'Grow your Own' scheme will be introduced during 2019/20. *'Made in Hywel Dda,'* aimed at 16 year olds, and a Certificate of Eligibility for Specialist Registration support programme, to enable our locum consultants and Specialty and Associate Specialist doctors to achieve Consultant Status in an easier and speedier timeframe.

A second cohort of 'Destination NHS' is in progress. This innovative future workforce programme, developed this in partnership with Pembrokeshire College and Swansea University, gives local 6th formers targeted experiences including 10 master classes and 100 hours work experience in addition to their year 12 and 13 academic programmes to students wishing to follow a career in health. We will continually invest in our research capabilities and work closely with our university and education partners, to nurture a culture of research and development. Through a range of innovative models, tested across health and social care in Wales, we will transform our local health and care services. This will enable us to provide better outcomes for patients now and in the future and also have a positive impact on our staff and the facilities they use.

As we develop our plans to deliver the new social model for health we will work closely with our University Partners and Health Education and Improvement Wales (HEIW). There is much to learn from research studies already undertaken and it is essential that we work in partnership to measure the impact of new services and initiatives that we put in place.

Organisational Development

An Organisational Development programme which supports and improves our leadership capacity and capability is in place to ensure an effective transition towards the new service models. This includes programmes currently in development which will be delivered in partnership between the UHB its three Local Authority partners, subject to the outcome of a Transformation Bid.

Building on our staff survey results for 2018, our TOP (Transforming Organisational Performance) strategy work will commence in 2019 with a Discovery phase where we will conduct an organisation inquiry about our existing culture in relation to best practices and that which we desire to co-create for the UHB to ensure that we become a top performing organisation that values and nurtures its staff. This phase will inform our design template for the future organisation so that we can grow our culture to underpin our Strategy.

Staff Engagement and Experience

Our organisational culture is key to the delivery- we can only deliver sustainable services with a sustainable workforce, and therefore ensuring our workforce is our most valuable asset, is critical. The importance of staff engagement and experience will be at the heart of all of our activities – to co-produce a future that enables our future generations to work and live well in Hywel Dda.

Workforce Key Actions

Key Actions	Quarterly Milestones 2019/20		Measures	Executive Lead
Continue to drive down variable pay usage through increased stabilisation of our existing workforce	Q2	Introduce control mechanisms for temporary workforce utilisation	• Establishment of control plan i.e. KPI's/reporting for workforce utilisation (link to WAO review) • Methodology developed and implemented	Director of Workforce and OD
	Q3	Introduce establishment control methodology		
	Q4	Replicate the WAO review on agency work to drill down further within the organisation		
Expand our workforce pipeline through 'Grow Your Own' programmes to deliver	Q2	Agree and implement a 'true' apprenticeship (specific salaried role) in addition to the current apprenticeship training offer to our workforce (covering clinical and non-clinical roles eg Estates)	• Apprentice programmes and pathway agreed, implemented & take up of places between September 2019 and March 2020. To include targeting of placements across whole workforce. • Staff commence (15 places) training on pre-registration programme	
	Q3	15 staff to undertake salaried nurse pre-registration programme		
	Q4	Develop Grow Your Own pathways/programmes		
Implement the Workforce and Cultural Change elements of the Transforming Mental Health Programme within agreed timeframes	Q3	Develop new roles for delivering in the new model of care through the Hywel Dda role design model	• Skills Mapping Plan: • Implementation of Plan & Monitoring against agreed targets i.e. by role, site or functional area • Role design model developed/implemented • Number of roles developed/implemented in TMH programme during 2019/20 • Refresh TMH workforce plan (Qtr 3) and identify KPI's to monitor implementation through 2019/20 (Quarter 4)	
	Q4	Identify skills needed in different settings by March 2020		
	Q4	Implement the workforce changes required to deliver the new model and support staff through the change as per the TMH programme plan timeline.		
Develop the workforce plan for the first year community model priorities	Q2	Take the learning from local cluster innovation and national Pacesetter/Pathfinder programmes to identify the most appropriate skill mix	• Monitoring of workforce profile changes in Primary and Community settings • Creation of workforce baselines of each cluster. • Creation of workforce strategy/plans to develop new workforce models • Case studies and practical examples inform workforce strategies and plans.	
	Q3	Support clusters with workforce development, through baseline assessments of the existing workforce, understanding the current workforce demographic and looking at how at cluster level, services can be delivered through new workforce models		
	Q4	Increase the number of extended and new roles to include PAs, pharmacists, Advanced Nurse Practitioners and Independent Prescribers		
Deliver the discovery phase of the	Q4	Continually improve our staff experience and measure our progress through quarterly staff surveys		

Transforming Organisational Performance (TOP) programme to support the organisation to deliver our clinical services	Q4	Carry out exit interviews for all staff leaving but with particular focus on those leaving within 2 years of appointment.	• Agreed plan through workgroup set up to improve staff experience. • Quarterly staff surveys • % of staff interviewed within criteria linked to plan agreed by work group • As agreed plan developed for TOP programme.	
	Q4	Scope out the Transforming Organisational Performance programme of work.		

Digital

Detailed Plan found here.

From our A Healthier Mid and West Wales Strategy, our Digital Enabling Plan aims to deliver digitally integrated care and support, and, improving the flow of information between health and social care partners across community and hospital boundaries, meeting the needs of our citizens, patients and clinicians. The following describes the kind of ambitions that our digital planning is aiming for over the next 3 years, but will be dependent on resourcing from National digital funds and the Transformation Fund. Nevertheless, as digital is so integral to the successful transformation of our services it is worth stating the kind of ambitions that we need to set in train – either alone or with partners and with the NHS Wales Informatics Service and Welsh Government.

Step 1 of the Integrated Pathway for all People: Help me to choose and age well

Citizen and patient:
- I can view the record of my medical history, update my personal details, lifestyle choices and how I wish to be cared for in the future
- Wearable devices can monitor my progress against self-help programmes, and add to my record

Clinician:
- Primary care staff are able to view the patient record and provide greater functionality of pre-screening to ensure that the patient see's the right clinician for their needs
- Community staff have access to all the required information to allow them to provide care and to send additional information to the clinicians within secondary care

Step 2 of the Integrated Pathway for all People: Support me to stay well and Support myself

Citizen and patient:
- There are activities that help me to learn about avoiding avoidable harm and positive steps to keep myself healthy, and support is provided proactively in accordance with my history and current status
- With live assistance if needed, I am able to build my own self-help programme, exercise, nutrition to keep my health under control

Clinician:
- We can view the record of the individuals medial history and lifestyle choices, and how the patient wishes to be cared for in the future
- Point-of-care testing uses advanced devices with a digital upload integration with the health record, reducing the need for assessment and travel to hospital

Step 3 of the Integrated Pathway for all People: Assess and monitor me closely

Citizen and patient:

- I can choose with whom I share the record of my medical history with and how I would like to be cared for in the future
- I can complete self-assessment so my clinician is aware before I attend
- Information relating to the next steps is provided, including waiting times for treatment, patient experience measures relevant to my condition and treatment

Clinician:

- Through the access to the patients record, and self-planner we would be able to provide more proactive health and well-being support services and providing 24/7 support services to stop admissions to hospital

Step 4 of the Integrated Pathway for all People: Step up and care and keep me at home

Citizen and patient:

- The outcome of any assessment or appointment is added to my record and discussed with me so that I understand the risks and outcome and the next steps
- I can receive updates on my care planning, and communicate with the health care team via secure email, Skype, as well as face to face

Clinician:

- Development of predictive tools which will improve our ability to identify deteriorating patients and those of risk of infection earlier to we can collaborate to minimise harm

Step 5 of the Integrated Pathway for all People: Good Hospital Care

Citizen and patient:

- Guidelines help me through the booking of an appointment with the right person when it is necessary with the reminders in a format I can choose, along with the ability to postpone or cancel without affecting my healthcare
- In an emergency or following an accident the clinician is able to access my full record without delay
- During my treatment and convalescence away from home, there is free public Wi-Fi so that I may use my choice of device for entertainment, or connect with my family and friends

Clinician:

- Clinician letters, referrals and all other clinician information, are electronic to reduce processing time and errors when patients travel across borders.
- Clinicians use electronic test requesting, secure store and forward technologies, to reduce errors and to allow professional to professional MDTs without having to rely on paper
- Data coding is automated and validated by clinicians, in order to inform audit, commissioning, clinical governance and quality improvement
- Clinical workflow tools allow more time with patients, with reliability and standardisation with increased scheduling and decision support, ordering and prescribing automated along with a robust handover module

Step 6 of the Integrated Pathway for all People: Get me home and step down my care

Citizen and patient:

- When I return home, my health status is made available in the community to ensure that I am appropriately cared for and stay at home, to maintain my self
- My care plan is available in real time in order for the health care worker to deal with my care appropriately
- I can learn how to use digital technology to increase my self-awareness and seek support when required.
- I can order repeat dispensing medicine and remind me when required to assist in my condition and self-management programme

Clinician:

- Community care, clinic and hospital management systems enable information to be available at every level and in real time

The table below provides an overview of how the key actions links to the individual steps noted above. These are in the process of further development

Key Actions	

National Projects	Collaboratives	Local Projects	Executive Lead
Citizen and Patient			
Step 2: • Continue with the rollout of Choose Pharmacy (Year 1) Step 6: • During 2019/20 implement Welsh Community Care Information Solution (Year 1 to 3)	Step 1: • Pilot the provision of a Citizen / Patient Portal (Year 1 to 3) Step 3: • Scope and develop Technology Enabled Care - Home Technology (Year 1 to 3) Step 5: • Scope the development of Electronic Single Patient Record (Year 1+) Step 6: • Continue the pilot for Nursing Documentation (Year 1 & 3)	Step 4: • By March 2020 introduce Skype for Business (Year 1 to 2) Step 5: • Develop a specification for a Paperless Organisation (Year 1+) during 2019/20 • Scope the development of Self-check In (Health Records) (Year 2 to 3) • Develop a specification for a Medical records Digitisation (Year 1+) during 2019/20 • Scope the requirements for a collection systems for PROMS/PREMS (Speciality responsibility) (Year 2) • Scope the delivery of Online 360 tours (Year 1 to 2) • Complete Wi-Fi - All Sites (Year 1)	Director of Planning, Performance, Informatics and Commissioning and Assistant Director of Informatics
Clinician			
Step 1: • Continue with the rollout of GP e-advice (Year 1 to 2) • Continue with the rollout of GP Links (Year 1 to 2) • Continue with the rollout of GP Test Requesting (Year 1) Step 5: • Continue the rollout of Medical Transcribing and eDischarge rollout (Year 1 to 2) • Scope the delivery of Patient Flow (Year 2 - 3), subject to national business case • Scope the delivery of Results Notification (Year 1 and 3) • Continue the transfer of clinical documents to the Welsh Care Record Service Increase (Year 1) • Continue with the rollout of Welsh Clinical Portal Mobilisation (Year 1+) • Scope and implement the Welsh Clinical Portal Radiology Requesting (Year 2 to 3) • Scope the rollout of the Welsh Imaging Archive Service (Year 1 to 2)	Step 5: • Scope the development of Radiology electronic requesting within WCP (Year 2) • Complete the Cardiology PACS Refresh (Year 1) • Implement WPAS into Mental Health (Year 1+) • Scope out the adoption of Office365 within the UHB (Year 2)	Step 5: • Continue to implement the C-PIP Action Plan (Year 1 to 3) • Continue to implement the Cyber Essentials and ISO 27001 compliance assessment (Year 1 to 3) • Continue the GDPR Implementation (Year 1-2) • Implement and monitor IG Training and Awareness strategy (Year 1) • Implementing ISO 27001 Action Plan and developing Information Security Management System (Year 1 to 3) • Develop a specification for a Paperless Organisation (Year 1+) during 2019/20 • Commence in 2019/20 the Mobilisation of workforce (Year 1 to 2), through the National Mobilisation Programme • By June 2019 development of a Consultant / Clinical Technology Equipment pack (Year 1) • Scope the requirements for Cancer tracking and outcomes (Year 1 to 2) • During 2019/20 deliver a Desk / Room Booking / Meeting Rooms solution (Year 1 to 2)	Director of Planning, Performance, Informatics and Commissioning and Assistant Director of Informatics

• Scope the implementation of Blood transfusion into LIMS or LINC (Year 1 to 2) • During 2019/20 provide a scope for Electronic bed management (Year 2 to 3) • Scope the delivery of Electronic Observations (Year 2 to 3), subject to national business case • Scope the development of Electronic referrals (e.g. consultant to consultant) (Year 2 to 3) • Continue to implement a single Radis for the UHB (Year 1 to 2) Step 6 • During 2019/20 implement Welsh Community Care Information Solution (Year 1 to 3)		• By June 2019 development of a business case for Digital Dictation / Voice Recognition (Year 2 to 3) • Increase the use of Business Intelligence (Power BI) during 2019/20 (Year 1+) • Continue the Data Centre redevelopment project (Year 1) • Continue in 2019/20 the Network Replacement Infrastructure – all acute hospitals • By September 2019 an integrated Paging / Multitone Appear App (Year 1+) • Scope the Refresh / Replacement of Citrix (Year 2+) • Finalise the Switchboard Rationalisation project (Year 1+) • Complete Wi-Fi - All Sites (Year 1)	

It should be noted that as with other key actions within this document, the scope and delivery of the above projects will be subject to funding and on-going clinical prioritisation, which may require already allocated resources to the redirected to ensure delivery of these clinical priorities. The Digital Team are working closely with the Chief Clinical Information Officer (CCIO) to provide improvements within the clinical experience. *There are also a series of further projects within our enabling plan that are included* in the wider Digital Strategy for 2020 onwards.

Capital

Detailed Plan found here.

The journey of Turnaround to Transformation will require a step change in our services, supported by investment in capital infrastructure, some of which is already underway funded by Welsh Government in community facilities currently in construction or actively being planned.

Our Capital Plan for 2019/20, leading into our 3 Year Plan, will also address business continuity issues. These are the things the UHB must do to continue to deliver high quality services in the bridging years before major new infrastructure is delivered. These can also be seen through the three lenses of the Turnaround to Transformation Plan. The focus for 2019/20 will be:

- To grow the planning for the key strategic developments supporting long term transformation.
- To continue to develop our Community infrastructure in support of service transformation
- To develop schemes supporting turnaround, productivity and efficiency improvement including schemes to improve patient flow
- To deliver the essential quality and safety, business continuity schemes including replacements, issues of compliance and infrastructure maintenance

The breadth of capital infrastructure developments can be demonstrated in the following chart which illustrates the key areas where capital funding is either in place or will be required to support the service transformation programme. The biggest strategic capital commitments in the coming years and, for which detailed planning will commence in 2019/20, relate to the new build Urgent and Planned Care Centre and the repurposing of Glangwili and Withybush Hospitals

Alignment of Capital schemes to our Transformation strategy, quality and turnaround		**Delivery**			**Executive Lead**
		2019/20	**2020/21**	**2021/22 and beyond**	
All Wales Schemes					
New Hospital Build	Transformation	Business Case Development			Director of Planning, Performance, Informatics and Commissioning and Assistant Director of Strategic Planning
Repurposing Glangwili and Withybush Hospital sites		Business Case Development			
Health and Wellbeing Centres		Dependent on public consultation and engagement			
Cardigan Health and Wellbeing Centre		✓ **Q3**			
Aberaeron Health and Wellbeing Centre		✓ **Q2**			
Cross Hands Health and Wellbeing Centre				✓	
Cylch Caron, Tregaron Health and Wellbeing Centre			✓		
Morlais Assessment Unit, Carmarthen (TMH)			✓		
Bryngofal Treatment Unit, Carmarthen (TMH)				✓	
Bro Cerwyn Community Mental Health Centre, Pembrokeshire (TMH)			✓		
Llanelli Community Mental Health Centre (TMH)			✓		
Aberystwyth Community Mental Health Centre (TMH)				✓	
Carmarthenshire Community Mental Health Centre (TMH)				✓	
Pond Street move to Penlan (Discretionary Capital)	Quality		✓		
MRI Bronglais		✓ **Q3**			
Wards 9 and 10 Withybush		✓ **Q3**	✓		
Women and Children's Glangwili			✓		
Aseptic Unit, Pembrokeshire			✓		
Estates Infrastructure PBC		✓ **Q2**			
Cellular Pathology Business Case		✓ **Q4**			Director of Planning, Performance, Informatics and Commissioning and Assistant Director of Strategic Planning
Day Theatres, Prince Philip	Turnaround		✓		
Endoscopy, Prince Philip			✓		
Digital					
WCCIS	Transformation	✓	✓	✓	
Improvements in telecare and telemedicine		✓			
Mobilisation of staff		✓	✓		
Technology enabled care		✓	✓		
Skype for Business		✓			
Citizen portal		✓			
Radis merger		✓			

Office 365			✓	✓	
Single sign-on- all UHB			✓		
Live A&E wait times			✓		
Improvements in patients in communications			✓		
e-Prescribing rollout				✓	
Welsh Clinical Portal mobilisation				✓	
Outpatient check-in				✓	
Online 360 tours				✓	

The UHB is working in partnership on a number of capital schemes which may be the subject of business cases for regional solutions for service pressures with our neighbouring Health Boards (as per our regional plan). The UHB will also have a health footprint in the Llanelli Wellness Village Project but this is not expected to require Welsh Government capital.

To support the UHB's capital and infrastructure plans, the UHB is currently considering the resource capacity and capability requirements to deliver this complex, high value programme. It is to be noted at this stage that the resources required are subject to an agreed, defined resource plan. Discussions with Welsh Government will be planned to address the scale of development and modernisation needed including the digital modernisation required. This will include the need for a Programme Business Case to be developed to provide the evidence and confidence that major capital investment can help deliver the sustainable service model envisaged through our TCS consultation.

Discretionary Capital Programme

The UHB receives an annual allocation of £7.421m which is allocated annually into the areas of highest investment needs. For these locally controlled funds, this is in the main targeted to support issues of quality and safety, and business continuity and is allocated over the following headings:

- Infrastructure and statutory backlog
- Replacement of medical and other equipment
- Standardisation of medical equipment and devices across sites to enable cross site working
- Significant upgrades of IT infrastructure and keeping pace with IT replacements
- Estates statutory compliance
- Essential maintenance of estates infrastructure
- Capital support posts and business case developments

The UHB faces very significant backlog pressures in Information Management &Technology, estates maintenance and equipment replacement which means that not all risks can be mitigated and programmes of replacement over a longer timeline are being developed and will need to be the subject of All Wales Capital support.

In addition we have a significant medical devices and other equipment backlog, including diagnostic infrastructure developments (e.g. Radiography). Details of our capital and infrastructure plans are set out in our Infrastructure Investment Enabling Plan which also sets out the estate condition and business case development timeframes for the investment priorities.

The discretionary programme is not yet allocated for 2019/20 however a number of pre-commitments exist based on decisions already taken, including funding the refurbishment of the Penlan building over 2019/20 and 2020/21 to enabled closure of dilapidated Pond Street clinic in Carmarthen; equipment decontamination infrastructure; and the completion of Withybush Data Centre Scheme. Thus far there have been total pre-commitments are circa £2.5m to date. The 2019/20 plan will be prioritised and recommended for Board approval prior to the end of this financial year. The UHBs planning cycle for 2019/20 has identified the following County and Hospital services priorities which will require further scoping in terms of their investment benefits.

County and Hospital Capital requirements	Alignment to Turnaround, Quality and Transformation Plans	Executive Lead
Carmarthenshire Integrated Plans		
• Service developments Amman Valley/Llandovery Hospitals • Llanelli/Ashgrove and Tegfan GP Practices • Virtual Ward/Community Equipment store • Cardiology scheme • Digital and equipping (aligned to schemes and service developments)	Transformation	Director of Planning, Performance, Informatics, Commissioning and Assistant Director of Strategic Planning
• Second CT Scanner • Pathology Reconfiguration	Quality	
Ceredigion Integrated Plans		
• North Ceredigion Community Urgent Care Centre • Potential future investments in Health and Wellbeing Centres, Lampeter, Llandysul, North Ceredigion/ Aberystwyth • Cardio respiratory Diagnostic Hub, Bronglais Hospital • Integrated Older Persons Unit, Bronglais Hospital • Physiotherapy and Stroke Unit, Bronglais Hospital • Outpatients Ambulatory Care Unit, Bronglais Hospital • Digital and equipping (aligned to schemes and service developments)	Transformation	
• Chemotherapy Day Unit, Bronglais Hospital • Accommodation improvements - Ophthalmology and Dental, Bronglais • Dementia/Memory facility, Bronglais Hospital	Quality	
• Enlli Ward	Turnaround	
Pembrokeshire Integrated plans		

• Repurposing of Tenby Cottage and South Pembrokeshire Hospitals • Potential future investments in Health and Wellbeing Centres, Haverfordwest, Milford Haven/Neyland, Fishguard • Digital and equipping (aligned to schemes and service developments)	Transformation	
• MRI replacement, Withybush Hospital	Quality	
Planned Care		
• Ophthalmology Diagnostic & Treatment Centre	Transformation	
• Cataract Unit	Quality and Transformation	
• Planned Care Digital Tools and Solutions	Transformation	

Innovation and Research and Development

Detailed Plan found here.

The need for innovation and research is clear to ensure that our patients receive new and innovative care, our practitioners work to the best of their potential and the aims of our clinical services strategy are realised. The aim of the UHB's Research and Development (R&D) Strategy (2016/20) is to promote a quality research culture, support the delivery of evidence based health care, and to meet with national and local priorities. The objective is to provide an innovation-friendly environment to encourage and assist individuals with an interest in research, focused on the needs of people, whilst also encouraging the dissemination of research findings and the implementation of change in practice where this has been proven as safe and effective. This is agreed via the appropriate UHB mechanisms of Service Improvement implementation and via the Bevan Commission.

In 2018 Hwyl Hub was launched which provides a physical and virtual space for reflection and creativity. The Hub remains a priority for 2019/20, to bring together all of our innovative projects and to use this knowledge to develop new ones, sharing learning and experiences. The UHB has developed robust links with University and Industry partners with many joint research projects developed. A key objective is to improve the sustainability of research funding, building our collaborative partnerships and undertaking more externally funded research including through the West Wales Academic Health Collaborative. The Collaborative is tasked with running a series of workshops and events to promote collaborative research partnerships.

Health and Care Research Wales (HCRW), Welsh Government, provides an annual R&D Activity Based Funding the aim of which is to increase the quality and quantity of health and social care research undertaken. The UHB consistently meets the R&D Key Indicators and targets and, as a result, R&D funding has increased significantly to £1,094,734 (2018/19). The Department has a robust Spending Plan agreed with HCRW and a transparent Cost Recovery and Income Distribution model which enables resources to be re-invested in research.

The Research Governance and Assurance Team ensures that research activities within the UHB are robustly governed and meet all relevant legislation. A priority for 2019/20 is to continue to develop the UHB's Quality Management System for clinical research. The Quality Assurance

Officer (Research) ensures the quality and compliance of research activities across the UHB by conducting routine auditing and monitoring visits and triggered ('for cause') audits.

Research, Development and Innovation Key Actions

Key actions	**Quarterly Milestones 2019/20**		**Measure**	**Executive Lead**
Increase Research and Innovation Activity	Q1	Work with Bevan Exemplars to develop new studies and share knowledge through the Hwyl Innovation Hub	• Increase Research and Innovation Activity • Generate research income • Increase exposure of the UHB / attract clinical staff with an interest in research	Medical Director and Assistant Director, Medical Director
	Q2	Run research and innovation workshops across the UHB in partnership with West Wales Academic Health Collaborative and University Partnership Board to increase collaborations.		
	Q2	Increase number of sponsored studies and submissions to the Sponsorship Review Panel		
	Q4	Increase number of Clinical Research Portfolio (CRP) and Commercial studies in line with Tier 1 targets		
	Q4	Increase number of patients recruited into CRP and Commercial studies in line with Tier 1 targets		
	Q4	Promote available grants to the UHB's research community through the Hwyl Innovation Hub and R&D internet/intranet pages.		
	Q4	Deliver an innovation conference		
Capture the Impact of Research and develop innovative practice	Q2	Support the identification, registration and exploitation of Intellectual Property Rights in partnership with AgorIP		
	Q2	Work with the Hwyl Innovation Hub to ensure research feeds into the UHB's mechanisms for uptake of best practice, innovation and service change.		
	Q2	Develop processes to monitor research outputs and impacts.		
	Q3	Disseminate research findings across the UHB's research community via the R&D Internet pages and the Hwyl Innovation Hub.		
	Q4	Increase collaboration with Small and Medium Enterprises (SMEs), build links with Respiratory Innovation Wales and MediWales		
Increase the Quality of Research and promote Quality Improvement Plans	Q2	Continue to develop the routine Research Governance audit programme, sharing both good and bad practice		
	Q3	Promote education and training in R&D for all staff, especially to expand the number of Clinical Research Fellows, Clinical Research Time award recipients, and number of staff registering to undertake research degrees.		
	Q3	Continuously monitor the outcomes of research studies and check with patients/research subjects if their own requirements have been met.		
	Q4	Continue to develop a Research Quality Management System and R&D Standard Operating Procedures, Guidelines and Templates, underpinned by robust Research Governance and Good Clinical Practice Policies.		
	Q4	Deliver an increased number of training sessions on research methods and processes		
Increase Patient and Public involvement in Research	Q3	Increase patient and public involvement in grant applications across all disciplines.		
	Q3	Deliver high quality research through increased public engagement and development of a Patient and Public Involvement Group.		
	Q4	Develop a mechanism for patients with a given health condition, and their carers, to provide input to research projects, exploring their own needs and ideas to develop solutions to help them manage or improve their own health, leading to the development of appropriate research studies.		
	Q4	Use feedback from patients and patient groups to continuously improve the focus of research studies to ensure that R&D resources are prioritised towards patient-centred care.		

Piloting the UHB's Biobank initially focusing on Respiratory Medicine and Breast Care Unit.	Q1	Continue to develop the UHB's Biobank Policies and Procedures throughout the pilot phase.		
	Q3	Develop and implement a bespoke data storage system to support Biobank activities.		
	Q4	Develop and collaborate on studies using human tissue samples for novel research.		
Increase Primary Care Research by providing increased support to Primary Care.	Q1	Provide support to Primary Care practices via the dedicated Primary Care Research Nurse and other research delivery staff, where appropriate.		
	Q2	Continue to promote and support affiliation to the Primary Care Research Incentive Scheme (PiCRiS) through the Research Permissions process and provide support for Primary Care Research.		
	Q3	Disseminate PiCRiS		
	Q3	Attend General Practice cluster meetings to demonstrate the research support available from the UHB's R&D Department.		
	Q4	Provide assistance with developing research studies and submitting funding applications for Primary Care-led research projects.		

Governance

The UHB continues to strengthen governance arrangements to enable the Board to deliver good governance, striking a balance between achieving its objectives and acting in the public interest. Over the last year, improvements in its governance and assurance arrangements have been recognised by the Wales Audit Office, with some of its arrangements held up as exemplars across NHS Wales.

Conducting our business effectively has been strengthened and modernised through development of a number of interactive tools which not only help to embed governance throughout the organisation but helps to ensure our decision-making is more accessible to our public, such as electronic Board reporting, an interactive Scheme of Delegation and the introduction of webcasting our Board meetings. The Board's approach to assuring itself that its risks to achieving its priorities is well managed, with the Board agreeing its risk appetite and tolerance levels.

2019/20 will see the UHB continue to embed and improve its governance framework to enable it to achieve its objectives, and to operate in an effective, efficient and ethical manner, upholding the Welsh Government's Citizen Centred Governance Principles, and increase public and stakeholder confidence.

Glossary of Terms

A&E	Accident and Emergency
ABMUHB	Abertawe Bro Morgannwg University Health Board
AOS	Acute Oncology Service
ARCH	A Regional Collaborative for Health
GMS	General Medical Service
GP	General Practice
HASU	Hyper Acute Stroke Unit
JRPDC	Joint Regional Planning and Delivery Committee
LOS	Length of Stay
MDT	Multidisciplinary Team
NICE	National Institute for Health and Care Excellence
OOH	Out of Hours
OT	Occupational Therapy
R&D (and I)	Research and Development (and Innovation)
RTT	Referral to Treatment
SCP	Single Cancer Pathway
TCS	Transforming Clinical Services
TMH	Transforming Mental Health
UHB	University Health Board
VBHC	Value Based Healthcare
WAST	Welsh Ambulance Services NHS Trust
WCCIS	Welsh Community Care Information System
WHSSC	Welsh Health Specialist Services Committee
WLI	Waiting List Initiative
WTE	Whole Time Equivalent

Supporting Documentation Index

Reference	**Title**
SD01	A Healthier Mid and West Wales - Our future generations living well
SD02	Quality Improvement Framework
SD03	Integrated Performance Assurance Report - month 10
SD04	Financial Performance report
SD05	Primary Care Plan
SD06	Carmarthenshire Integrated County Plan
SD07	Ceredigion Integrated County Plan
SD08	Pembrokeshire Integrated County Plan
SD09	Mental Health and Learning Disabilities Plan and appendices 1-7
SD10	Transforming Mental Health Services
SD11	Women and Children’s Plan
SD12	Performance Plan and appendices 1-4
SD13	Cancer Plan
SD14 a&b	Therapy Plan
SD15 a&b	Quality Plan
SD16	Together for Health Delivery Plan
SD17 a&b	Regional Plan
SD18	WAST Integrated Medium Term Plan
SD19	Finance and savings plan
SD20	Workforce Plan
SD21	Digital Health Plan
SD22	Infrastructure Investment Plan
SD23	Innovation and Research and Development

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Development of a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory & Regional Medical Microbiology Facility at Morriston Hospital, Swansea
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Karen Miles, Director of Planning, Performance, Informatics and Commissioning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paul Williams, Assistant Director of Strategic Planning and Developments

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

The Strategic Outline Case for the development of a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory & Regional Medical Microbiology Facility at Morriston Hospital, Swansea is presented for consideration and approval by the Board to enable it to be submitted to Welsh Government as the first step to secure capital funding to take the development forward.

Cefndir / Background

Pathology services are essential core diagnostic, treatment and monitoring services without which it would not be possible to deliver safe, timely, high quality, clinical care to our patients. Nationally, NHS Pathology services face a number of challenges as follows:

- Workforce and sustainability pressures - ensuring the service has ‘the right staff with the right skills’;
- Quality and safety issues (including estate and facility constraints;
- Technological innovations (including automation, digital technology and innovative technologies/equipment) - this is a significant driver for change and is the catalyst for policy and strategy responses;
- Major growth in demand, both demographically (aging population with more complex investigations; antibiotic resistance and control of infection issues) and in cancer services e.g. Single Cancer Pathway, ;and;
- Changing models of care – moving from traditional models of care towards personalised treatment.

Within the Mid and South West Wales’ region, Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (HDdUHB), and Public Health Wales NHS Trust (PHW) are struggling to manage workforce and sustainability pressures, to maintain quality and safety standards and to meet clinically driven targets. Without investment in sustainable services we cannot deliver essential improvements and fit for purpose laboratories. Investment would allow us to co-locate and develop regionalised services and to support more innovative and sustainable service models which could be future-proofed, and be flexible enough, to respond to changing demand, new technologies and innovations.

In 2017 a South West Wales Regional Pathology Reconfiguration Project Board was established to draft a Strategic Outline Business Case (SOC) to address these regional challenges in line with the national direction of travel for regional pathology services. The Project Board agreed the case for change could be supported by developing a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, a Regional Diagnostic Immunology Laboratory & a co-located Regional Medical Microbiology Facility at Morriston Hospital, Swansea.

The Strategic Outline Case is being considered by the ABMUHB and PHW Board in parallel with HDdUHB as partners in this collaborative project.

Asesiad / Assessment

The Project Board has identified the key investment objectives of this project as follows:

- To develop more sustainable South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
- To improve the quality and safety of South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
- To improve the efficiency and productivity of South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
- To improve the effectiveness of South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
- To improve economies within South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services

To meet these key challenges, satisfy the project's investment objectives and to support development of a 'one-site' Cellular Pathology solution a potential range of options were identified by the Project Board (**Option 1**, the 'Business As Usual' option was rejected for further detailed analysis however is included as a baseline comparator for detailed economic appraisal at outline Business Case stage). These potential options were as follows, with Option 3 identified as the preferred way forward at this stage:

- **Option 2 - 'Do Minimum'**: Development of 'core' regionalised services, i.e. development of a Regional Cellular Pathology (Cytology and Histopathology) & Regional Diagnostic (Laboratory) Immunology service; Co-location of Singleton's Body Store at Morriston Hospital service (future proofed capacity) & a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area;
- **Option 3 Intermediate**: Development of 'core' regionalised services plus relocation of ABMUHB's Regional PHW Medical Microbiology service to Morriston Hospital;
- **Option 4 Intermediate**: Development of 'core' regionalised services plus relocation of ABMUHB's Regional PHW Medical Microbiology service to Morriston Hospital and development of a temporary modular Body Store solution at Singleton Hospital, and;
- **Option 5 'Do Maximum'**: Development of 'core' regionalised services plus relocation of ABMUHB's Regional PHW Medical Microbiology service to Morriston Hospital, development of a temporary modular Body Store solution at Singleton Hospital and re-provision of ABMUHB's Essential Laboratory Service

Details as follows:

Functional Content by Health Board		**Option 2 Do Minimum**	**Option 3 PREFERRED WAY FORWARD Intermediate – more ambitious**	**Option 4 Intermediate – far more ambitious**	**Option 5 Do Max ambitious**
HDUHB ABMUHB	Develop Regional Cellular Pathology (Cytology and Histopathology)	✓	✓	✓	✓
HDUHB ABMUHB	Regional Diagnostic (Laboratory) Immunology service;	✓	✓	✓	✓
ABMUHB	Co-locate Singleton's Body Store at Morriston Hospital service (future proofed capacity)	✓	✓	✓	✓
	A 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area	✓	✓	✓	✓
ALL	Provide dedicated car parking to support regionalised services (300 spaces)	✓	✓	✓	✓
PHW	Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital		✓	✓	✓
HDUHB	Reconfigure and refurbish local non-regionalised Blood Sciences services' accommodation to provide fit for purpose facilities - Refurbishment of Cell Pathology - Withybush Hospital, Prince Philip Hospital, Llanelli & West Wales General Glangwili (approx. 486 m2)		✓	✓	✓
ABMUHB	Develop a temporary modular Body Store solution at Singleton Hospital			✓	✓
ABMUHB	Re-provide ABMUHB's Essential Laboratory Service				✓

Depending on the scale of the investment, in the short term, this investment aims to improve recruitment and retention within the Mid and South West Wales Cellular Pathology and wider Pathology service, improve quality and safety, foster training opportunities therein, and support modernisation of the workforce and service innovations. In the longer term, this investment supports more sustainable Pathology services in the region, supports technological innovations, promotes benefits in terms of improved specialist healthcare services, facilitates access to modern techniques and innovations, and enhances the patient experience and improve quality outcomes. Overall, this investment delivers urgent improvements in quality, safety and sustainability within Mid and South West Wales' pathology services.

The assumption at Strategic Outline Case (SOC) stage is that the work currently undertaken in the Swansea laboratories for Princess of Wales activity will continue following the boundary change. Further work on this will be undertaken at Outline Business Case (OBC) stage.

Work is progressing with the development of a business continuity plan, in relation to the immediate workforce challenges, including an action plan on how the three organisations could work together in the short, medium and long-term – with a focus on digital technology, joint posts, links to academia, joint training and workforce modernisation opportunities.

It is anticipated this project will be delivered via the *Designed for Life – Building for Wales3* procurement route.

The indicative programme is as follows:

Activity	**Due Date**
Welsh Government endorse SOC	May 2019
Appoint Supply Chain Partner, Health Board Cost Advisor & Health Board Project Manager from Designed for Life Regional Framework	July 2019
Welsh Government approval of OBC	September 2020
Welsh Government approval of FBC	January 2022
Mobilise and commence new build/extension main works	February 2022
New build completed (subject to contractor’s programme)	January 2024
New build commissioning (subject to accreditation arrangements & technical commissioning)	February 2024
New build operational	March 2024
Commence refurbishment	April 2024
Refurbishment completed (subject to contractor’s programme)	October 2024
Refurbishment commissioning (subject to accreditation arrangements & technical commissioning)	November 2024
Refurbishment operational	December 2024

GOVERNANCE AND RISK ISSUES

The main risks are as follows:

Risk Description	Probability	Impact	Score	Mitigating Actions
Internal approvals delayed - There is a risk that board approvals are delayed.	3	4	12	(1) Continued liaison with key stakeholders' SROs
Planning approval & planning conditions - Failure to achieve planning permission conditions are excessive, that S106 demands building control approvals are more involved than anticipated	5	4	20	(1) Early engagement with Local Planners; (2) Appoint a Planning Advisor and further investigate future planning development risks at Morriston Hospital & Submit a pre-planning application; (3) Monitor

				progress on Project and its interrelationship(s) with ARCH & other Morriston Hospital projects currently at planning stage; (4) Coordinate with ARCH Master Planners.
Funding approval delayed or timing of funding does not match our current programme due to WGov cashflow constraints	4	4	16	(1) Maintain regular dialogue re the procurement arrangements with WG and other key stakeholders.
Revenue affordability - Affordability of revenue model is over/under estimated	5	4	20	(1) Develop and sign off revenue model with DoFs; (2) Project Board to review at each formal meeting.
Availability of capital - There is a risk that the scope of the project is reduced in order to fit within financial limit	5	3	15	Continued liaison with WGov.
Staffing levels - Additional staffing levels / activity cannot be supported at Morriston Hospital, e.g. car parking provision and essential infrastructure are insufficient to support planned operations	3	4	12	(1) Develop Staff Modelling to inform, e.g. future car parking requirements on site; (2) Liaise with Morriston Hospital/ARCH projects currently at planning stage.
Staffing model is over/under estimated	3	4	12	Establish a Project Management Team and secure project management support
Recruitment of key staff - Sufficient numbers of essential staff with key skills cannot be recruited	3	4	12	Project Board monitors recruitment progress/issues and report regularly to Project Board/Executive level

FINANCIAL IMPLICATIONS

The indicative capital implications of the proposed investment for each shortlisted option were identified as follows:

	(£000 incl non-recoverable VAT)			
	Option 2 Do Minimum	**Option 3 Intermediate1**	**Option 4 Intermediate**	**Option 5 Do Maximum**
Departmental Costs	17,249	25,729	27,121	31,168
On Costs	13,041	20,332	20,475	25,499
Provisional location adjustment	-908	-1,382	-1,427	-1,700
Works Costs Total	**29,382**	**44,679**	**46,169**	**54,967**
Fees	4,701	7,149	7,387	8,795
Non Works Costs	1,741	2,694	2,641	2,745
Equipment Costs	3,611	5,059	5,231	5,718
Planning Contingency	3,943	5,958	6,142	7,222
VAT (adjusted for reclaim)	7,576	11,678	12,036	14,130
Base Project Cost	**50,954**	**77,217**	**79,606**	**93,577**

The revenue impact on each of the shortlisted options are as follows:

Costs	**Option 2 Do Minimum**	**Option 3 Intermediate 1 *Preferred Way Forward***	**Option 4 Intermediate 2**	**Option 5 Do Maximum**
Service Pay	0	0	0	0
Service Non-Pay	0	0	0	0
Support Services	197	236	263	503
Total	**197**	**236**	**263**	**503**

A number of costs pressures associated with the staffing models exist, whether the service moves to a new facility or remains in-situ. These relate to increasing demand for pathology services. For that reason it is reasonable to recognise the current service and projected future demand, however to exclude them from the revenue financial model at this stage in the development of the business case.

In moving to a single facility, the service would need to manage the workload of their Consultant staff using the Royal College points based system. This would mean an increased revenue cost pressure for HDdUHB consultant activity. However, over the last few months, work undertaken between both organisations, suggest this cost increase will be less than previously anticipated and the application of the Royal College of Pathology workload allocation

will need to be subject to review and agreement. In addition it now seems likely that as a result of the closer working relationship of the two organisations, HDdUHB will also seek to move to partly implement the Advanced Practitioner role that is being successfully adopted in ABMU. The adoption of the Advanced Practitioner role will in effect lessen the cost base if it had not been adopted. At the SOC stage it has been assumed no additional cost pressure
Further work will be required at OBC to assess the impact of travel. There are likely to be additional lab specimens travelling to Morriston. However it is too early to estimate the extent of any additional costs, as it is likely that existing transportation journeys can be utilised. Further work will also be required during the OBC to assess the impact on IT.

There are likely to be additional costs associated with running a modern facility built to conform with the latest building and engineering standards. This will be due to the new facility requiring increased space to meet these requirements, approx. a 30% increase of an additional 2,000 sq metres and the cost of servicing a modern building environment are normally greater than older non-complaint buildings. At this stage no detailed building design work has been undertaken but a high level estimate indicates that it would not be unreasonable to expect additional annual running costs of around £236k for the preferred way forward.

The share of the estimated additional revenue costs for each organisation on the preferred way forward is as follows:

Organisation	%
ABMU	31
Hywel Dda	16
PHW	39
Genomics	13
Total	**100**

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the development of business continuity plans.
- **Note** the short-listed options with estimated capital and revenue costs and identification of the preferred way forward.
- **Approve** this SOC and agree it can be submitted to Welsh Government to support this project progressing to Outline Business Case stage

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	5.6
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	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	As detailed in report
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:	ARCH and Executive Teams of each University Health Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Relevant Capital funding will be sought from Welsh Government. Revenue funding and Capital funding implications included in SOC and SBAR.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improved patient care and with particular reference to the sustainability of high quality Pathology services.
Gweithlu: Workforce:	Workforce implications will be the subject of formal process in accordance with UHB Organisational Change Policy
Risg: Risk:	As detailed on relevant risk register and with particular reference to the sustainability of high quality Pathology services.
Cyfreithiol: Legal:	Low risk of legal challenge
Enw Da: Reputational:	As a Regional partnership project under ARCH this will have high profile and carry reputational risk as a consequence. Project Director status is shared between HDdUHB and ABMU Executives to manage the project.
Gyfrinachedd: Privacy:	No impact anticipated
Cydraddoldeb: Equality:	Equality Impact Assessment included as an Appendix to the SOC

Strategic Outline Case (SOC)

Development of a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory Facility and Regional Medical Microbiology facility at Morriston Hospital, Swansea

v. Final

Document control sheet

Client	Hywel Dda University Health Board (HDUHB), Abertawe Bro Morgannwg University Health Board (ABMUHB) and Public Health Wales NHS Trust (PHW)
Document Title	Development of a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory Facility and Regional Medical Microbiology facility at Morriston Hospital, Swansea
Version	Final (4)
Status	Final
Reference	
Author	Heather Edwards, ABMUHB
Date	14th March 2019
Further copies from	**email:** heather.edwards2@wales.nhs.uk **quoting reference and author**

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Appendices

Executive Summary

Introduction

1. This Strategic Outline Business Case (SOC) was prepared through a process of engagement with key stakeholders. Principally, it seeks support from Welsh Government in the form of investment in Mid and South West Wales' Pathology services in the range of £50.954 - £93.577m (including non-recoverable VAT) to support the development of a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology facility at Morriston Hospital, Swansea.

2. We envision a Mid and South West Wales' Pathology services Regional Centre of Excellence supporting the following:

- Wales being at the forefront of digital pathology – delivering fully digitised pathology across Wales which allow us to assess images from a range of disease areas and work with partners to develop and validate emerging Artificial Intelligence (AI) tools; Promoting opportunities for AI/Machine Learning (ML) to improve microscopic assessment of diseases.

- Using advanced techniques and combining different modalities to give more accurate diagnostic information & to provide more timely and improved diagnostic pathways for patients; Improving quality and reducing screening times in, e.g. Cervical screening; Building on partnerships with Universities and industry.

- Supporting Genomics and Genetics to enhance diagnosis and treatment; 'Tailoring' therapies to individual patients; Promoting gene and cell therapy research and development.

- Improving standardisation, service delivery, patient safety and communications, including patients' access to information.

- Developing new technologies that allow to embrace research opportunities and innovations, and allow the NHS to a deliver better service in a faster and more efficient way.

Background

3. The main challenges facing NHS Wales' Pathology services are:

- **Workforce and sustainability pressures** - recognising that a significant number of current vacancies, an ageing workforce, and loss of staff due to retirement creates pressures for the service we must ensure, that the service has 'the right staff with the right skills';
- **Quality and safety issues** (including estate and facility constraints**;**
- **Technological innovations** (including automation, digital technology and innovative technologies/equipment) - this is a significant driver for change and is the catalyst for policy and strategy responses;
- **Major growth in demand**, both demographically (aging population with more complex investigations; antibiotic resistance and control of infection issues) and in cancer services e.g. Single Cancer Pathway, and;
- **Changing models of care** – moving from traditional models of care towards personalised treatment.

4. Pathology services must address these challenges by providing a sustainable workforce, safer and higher quality services whilst improving outcomes but these will not be achieved simply by investing in new local facilities; we need to co-locate within the region and adopt new and more acceptable delivery models that can improve service resilience and business continuity , demonstrate quality

through independent accreditation assessments, reduce potential error-rates, better support diagnosis, be more acceptable and accessible to users, and reduce risk.

5. Furthermore, new service models must be future-proofed, and flexible enough, to respond to changing demand, new technologies and innovations, and complement the UK's playing a lead role in developing a network of emerging Advanced Therapy Treatment Centres (ATTCs) - the promotion of gene and cell therapy's Advanced Therapy Medicinal Products (ATMPs) research and development. ATMP's having the potential to benefit patients with challenging conditions that cannot be cured with current treatments by promoting access to breakthrough medicines.[1]
6. This investment aligns with the recently approved Swansea Bay City Region's 'Internet Coast' £1.3bn City Deal for South West Wales, which supports public and private investment in Carmarthenshire, Neath Port Talbot, Pembrokeshire and by developing sustainable and energy efficient laboratory facilities, by promoting regional state-of-the-art digital innovations and, by delivering a sustainable and resilient workforce with the required scientific and technological skills necessary for modern health services.
7. This investment supports *Informed Health and Care – A Digital and Social Care Strategy for Wales (*WGov 2015*)*[2] by improving Pathology in Wales' clinicians' access to information and by supporting opportunities for delivering care with new digital technologies in support of prudent and value based healthcare. Overall, benefits to the service could include improvements in standardisation, service delivery, patient safety and communications, including patients' access to information, as well as reduced potential error rates, lower costs, and better and more efficient use of data.

The Strategic Case

A. Strategic Context

8. The key national and regional strategic drivers for this investment are summarised as follows:

- ***Review of NHS Pathology services in England*** (DoH, 2006)
- ***Report of the Second Phase of the Review of NHS Pathology Services in England*** (DoH, 2008)
- ***The Future Delivery of Pathology Services in Wales*** (WG, 2008)
- ***The National Pathology Framework (NPF) for Wales*** (NHW Wales, 2008)
- ***Review of the Histopathology Services in NHS Wales*** (2010)
- ***Digital First: Clinical Transformation through Pathology Innovation*** *(*National Pathology Programme, NHS England, February 2014)
- **Prudent Healthcare** – *Securing Health and Well-Being for Future Generations (Wales) Act* 2015
- **The Carter Review** - *Review of Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variation* (UK Government, 2016)
- **Pathology Statement of Intent** (Draft: 19th April 2018 – *endorsed by All Wales Chief Executives, following endorsement by the Pathology Service, and currently is with Welsh Government awaiting publication*)

9. This investment supports partners organisation clinical strategies: HDUHB's A Healthier Mid and West Wales: Our Future Generations Living Well strategy; ABMUHB's Clinical Services Plan (2019 –

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[1] Innovate UK Competition: Establishing UK Treatment Centres for Advanced Therapies - 01 Nov 2017
[2] Pathology Statement of Intent (Draft: 19th April 2018)

2024), and; and Public Health Wales' Long Term Strategy: Working to Achieve a Healthier Future for Wales (2018 – 2030)

10. This investment supports HDUHB's, ABMUHB's and Public Health Wales'[3] long term Service Strategies (please refer to Section 3) support these strategic drivers and we are working with the *A Regional Collaboration for Health* (ARCH) programme to develop a sustainable regional strategy for pathology services in Mid and South West Wales. It is consistent with the recommendations from the All Wales Pathology Collaborative Project and the *Pathology Statement of Intent* (Draft: 19th April 2018), which addresses the challenges facing Pathology services and identifies strategic approaches to facilitate the development of high quality, effective and resilient pathology services for NHS Wales consistent, with Welsh Government ambitions outlined in *Taking Wales Forward: Healthy and Active,* the key recommendations of *The Parliamentary review of Health and Social Care in Wales, and 'A Healthier Wales'* strategy released by WGov in 2018 in response to the Parliamentary Review. This SOC will be shared with the Pathology Network to ensure full alignment with the national approach.

B. The Case for Change

11. Pathology services within Mid and South West Wales must provide *the right level of services in the right place*, be sustainable, resilient and improve quality and safety.

Future Vision

12. Depending on the scale of the investment, in the short term, this investment aims to improve recruitment and retention within the Mid and South West Wales Cellular Pathology and wider Pathology service, improve quality and safety, foster training opportunities therein, and supports modernisation of the workforce and service innovations. In the longer term, this investment supports more sustainable Pathology services in the region, supports technological innovations, promotes benefits in terms of improved specialist healthcare services, facilitates access to modern techniques and innovations, and enhances the patient experience and improve quality outcomes. Overall, this investment delivers urgent improvements in quality, safety and sustainability within Mid and South West Wales' pathology services.

13. The 'status quo' cannot be maintained and this document proposes investment to support development of regional pathology services where they promote tangible regional benefits, support delivery of more sustainable regional services and satisfy international, national, regional and local strategic direction.

The Economic Case

Investment Objectives and Benefits

14. The main benefits to staff, patients and visitors are classified in terms of cash releasing benefits (CRBs), non-cash releasing benefits (NCRBs), quantifiable benefits (QBs), and non-quantifiable benefits (Non QBs) are outlined in **Appendix F – Investment Objectives and Benefits**.

Service Scope

15. The South West Wales Regional Pathology Re-configuration Project Board agreed the following range of service scope options:

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[3] Public Health Wales Long term strategy 2018-2030.
http://www.wales.nhs.uk/sitesplus/documents/888/Long%20Term%20Strategy_English_single%20pages%20%28print%20version%20191118%29.pdf

Figure – Service Scope

Functional Content by Health Board		**Option 2 Do Minimum**	**Option 3 PREFERRED WAY FORWARD Intermediate – more ambitious**	**Option 4 Intermediate – far more ambitious**	**Option 5 Do Max ambitious**
HDUHB/ABMUHB	Develop Regional Cellular Pathology (Cytology and Histopathology)	✓	✓	✓	✓
HDUHB/ABMUHB	Regional Diagnostic (Laboratory) Immunology service;	✓	✓	✓	✓
ABMUHB	Co-locate Singleton‘s Body Store at Morriston Hospital service (future proofed capacity)	✓	✓	✓	✓
	A 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area	✓	✓	✓	✓
ALL	Provide dedicated car parking to support regionalised services (300 spaces)	✓	✓	✓	✓
PHW	Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital		✓	✓	✓
HDUHB	Reconfigure and refurbish local non-regionalised Blood Sciences services' accommodation to provide fit for purpose facilities - Refurbishment of Cell Pathology - Withybush Hospital, Prince Philip Hospital, Llanelli & West Wales General Glangwili (approx. 486 m2)		✓	✓	✓
ABMUHB	Develop a temporary modular Body Store solution at Singleton Hospital			✓	✓
ABMUHB	Re-provide ABMUHB's Essential Laboratory Service				✓

The Shortlist

17. The Project Board recommends the following shortlisted options for more detailed evaluation at the OBC stage:

Figure – Short List of Options

Option 2 – Do Minimum	
Service Scope	SC02 - 'Core' services, i.e. Develop Regional Cellular Pathology (Cytology and Histopathology) & Regional Diagnostic (Laboratory) Immunology service; Co-locate Singleton‘s Body Store at Morriston Hospital service (future proofed capacity) & a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area
Service Solution	SS01 – New Build/Reconfigure co-located regionalised services' accommodation on one site &; Provide dedicated car parking to support regionalised services

Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP02 - Single Phase with staged occupancy of new build and concurrent local refurbishments
Funding	FUN02 - Public funding
Option 3 – Intermediate 1	
Service Scope	SC03 - 'Core' plus Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital
Service Solution	SS02 – New Build all co-located regionalised services' accommodation on one site; Provide dedicated car parking to support regionalised services; plus Reconfigure and refurbish local non-regionalised services accommodation to provide fit for purpose facilities
Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP01 - Phased (e.g. build some elements as a shell and occupy later and phase local refurbishments)
Funding	FUN02 - Public funding
Option 4 – Intermediate 2	
Service Scope	SC03 - 'Core' plus Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital & Develop a temporary modular Body Store solution at Singleton Hospital
Service Solution	SS02 – New Build all co-located regionalised services' accommodation on one site; Provide dedicated car parking to support regionalised services; plus Reconfigure and refurbish local non-regionalised services accommodation to provide fit for purpose facilities
Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP02 - Single Phase with staged occupancy of new build and concurrent local refurbishments
Funding	FUN02 - Public funding
Option 5 – Do Maximum	
Service Scope	SC04 - 'Core' plus Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital & Develop a temporary modular Body Store solution at Singleton Hospital & Re-provide ABMUHB's Essential Laboratory Service
Service Solution	SS02 – New Build all co-located regionalised services' accommodation on one site; Provide dedicated car parking to support regionalised services; plus Reconfigure and refurbish local non-regionalised services accommodation to provide fit for purpose facilities
Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP02 - Single Phase with staged occupancy of new build and concurrent local refurbishments
Funding	FUN02 - Public funding

18. **The preferred way forward is Option 3 – Intermediate 1** (Develop Regional Cellular Pathology (Cytology and Histopathology) & Regional Diagnostic (Laboratory) Immunology service; Co-locate Singleton's Body Store at Morriston Hospital service (future proofed capacity), a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area, & relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital to new build/reconfigured and co-located regionalised services' accommodation, supported by dedicated car parking.

The Commercial Case

Procurement Strategy

19. It is anticipated this scheme's procurement strategy will follow the *Designed for Life – Building for Wales3* procurement route and be publicly funded.

The Financial Case

20. The indicative financial implications of the proposed investment for each shortlisted option are as follows:

Figure – Capital Requirements (£000 incl non-recoverable VAT)

	Option 2 Do Minimum	Option 3 Intermediate – more ambitious	Option 4 Intermediate – far more ambitious	Option 5 Do Max ambitious
Departmental Costs	17,249	25,729	27,121	31,168
On Costs	13,041	20,332	20,475	25,499
Provisional location adjustment	-908	-1,382	-1,427	-1,700
Works Costs Total	**29,382**	**44,679**	**46,169**	**54,967**
Fees	4,701	7,149	7,387	8,795
Non Works Costs	1,741	2,694	2,641	2,745
Equipment Costs	3,611	5,059	5,231	5,718
Planning Contingency	3,943	5,958	6,142	7,222
VAT (adjusted for reclaim)	7,576	11,678	12,036	14,130
Base Project Cost	**50,954**	**77,217**	**79,606**	**93,577**

Based on BCIS PUBSEC Firm Price Index 248 reporting level

Overall Affordability and Balance Sheet Treatment

21. The additional revenue impact on each of the shortlisted options are as follows:

Figure – Revenue Impact £000's

Costs	Option 2 Do Minimum	Option 3 Intermediate – more ambitious	Option 4 Intermediate – far more ambitious	Option 5 Do Max ambitious
Service Pay	0	0	0	0
Service Non-Pay	0	0	0	0
Support Services	197	236	263	503
Total	**197**	**236**	**263**	**503**

22. The revenue cost impact of the short-listed option includes the estimated costs of running a modern facility built to conform with the latest building and engineering standards. There will be other costs that will need to be reviewed during the OBC stage, including travel and IT support. There are two areas of cost additionality that have not been included in this case, as both exist whether the service moves to a new facility or remains in-situ; current staffing pressures due to increasing demand and the need for Hywel Dda to manage the workload of their Consultant staff using the Royal College points based system.

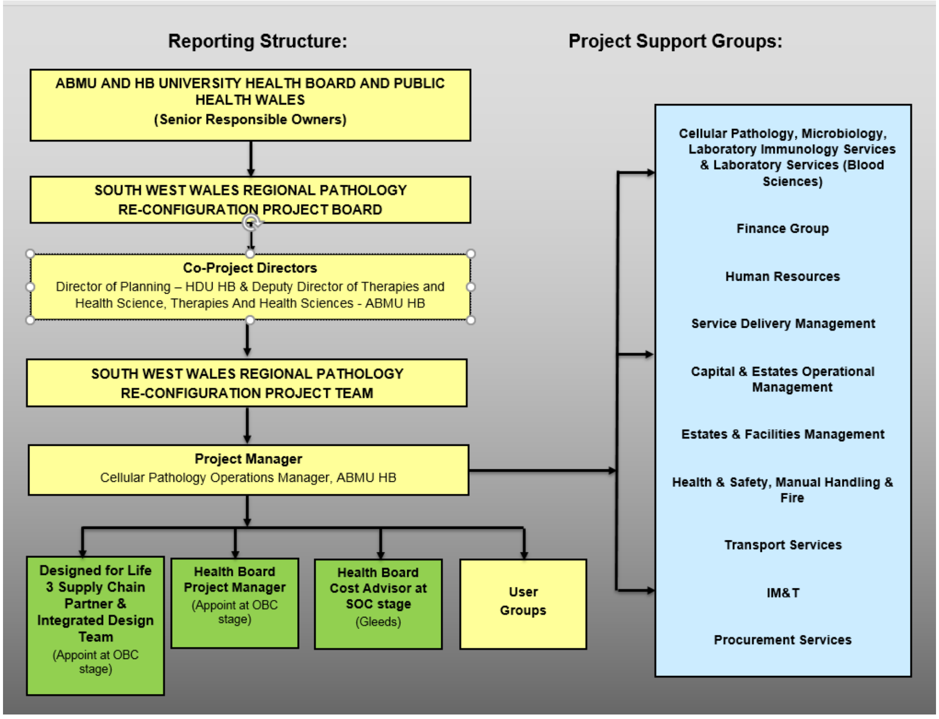
23. A full assessment of capital and revenue affordability will be made at OBC stage.

The Management Case

Project Management Arrangements

24. The project management arrangements are shown below:

Figure – Project Structure


Reporting Structure:
Project Support Groups:
ABMU AND HB UNIVERSITY HEALTH BOARD AND PUBLIC HEALTH WALES
(Senior Responsible Owners)
SOUTH WEST WALES REGIONAL PATHOLOGY RE-CONFIGURATION PROJECT BOARD
Co-Project Directors
Director of Planning – HDU HB & Deputy Director of Therapies and Health Science, Therapies And Health Sciences - ABMU HB
SOUTH WEST WALES REGIONAL PATHOLOGY RE-CONFIGURATION PROJECT TEAM
Project Manager
Cellular Pathology Operations Manager, ABMU HB
Designed for Life 3 Supply Chain Partner & Integrated Design Team
(Appoint at OBC stage)
Health Board Project Manager
(Appoint at OBC stage)
Health Board Cost Advisor at SOC stage
(Gleeds)
User Groups
Cellular Pathology, Microbiology, Laboratory Immunology Services & Laboratory Services (Blood Sciences)
Finance Group
Human Resources
Service Delivery Management
Capital & Estates Operational Management
Estates & Facilities Management
Health & Safety, Manual Handling & Fire
Transport Services
IM&T
Procurement Services

Indicative Project Milestones

25. The indicative milestones are set out below:

Figure – Key indicative milestones

Activity	Due Date
HDUHB & ABMUHB Executive Teams endorse ‘Discussion’ SOC	November/December 2018
HDUHB Executive Team approves SOC	February 2019
ABMUHB’s Investments and Benefits Group (IBG) endorses SOC	12th March 2019
ABMUHB Executive Team approves SOC	13th March 2019
ABMUHB Board approves SOC	28th March 2019
Submit SOC to Welsh Government for endorsement	April 2019
Welsh Government endorse SOC	May 2019
Appoint Supply Chain Partner, Health Board Cost Advisor & Health Board Project Manager from Designed for Life Regional Framework	July 2019
ABMUHB’s IBG and HDUHB & ABMUHB Executive Teams approve OBC	June 2020
Submit OBC to Welsh Government for approval	June 2020
Welsh Government approval of OBC	September 2020
ABMUHB’s IBG and HDUHB & ABMUHB Executive Teams approve FBC	October 2021
Submit FBC to Welsh Government for approval	October 2021
Welsh Government approval of FBC	January 2022
Mobilise and commence new build/extension main works	February 2022
New build completed (subject to contractor’s programme)	January 2024
New build commissioning (subject to accreditation arrangements & technical commissioning)	February 2024
New build operational	March 2024

Activity	Due Date
Commence refurbishment	April 2024
Refurbishment completed (subject to contractor's programme)	October 2024
Refurbishment commissioning (subject to accreditation arrangements & technical commissioning)	November 2024
Refurbishment operational	December 2024
Technical PPE (approx. 3 months post new build handover)	March 2025

Recommendation

26. This SOC presents a compelling case for change and supports the development of a regional Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology facility at Morriston Hospital, Swansea.

27. We recommend on this basis that Welsh Government endorse this SOC and that this project progress to Outline Business Case (OBC) stage.

Signed & dated:

Mrs Tracey Myhill, **Chief Executive** **Senior Responsible Owner** **Abertawe Bro Morgannwg University Health Board**	**Mr Steve Moore** **Chief Executive** **Senior Responsible Owner** **Hywel Dda University Health Board**	**Dr Tracey Cooper** **Chief Executive** **Senior Responsible Owner** **Public Health Wales**
………………………………	………………………………	………………………………

1 Purpose

1.1 Introduction

1.1.1 This document outlines the strategic direction supporting investment in Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology facility at Morriston Hospital, Swansea.

1.2 Structure and Content of this Document

1.2.1 The SOC is in two volumes:

- Volume 1 – The SOC comprises the following components:
  - The Strategic Case section.
  - The Economic Case section.
  - The Commercial Case section.
  - The Funding and Affordability Case section.
  - The Management Case section.
- Volume 2 - SOC Appendices

1.2.2 This document has been prepared using 5-case Model guidance:

- HM Treasury - The Green Book: Central Government Guidance on Appraisal and Evaluation (2018).
- Welsh Government – WHC 2018 043 NHS Wales Infrastructure Investment Guidance (2018).

2 Strategic Case Part A: The Strategic Context

2.1 Introduction

2.1.1 This Strategic Outline Business Case (SOC) was prepared through a process of engagement with key stakeholders. Principally, it seeks support from Welsh Government in the form of investment in Mid and South West Wales' Pathology services in the range of £50.954 - £93.577m (including non-recoverable VAT) to support the development of a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology facility at Morriston Hospital, Swansea.

2.2 Background

2.2.1 Pathology is the study of disease. It bridges science and medicine and underpins every aspect of patient care, from diagnostic testing and treatment advice to the use of cutting-edge technologies and the prevention of disease.[4] Pathologists work with other doctors, healthcare scientists, nurses and healthcare professionals in hospitals and GPs' surgeries to diagnose, treat and prevent illness[5].

2.2.2 Pathology services are integral to health care provision. Access to effective and efficient pathology services is essential to the delivery of a significant proportion of national priorities and targets for the NHS. Pathology is involved in 70% of all diagnosis made in the NHS[6]. Pathology also play a significant role in screening and monitoring and in relation to chronic conditions, and underpins all clinical services. Over 95% of clinical pathways rely on patients having access to efficient, timely and cost-effective pathology services[7].

2.2.3 There are 19 specialties within Pathology of these the four main specialties are Blood Sciences (this includes Haematology & Chemical Pathology services and is also called Laboratory Medicine, Blood Transfusion, Cellular Pathology (the study of disease in human tissue) and Medical Microbiology (the study of infection).

2.2.4 Pathology is a key component in the delivery of prudent health services to the population of Wales and is a key enabler to Welsh Government health delivery plans including cancer and stroke.

2.2.5 Current Pathology services are under increasing pressure with changing clinical models shifting the balance of care, which has resulted in a major growth in demand as a result of more effective clinical pathways; increasing numbers of older people; increasing cancer incidence, and; improved technology, new techniques and workforce pressures.

2.2.6 Pathology is a key enabler within healthcare in NHS Wales and undertakes around 50 million tests per annum. Analysis of the costing information available highlights we currently spend in excess of £117.6 million[8] per year (2015/16) on Pathology services in Wales, representing 1.9% of the total budget for health (£6.1bn 2015/16).

2.2.7 Diagnostic Immunology services are under pressure to deliver evidence based services which support effective treatment and deliver better results and improved outcomes patients following Prudent Healthcare principles; to meet the All Wales Immunology Specification and ensure the highest quality of evidence based care, to provide sustainable Diagnostic Immunology services, and; to improve accessibility for patients.[9]

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[4] The Future Delivery of Pathology Services in Wales 2017 onwards: Proposals for Change v0.7 Draft 060917

[5] Royal College of Pathologists, www.rcpath.org (2017)

[6] Report of the Second Phase of the Review of NHS Pathology Services in England, Lord Carter of Coles (2008)

[7] Service Improvement in Blood Sciences, NHS Improvement - Diagnostics (Jan 2013)

[8] Pathology Costs NHS Wales 2015/16, NHS Wales Health Boards (R.Tovey) May 2017

[9] Recommendations Paper to develop services throughout Wales which meet the All Wales Immunology Service Specification (NHS Wales Health Collaborative) May 2012 (v0.1)

2.2.8 Cellular Pathology, Molecular Pathology and Diagnostic Immunology services are vital for patients. Almost all cancer patients, plus many patients with non-malignant diseases, require a histological or cytological test for initial diagnosis. Increasing stratified treatment options and prolonged survival with disease, including cancer relapses, are creating new requirements for further cellular pathology input. There is a rapidly escalating need for innovative testing to assess prognosis and to support stratified medicine approaches.[10] These services are explained in more detail as follows:

Cellular Pathology Services

2.2.9 Cellular Pathology services provide essential diagnostic information to enable the care of patients in and out of hospital. Histopathology services play a crucial role in the diagnosis, prognosis and management of both benign and malignant diseases, and make a major contribution to treatment selection and monitoring. Implementation of the Single Cancer Pathway will place further demands on this service with a requirement for faster turnaround times and more specialist testing and reporting. Pathology research generally is critical for many diseases, especially cancer – almost every cancer patient requires a histological or cytological test from pathology for initial diagnosis. Furthermore, personalised medicine and the rapidly increasing need for innovative testing to assess prognosis and to support stratified medicine approaches will also impact on this service.

Laboratory Medicine/Blood Sciences & Laboratory/Diagnostic Immunology

2.2.10 Laboratory Medicine & Blood Sciences are terms to describe the integrated laboratory disciplines of clinical biochemistry, laboratory haematology, Diagnostic Immunology, genetics and blood transfusion. Analysis of clinical samples will establish information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease.

Diagnostic Immunology / Laboratory Immunology Services

2.2.11 Diagnostic Immunology studies the immune system and is an important branch of the medical and biological sciences. The immune system protects us from infection through various lines of defense. If the immune system is not functioning as it should, it can result in disease, such as autoimmunity, allergy and cancer. It is also now becoming clear that immune responses contribute to the development of many common disorders not traditionally viewed as immunologic, including metabolic, cardiovascular, and neurodegenerative conditions such as Alzheimer's.

Workforce for Essential Laboratory Services

2.2.12 Essential Laboratory Services comprises Consultant Haematologists, Consultant Biochemists, Clinical Scientists, Biomedical scientists and supporting laboratory staff.

Medical Microbiology Services

2.2.13 Medical Microbiologists study the causes and management of infectious diseases and play a key role in the prevention, management and control of infection in both hospitals and the community. The service is clinically led and is supported both by local and specialist laboratories which deliver diagnostic support.

2.2.14 In Wales, this service is in a period of transition due to the planned introduction of molecular and genomic services which aims to provide a more detailed and responsive service. The re-design of the Medical Microbiology service is subject to a national programme and needs to take account of possible consolidation of some testing and/or expanding the number of locations for near/point of care testing. Rapid access to results is essential to influence acute management of infection in patients and the prevention of infection in others. The long-term plan for Medical Microbiology is for PHW to develop itself into an Infectious Disease Service for Wales as this recognises the need for more local clinical engagement within a national structure.

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[10] "A National Co-ordinating Cellular and Molecular Pathology Programme (CM-Path) to reinvigorate UK academic cellular pathology" by Dr Bridget & S. Wilkins CM-Path Summary April-May 2015.

2.2.15 In recognition that health security has become a greater public health priority, and following their having signed up to the UK Antimicrobial Resistance (AMR) Action Plan the Welsh Government is seeking to strengthen the National Health Protection Service so our health security can at all times provide an effective response. One of the challenges the Welsh Government faces is ensuring we have fit for purpose laboratory estates which are able to implement rapid testing technologies. PHW, in collaboration with policy colleagues in Welsh Government, has been working on a model to strengthen our National Health Protection Service by providing comprehensive diagnostic testing. Key to this is development of two centres for ‘cold’ tests in Wales, one in north Wales and one in mid & south Wales, and the development of more ‘hot’ tests’ laboratories in other parts of Wales, including Carmarthen.

2.2.16 This will involve reconfiguration of microbiology laboratory establishment across Wales to provide fit for purpose, value for money and high quality diagnostic services that support local care. Delivery of this model will involve expansion of ‘hot’ diagnostics (in all 16 acute hospitals) to provide rapid (<4 hour) molecular facilities to provide testing for CSF, blood cultures, respiratory samples, norovirus, C. difficile, MRSA and CPO. Welsh Government are taking forward proposals to strengthening the National Health Protection Service and is holding a workshop with NHS Wales’ Medical Directors & Nurse Directors, and Directors of Public Health to ensure we are resilient at both a local and national level so plans can be taken forward at pace during 2019-20.

Cell and Gene Innovations – Opportunities for Collaboration

2.2.17 This project complements the UK’s, Wales and the regional ambitions under the Industrial strategy and also playing a lead role in developing a network of emerging Advanced Therapy Treatment Centres (ATTCs) and the promotion of gene or cell therapy’s Advanced Therapy Medicinal Products (ATMPs) research and development. ATMP’s having the potential to benefit patients with challenging conditions that cannot be cured with current treatments by promoting access to breakthrough medicines.[11]

2.2.18 Working together to develop complementary infrastructure and partnership arrangements, a co-located Regional Pathology Unit and ATTC development, will have the potential to deliver breakthrough therapies and treatments to patients throughout the region and across the UK. The benefits of both projects being at feasibility stage is that this project has been able to incorporate a 500 m2 indicative shell and core area into its schedule of accommodation to host a future ATTC development. A co-located and integrated Regional Pathology and ATTC will benefit the region and optimise opportunities for carrying out clinical trials to develop “novel medicines” and stimulate domestic and international investment.

Challenges facing Pathology Services in NHS Wales

2.2.19 Since *The Future Delivery of Pathology Services in Wales* was published in 2008 the pathology service or community within Wales has been promoting a modernisation agenda, that is in part, responsive to increasing sustainability, workforce and major growth demand pressures on the service or community, and; is responsive to rapidly changing technology, new techniques and demographic change. This document and the views expressed herein are reflective of these challenges.

2.2.20 The key challenges and the future vision for pathology services in Wales are summarised in the below:

- **Current strategic role is focused on “cost”** of Pathology services need to focus on ‘quality’, reduce duplication and variation and the number of errors, do less unnecessary testing, to standardised testing protocols, provide and have access to more robust management information and data, implement best practice, and add more ‘value’, e.g. through innovative service design projects
- **Major growth in demand** Pathology services need to develop more effective clinical

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[11] Innovate UK Competition: Establishing UK Treatment Centres for Advanced Therapies - 01 Nov 2017

pathways, 'optimise' pathways, introduce new techniques to support cancer diagnosis (recognising the incidence of cancer is increasing) and demographic pressures (recognising there are increasing numbers of older people, many of whom have multiple health conditions as they age), and re-design the workforce skills to meet future needs.

- **Changing models of care** Pathology services need to support the principles of *Prudent Healthcare, Work more closely* with clinical teams, develop new techniques and innovate to realise benefits of more personalised health monitoring/ preventative medicine, provide more rapid treatment for patients / improved outcomes / timely responses, and provide more proactive management of patients.
- **Workforce pressures** Pathology services need to support more sustainable and resilient pathology services, improve recruitment, retention and make more effective use of scare resources, support more modern workforce models that are flexible and appropriately skilled and equipped to deliver future requirements, and support innovative & sustainable solutions. There are national crises related to shortage of healthcare professionals in these services, and most particularly Consultant Histopathologists.
- **Technology and Informatics** Pathology services need to promote digital technologies to improve patient safety and which support multidisciplinary team communications, develop IT platforms that support transformation of Pathology delivery model, improve Information Governance/Performance Indicators, support Genomics and Genetics enhance diagnosis and treatment, 'tailor' therapies to individual patients and 'empower' patients to manage their own health.

Service Change

2.2.21 NHS Pathology services throughout the UK have been undergoing a transformational process over the last ten years since publication of the Carter Review (2006). Traditionally, Pathology services are delivered from main District General Hospitals (DGHs) in Wales. Moves to rationalise appropriate elements of this service, based on our experience of the pressures expressed in Figure 2, support the development of a single site solution for regionally co-locating Cellular Pathology Laboratory Services at Morriston Hospital. This equally applies to other elements of the service, e.g. Diagnostic Immunology, and the final scope of this business case shall be determined following a review of further regional opportunities this development might present.

2.2.22 Co-location and integration of these services supports a number of **national and regional strategic drivers** allowing delivery of a modern, efficient, effective, responsive and more economical evidence-based healthcare, leading to better health outcomes and improved patient pathways, including screening for disease, diagnosis and treatment, as well as optimising treatment for patients and stakeholders.

2.2.23 It supports working with research partners and oncology to develop **personalised medicine**, benefitting patients' with access to more effective and targeted treatments and benefitting the NHS in terms of time and cost savings.

2.2.24 Development of this service also supports **Emergency Preparedness Resilience and Response** initiatives in accordance with the civil protection duties and under the auspices of the Civil Contingencies Act (CCA), 2004 by strengthening the resilience of Morriston Hospital's Delivery Unit response to a major incidents, by providing access to dedicated CT Scanner diagnostic services and by providing infrastructure to support access to temporary emergency mortuary facilities in our capacity as a Category 1 Responder.

The NHS Wales Health Collaborative, The National Pathology Board & The All Wales Pathology Collaborative

2.2.25 Ensuring the sustainability of future services by concentrating expertise and enhancing efficiency, the group, building on the significant work already undertaken by the **NHS Wales Health Collaborative**, which was established in February 2015 and brought together, into a single structure, three teams undertaking work on a regional or national basis on behalf of Health Boards and NHS Trusts. The NHS Wales' Collaborative's work programme, including Diagnostic services modernisation programme (pathology and imaging), is directed by Chief Executives. **The National Pathology Network** is also supported by the **All Wales Pathology Collaborative** which is leading work on individual pathology disciplines.

All Wales Pathology Collaborative's Cellular Pathology Project Group's Preferred Model

2.2.26 In January 2014, under the auspices of the All Wales Pathology Collaborative, the Cellular **Pathology Project Group** was formed. Chaired by an Executive Director of Therapies and Health Science, membership of the Cellular Pathology Group included Cellular Pathology representation from each of the health boards (both medical and biomedical scientists), academic representation from Cardiff University and Swansea University, workforce representation and members of the NHS Wales Health Collaborative. Recognising the existing Cellular Pathology Services in South Wales are fragile and unsustainable, with many of the services experiencing difficulties in recruiting consultant Cellular Pathologists and in gaining accreditation of the service, the Group was tasked with identifying options for the future provision of the Cellular Pathology service in South Wales (including the West) whilst aligning with advances made in North Wales.

2.2.27 The Cellular Pathology Project Group, building on the significant work already undertaken by both the South East and South West of Wales, developed proposals for the reconfiguration of Cellular Pathology services within South Wales. A clear steer was provided by All Wales Chief Executives and the proposed model options underwent a robust non-financial and financial option appraisal process between 2014 and 2015.

2.2.28 The Cellular Pathology Project Group's non-financial and financial appraisals outcomes (see **Figure 1**) support the creation a Two Site solution for the location of Cellular Pathology services' in South Wales (i.e. one in Cardiff and one in Swansea). Their findings were presented to the All Wales Chief Executives for approval before proceeding to the next stage, the development of a detailed Implementation Plan for the preferred option.

2.2.29 Please refer to **Appendix L - AWCP Group's non-financial and financial appraisals** for a detailed summary of the AWCP process and timeline. Please see Appendix P – Summary of the AWCP non-financial and financial appraisal timeline and process to date for information:

2.2.30 The solution proposed in this SOC (i.e. the development of a Mid and South West Wales Regional Centre of Excellence Cellular Pathology Laboratory and Regional Diagnostic Immunology Laboratory Facility at Morriston Hospital, Swansea) 'fits' strategically with the Cellular Pathology Project Group's preferred Two Site Cellular Pathology services model outcome; 'Fits strategically with Morriston Hospital's site Development Control Plan (SDCP) and with the City & County of Swansea's Local Development Plan for the north and east of Morriston (published in June 2016) as regards proposals for development of an ARCH/Morriston Health Campus and further development as a regional 'Hub' hospital site for specialist treatments for South West Wales, and; Supports excellent communication links due to this site's adjacency to the M4 corridor. As a centre of excellence, we aim for the new co-located service to be recognised as a centre of excellence in clinical diagnostics and investigations service.

2.2.31 Furthermore, the solution is consistent with the recommendations from the All Wales Pathology Collaborative Project and the Pathology Statement of Intent (Draft: 19th April 2018), which addresses the challenges facing Pathology services and identifies strategic approaches to facilitate the development of high quality, effective and resilient pathology services for NHS Wales consistent, with WGov ambitions outlined in Taking Wales Forward: Healthy and Active and the key recommendations of The Parliamentary Review of Health and Social Care in Wales.

All Wales Pathology Collaborative's National Immunology Project Group's Preferred Model

2.2.32 The **National Immunology Project** was formed under the auspices of the All Wales Pathology Collaborative (AWPC). Its objective was to develop, explore and appraise options for the establishment of safe, sustainable, affordable and high quality immunology services throughout Wales, which meet the **All Wales Immunology Service Specification** (as developed by the National Immunology Project Group and was adopted by the Combined Pathology Group).

2.2.33 On the 3rd November 2016 the National Immunology Project Group identified six options, including a Business As Usual option. This list was analysed and a short list presented to the then All Wales Pathology Collaborative.

2.2.34 A non-financial Sub Option Appraisal for Immunology Services was undertaken by representatives from Immunology, Biochemistry and Haematology Specialist Standing Advisory Committees (SSAGs). The outcome of the Immunology Project Groups non-financial and high-level financial option appraisal was to consolidate testing to four laboratory sites in South Wales and to one site in North Wales, along with the re-distribution of some assays, in particular specific IgE tests to rare allergens, in South East West (considered to be achievable without equipment, capital or infrastructure being required).

2.2.35 The NHS Wales Collaborative Executive Group National Immunology Project's Recommendation's Paper (January 2018) noted "it will be difficult to consolidate, reorganise or centralise anything in Immunology without considering the wider Blood Sciences, Biochemistry and Haematology laboratories within which Immunology sits" and that key benefits, e.g. improved efficiencies, improvements in quality and the ability to achieve accreditation, etc. will be achieved by consolidating testing to four laboratory sites in South Wales and one in North Wales.[12]

2.2.36 Concerns exist as to the sustainability of the current models, the lack of accreditation of services and as a result, the ability to deliver high quality, cost effective Immunology services in the future. Consideration should also be given to what is thought to be an aging workforce, the predicted loss of expertise over the coming years and the resulting skills gap. The implementation of shift work within laboratories has also had an impact on the Immunology service leaving the service short staffed due to the need to cover shifts on a 24/7 basis. Staff are required to cover other disciplines within Blood Sciences and form part of the core group required to cover 24/7 working.

2.2.37 The solution proposed in this SOC (i.e. the development of a Mid and South West Wales Regional Diagnostic Immunology service) 'fits' strategically with Morriston Hospital's site Development Control Plan (SDCP) and under the ARCH programme.

Medical Microbiology Services

2.2.38 We recognise that Medical Microbiology services within the region (currently provided by PHW and by Health Boards) need to be aligned. As set out in paragraphs 2.2.14-16, Medical Microbiology's strategic intentions are to review the clinical and service model across Wales to create a fit for purpose arrangement that allows for appropriate and clinically informed turn-a-round of diagnostics and the use of these to inform clinical decision-making. The way Microbiology services operate differs from other Pathology specialities, for example, in sample preparation and the requirement for incubation. Taken together with our proposed new service model this introduces some distinct differences in our modus operandi, for example, extended times between taking samples and definitive guidance given back to the requesting clinician. For these reasons regional centralisation for specific Microbiology services will form one element, albeit significant, in the future arrangements PHW establishes.

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[12] NHS Wales Collaborative Executive Group National Immunology Project Recommendations Paper 30th January 2018 v.1.3

2.2.39 The transfer of ABMUHB's current Medical Microbiology services from Singleton Hospital to the new site in Morriston Hospital would bring the microbiology service closer to its main clinical customers and this adjacency would have a number of advantages. Space within Singleton Hospital is not optimal and restricts access to technologies. Furthermore, the Singleton site does not support good flow of samples from principal sources, Key to this investment is significantly decreased transport times leading to a more rapid service with shortened turnaround time and concatenation for real-time patient results and shorten patient pathway.

Dedicated Mid and South West Regional Cellular Pathology Laboratory

2.2.40 A dedicated Regional Cellular Pathology Laboratory development on the Morriston Hospital site provides a fit for purpose facility to support the healthcare needs of nearly 1 million people living in the Mid and South West Region of Wales. This new facility will:

- Support delivery of a new service delivery model, replacing the existing fragmented and inefficiently configured Cellular Pathology services in ABMUHB & HDUHB Health Boards and align with the Welsh Ministerial Directive for Pathology services in Wales by providing Mid and South West Wales Region with an integrated and more effective Cellular Pathology service;
- Support the strategic objectives and vision of the National Pathology Programme Board (now National Pathology Network), which was established in April 2009 to ensure that the integrated approach to service planning and delivery established through the Pathology Modernisation Project was maintained at both national and local levels;
- Support the CEO's of ABMUHB and HDUHB Health Boards as guided by the South West Wales Regional Pathology Re-configuration Board;
- Support the review recommendations of the South West Wales Regional Cellular Pathology & Histopathology Re-configuration Boards that Pathology services in Wales be provided from two sites within South Wales;
- Support the aims and objectives of the ARCH Prospectus - This project is part of the first tranche of projects under ARCH, and fits strategically within the emerging ARCH Portfolio Delivery Plan (PDP);
- Support technological innovations and increase potential for investment in the regional economy from national and international health care providers;
- Promote regional benefits in terms of improved specialist healthcare services;
- Promote stronger ties with training organisations, promote a more sustainable and resilient regional workforce, and facilitate access to modern technology and techniques, and;
- Enhance the patient experience and outcomes, and improve access to high quality Cellular Pathology services.

2.2.41 This project is sponsored by The Swansea City Region Board, a UK Government and HM Treasury (HMt) sponsored 'Health and Wellbeing' regional development, and aligns with ARCH vision by promoting development of medical technologies, economic development and regeneration, and evidence based health and wellbeing benefits within the Mid and South West Wales Region. The Internet of Health and Wellbeing Programme interconnects with its complementary Internet of Energy and Internet of Economic Acceleration Programmes in the City Deal to create a coherent City Region-led vision.

2.2.42 The submission of a high-level Strategic Outline Business Case (SOC) application for investment support from City Deal funds in October 2016 to support the development of a Regional Pathology Laboratory service for Cellular Pathology in Mid and South West Wales was well received and was formally approved by Mrs Theresa May (Prime Minister), on the 20th March 2017.

2.2.43 This project 'fits' strategically within HDUHB's Clinical Strategy (agreed November 2018) and ABMUHB's Clinical Services' Plan 2019 - 2024 (agreed January 2019).

2.3 Organisational Overview

Abertawe Bro Morgannwg University Health Board (ABMUHB)

2.3.1 As of the 1st April 2019 ABMUHB will cover a population of approx. 400,000 within West Glamorgan and its bordering counties. Currently it has a budget of over £1 billion and employs around 16,000 staff, 70% of whom are involved in direct patient care. In 2017/18 it treated in excess of 16,000 planned inpatients and 54,000 emergency inpatients per year as well as undertaking 53,000 day case procedures. Over 442,000 outpatient and 78,000 accident and emergency attendances are also seen per annum. The total number of beds in the Health Board was 2,288 as at 2016/17.

Hywel Dda Health Board (HDUHB)

2.3.2 HDUHB provides health services for 384,000 people in Mid and West Wales covering Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties, and has a budget of over £947 million. Employing approx. 9,891 staff, 70% of whom are involved in direct patient care. The Health Board covers the second most sparsely populated health board area in Wales, 47.9% of the population in the region live in Carmarthenshire, 20.7% in Ceredigion and 31.4% in Pembrokeshire.

Public Health Wales (PHW)

2.3.3 PHW NHS Trust is *the* national public health agency in Wales. We have an annual budget of £108 million and employ around 1,500 employees 43% of whom are clinical, professional, scientific and technical staff. Our estate is located across Wales and currently comprises of 53 properties, including Screening Centres, Laboratories and Support Accommodation.

2.4 Regional Geography and Catchment Population

2.4.1 Pathology tests are provided for patients within the South and West Wales area including, Swansea, Bridgend, NeathPortTalbot, Pembrokeshire, Ceredigion, Carmarthenshire, and parts of Powys and South Gwynedd.

2.5 Stakeholder Engagement

2.5.1 Stakeholder engagement shall be managed in accordance with the Organisational Change Policy for the NHS in Wales (commonly known as OCP).

2.5.2 Key partners under the auspices of the South West Wales Regional Pathology Re-configuration Project Board and ARCH Project Board shall directly manage the formal staff consultation process.

2.5.3 A Consultation document shall be drafted and circulated to all staff directly affected by the changes together with their Trade Union representatives. This will be supported by a series of ongoing staff communications, including staff meetings (collective and\or individual, as requested) to ensure staff are supported during this period of change.

2.5.4 Based on the range of preferred options the staff directly affected includes the following (list is not exhaustive):

- Consultant Cellular Pathologists and Consultant Microbiologists
- Cellular Pathology Management staff
- Biomedical Scientists, Associate Practitioners/Health Care Scientists
- Biomedical Support Workers, Anatomical Pathology Technicians & Anatomical Pathology Support Workers
- Medical Secretaries & Clerical Staff

2.5.5 This project engages with the wide range of stakeholders and organisations including the following:

- Cellular Pathology, directly and indirectly affected by the project, including Scientific Technical staff and Support staff & Service Users, including Cervical and Bowel Screening Wales
- Professional Groups & The Royal College of Pathologists
- Cellular Pathology, Cytology/Gynae, staff groups, laboratory managers, staff managers, staff and HR/staff side representatives
- Diagnostic Immunology staff
- GPs in Mid & South West Wales area
- CEO's of ABMUHB & HD Health Boards
- Welsh Government
- Community Health Councils

2.5.6 The following partners and key stakeholders shall be consulted with via the following collaborative and consultative forums (list is not exhaustive):

- NHS Wales Health Collaborative Project
- The National Pathology Network
- The South Wales Regional Pathology Re-configuration Board

2.6 Regional Population

2.6.1 The following figure provides the latest population statistics for Wales, HDUHBs and ABMUs Health Board's population:

Figure 1 – Population Base (as at March 2019)

Key Statistics	Wales	HDUHB	ABMUHB
Total population	3,099,100	383,200	525,500
Population aged 75 and over	9.1%	10.4%	8.8%

Source: Public Health Wales Observatory (ONS)

2.6.2 Comparing the latest population estimates for mid-2015 with the mid-2014 estimates shows the population of Wales increased by 7,100 (up 0.23%) to 3,099,100 since mid-2014 and accounts for 5% of the UK's population. Population growth in the year to mid-2015 was greatest in southern and eastern England. In Wales, the population growth was only 0.23%, one of the lowest in the UK. This rate is reflective Wales having the lowest net international migration and birth rates, i.e. a similar number of births and deaths resulted in no natural change to the population of Wales.

2.7 Health Status

2.7.1 The following figure provides the latest morbidity statistics for Wales and details HDUHB's and ABMUHB's populations:

Figure 2 – Morbidity

Key Statistics	Wales	HDUHB	ABMUHB
Life expectancy at birth – males (years)	78.3 years	79.2 years	77.4 years
Life expectancy at birth – females (years)	82.3 years	82.9 years	81.7 years
Adults who are overweight or obese	58.6%	59.8%	58.0%
Adults who smoke	20.0%	18%	18.7%
Adults who drink above guidelines	40.1%	38.1%	41.3%
MMR take up	95.3%	93.6%	95.1%
Live births per 1,000 women aged 15-44 years	59.1	56.8	56.9
Emergency hospital admissions	112.4	105.3	112.8

Source: Public Health Wales Observatory (ONS)

2.7.2 The number of males aged 85 and over in the UK has increased by 54% since mid-2005, compared to a 21% increase for females, largely driven by changes in tobacco smoking and advances in health treatments for circulatory illnesses. However, the incidence of cancer is increasing. In particular, the rising incidence of cancer and an ageing population (many of whom experience multiple health conditions as they age) is a major issue for pathology services.

2.8 Health Board Boundary Changes

2.8.1 Following a period of public consultation Vaughan Gething AM, Cabinet Secretary for Health and Social Services, announced on the 14th June 2018 that from 1st April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area will move from ABMUHB to Cwm Taf University Health Board (CTUHB). It is anticipated that transition changes discussions regarding Pathology services will take account of recent Carter principles' reviews, promoting cost efficiency, effectiveness, standardisation and consolidation, and efficiencies from maximising economies of scale. Executive support exists for continuation, with for example, Histology activity levels continuing as predicted, with delivery of the services to the population of Bridgend by ABMU Pathology via a Service Level Agreement (SLA) with CTUHB. Responsibility for PoWH's existing microbiology activity will remain with PHW.

2.9 Benchmarking

2.9.1 Benchmarking visits to similar Pathology facilities have been undertaken, including North Bristol NHS Trust, which has .similar current pathology workloads. Their Department of Cellular Pathology provides a wide-ranging and comprehensive diagnostic Histopathology, diagnostic Cytopathology and Cervical cytology screening service.

2.9.2 The Department of Cellular Pathology is well-equipped and provides routine histological and cytological techniques, together with a wide range of immunofluorescence and immunohistochemical techniques. There is shared provision of an electron microscopy service, particularly for the examination of renal biopsies, in their Neuropathology department. The department works closely with the Bristol Genetics Laboratory for the provision of a portfolio of molecular genetics testing. Clinical consolidation of services had brought together the work of some teams whilst in others Cellular Pathology has instigated this.

2.10 Business Strategies

2.10.1 Pathology services have been the subject of a wide series of reviews and the All Wales Pathology Collaborative Project was established to respond to the significant points raised in the following strategic documents and reviews:

- ***Review of NHS Pathology services in England*** (DoH, 2006)
- ***Report of the Second Phase of the Review of NHS Pathology Services in England*** (DoH, 2008)
- ***The Future Delivery of Pathology Services in Wales*** (WG, 2008)
- ***The National Pathology Framework (NPF) for Wales*** (NHW Wales, 2008)
- ***Review of the Histopathology Services in NHS Wales*** (2010)
- ***Digital First: Clinical Transformation through Pathology Innovation*** (National Pathology Programme, NHS England, February 2014)
- **Prudent Healthcare** – *Securing Health and Well-Being for Future Generations (Wales) Act* 2015
- **The Carter Review** - *Review of Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variation* (UK Government, 2016)
- **Emergency Preparedness Resilience and Response** initiatives in accordance with the civil protection duties and under the auspices of the **Civil Contingencies Act (CCA) 2004**

2.10.2 In particular, Lord Carter of Coles' **Report of the Second Phase of the Review of NHS Pathology Services in England (DoH, 2008)**, which advised significant savings could be made throughout the NHS by consolidating pathology services influenced this project's direction of travel by focusing on the key themes of modernisation, improving quality and patient safety and improving efficiency.

Background

2.10.3 Over the last ten years ABMUHB's and HDUHB's pathology services have introduced many modernisations and have contributed towards the development of regional and national best practice within the service. Savings and efficiencies realised from those modernisations have been re-invested in services in response to local pressures. For example, ABMUHB consolidated and re-designed its cytology, histology, laboratory medicine, immunology and post mortem pathology services by 2015, and; HDUHB Blood Sciences laboratories at Prince Philip, Withybush and Bronglais Hospitals were designed with LEAN strategies in terms of workflow. Cellular Pathology processing was centralised to Glangwili Hospital, but due to infrastructure constraints Non-gynae cytology is processed in Prince Philip Hospital. Post mortems were centralised to the new Mortuary facility at Glangwili Hospital (the benefits of this and other process engineering strategies include maximization of workforce efficiencies and empowerment, and improved quality particularly for processes, which remain largely manual[13]).

2.10.4 Both Health Boards actively participate in the ARCH programme to support Pathology service change within the region and are supportive of work of All Wales Pathology Collaborative Project in Diagnostic Immunology and Cellular Pathology, and previously the SWW Regional Cellular Pathology Project.

2.10.5 ABMUHB has supported national benchmarking using Keele University Benchmarking Services' (KUBSs') and is fully engaged in feedback processes. HDUHB's Cellular Pathology service is actively involved in the Cancer Pathway through weekly feedback via Patient Tracking List (PTL) to cancer services and HDUHB's Microbiology service provides tailored feedback on reports to educate and nudge good practice.

2.10.6 In HDUHB, additional pre-analytical automation is being implemented as part of the Roche managed service contract in Chemistry and Diagnostic Immunology services have been centralised to a single site based at Prince Philip Hospital. Whilst in ABMUHB, Six sigma was used as the methodology for re-design of four-sample receptions across the Health Board and to establish fully automated laboratory facilities for Biochemistry and Haematology as part of the procurement programme.

2.10.7 In ABMUHB, skill mix reviews have been conducted as part of pathology clinical strategy across Laboratory Medicine and Cellular Pathology, with a reduction in senior staff and increase in Support Workers. Associate Practitioner roles have been developed. Cross discipline training within Laboratory Medicine has commenced with staff to develop dual expertise in support of service sustainability. Enhanced Biomedical Scientist roles in specimen dissection and slide reporting have been developed in Histology in line with The Royal College Pathology framework in support of Consultant Histopathologists' workloads.

2.10.8 In HDUHB, continual skill mix assessments are evaluated as opportunities arise and investment in support worker grades have been undertaken wherever possible in Blood Sciences, Cellular Pathology and Microbiology and staff are encouraged to achieve the associated level of qualifications.

2.10.9 Both Health Boards have been working together under the ARCH programme to develop a regional strategy for pathology services, which is consistent with the preliminary recommendations from the All Wales Pathology Collaborative Project.

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[13] The Future Delivery of Pathology Services in Wales, August 20018 (p38)

2.11 Accreditation Requirements

2.11.1 Welsh Health Circular *Diagnostic Services Strategy* WHC (2004)061 recommends that all Pathology service providors should enrol in accreditation schemes where they exist and meet licensing and accreditation requirements.

2.11.2 Laboratory compliance against the international standard ISO 15189 is a mark of quality and provides objective evidence that a laboratory is not only competent, but safe, patient-focused, efficient and reliable. Through an externally assessed accreditation process, medical laboratories can demonstrate that they comply with defined standards and best practice and provides authoritative assurance of their technical competence to undertake specific analysis or measurements according to validated methods. The accreditation of laboratories against the ISO 15189 standard in Wales is not statutory but has been mandated by Welsh Government

2.11.3 All laboratories in Wales are working towards quality accreditation. Pathology laboratories are accredited by the United Kingdom Accreditation Services (UKAS). PHW has UKAS ISO:15189 and been re inspected once and is scheduled for re-insertion in May 2019. The relevant standards are:

- **The Human Tissue Authority (HTA)** ensures that there is compliance regarding the obtaining of tissue for further investigation, storage of such tissue etc.;
- Compliance with Medical Laboratories accreditation **ISO15189:2012** (replacing current **Clinical Pathology Accreditation (CPA) requirements**, which ensures laboratories operate a quality management system to integrate the organisation, procedures, processes and resources. The standards which have to be complied with include those around the building infrastructure of the laboratories, continuing professional development of staff, quality assessment of performance and individual performance review);
- **ISO standard 22870:2006** Point-of-care testing (Near-patient testing), and;
- **National External Quality Assessment (EQA)** schemes, both medically and scientifically. Performance against EQA standards.

Summary

2.11.4 Without investment the following ‘Status Quo’ or ‘Business as Usual’ scenarios are real possibilities:

- Pathology services, which are already struggling to maintain quality, fail to deliver essential quality improvements and will fail to meet clinically driven targets.
- Workforce arrangements, which are already unsustainable due to staff shortages and problems recruiting & retaining consultant and scientific staff, further destabilise; services fail to meet minimum safety standards, and; services incur more errors and delays in diagnosis and treatment, which in turn, attracts more legal claims and loss of reputation.
- The resilience of Mid and South West Wales’ NHS pathology services further weakens, placing more even more pressure on existing staff and local services.
- Service costs continue to increase as the service fails to eliminate duplication/adopt innovative digital technologies and techniques,
- Local pathology services remain fragmented and increasingly operate within non-fit for purpose facilities and with aging equipment.
- Production rates fall, staff morale suffers and we experience more skill mix issues, and restrictive and traditional working patterns persist.
- Local pathology services’ increasingly fail to support their local populations, fail to meet rising demand, and will not deliver be capable of delivering personalised treatment.

- Pathology services, if left in their current form, become increasingly unsustainable, lack resilience, and risk becoming unsafe.
- Clinical services in Mid and South West Wales will no longer have access to a medical and technical expert Cellular Pathology service for the diagnosis, prognosis and treatment planning for their populations

2.11.5 The case for change is supportive of these strategies and processes and proposals, which, given the challenges currently facing pathology services, clearly need to adopt a new strategic approach to the development of safer, high quality, effective and resilient pathology services for NHS Wales that addresses the needs of the population, is responsive to current and future policy direction and ensures long term sustainability.

2.11.6 Central to this ambition, are alternatively configured service models for pathology, which support workforce development and increased modernisation of skill mix, embrace new innovative technologies and automation e.g. digital, requiring informatics and information support which can lead to optimisation of the opportunities from further research and innovation.

2.11.7 This SOC supports this ambition by promoting the development of a sustainable Regional Cellular Pathology Laboratory service at Morriston Hospital. This solution will provide the best outcomes for Welsh patients, and will be supportive of Ministerial direction and of the All Wales Pathology Collaborative Project's recommendations. It will provide a state-of-the-art modern facility and attract opportunities for R&D across the region, which in turn, will encourage local workforce stability and sustainability.

2.11.8 This investment builds on other planned regional infrastructure developments, e.g. internet expansion, websites, IM&T, and transport infrastructure, etc. and contributes towards improvement of regional GVAs.

3 Strategic Case Part B: The Case for Change

3.1 Investment Objectives

3.1.1 In accordance with HMT's *The Green Book: Central Government Guidance on Appraisal and Evaluation* (2018), the key investment objectives have been identified as follows:

Figure 3 – Investment Objectives

Investment Objective 1: To develop more sustainable South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
Develop a more sustainable Regional and All Wales pathology service as evidenced by compliance with Royal College of Pathologist's guidance to improve our workforce and to recruit and retain staff, supporting All Wales Pathology Collaborative Project's strategic plans and the National Immunology Project, maintaining business continuity, supporting innovation and new investment in the Region, improving the relationship between pathology services and clinical research, working more closely with the University to widen academic access to the range of undergraduate and postgraduate courses, which include Pathology services, and repatriation of some tests currently commissioned out of region due to lack of capacity, as appropriate. The presence of the regional microbiology laboratory at the regional centre will improve the attractiveness of the service, providing adjacency between laboratory and clinical settings. This will help recruitment and retention, particularly of specialist and medical microbiology staff, without which the service will not be sustainable. *To be fully realised 24 months after full scheme delivery, i.e. by mid 2026/27.*
Investment Objective 2: To improve the quality and safety of South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
Improve the quality of Pathology services in support of the Carter Report's recommendations as evidenced by supporting achievement of the new Cancer Strategy for South Wales including the Single Cancer Pathway, improved turn-a-round time for tests, including Urgent Suspected Cancers and All Wales Lymphoma panel patients against current levels as per Royal College guidance, implementing new technology and innovation, which improves diagnostic services, e.g. digital technology, support for standardised protocols and improving the patient experience. The appropriate consolidation of cold tests will improve the processing and standardisation of the tests which will facilitate our compliance with quality standards and reporting e.g. UKAS. This regionalised approach to sample flow will support the provision of hot labs at all acute hospitals in the region. These will provide rapid and timely diagnostics to guide treatment resulting in improved Turn Around Times in particular for situations such as sepsis, CNS infection urgent screening for Infection Control. *To be fully realised 12 months after full scheme delivery, i.e. by mid 2025/26 (metrics to be detailed at OBC stage).*
Investment Objective 3: To improve the efficiency and productivity of South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
Improve efficiency in support of the Carter Reports recommendations as evidenced by providing access to state-of-the-art technology and equipment, one-site single management structure, improved quality systems; reduced duplication and variation and co-location on a main acute site. The current spatial layout of the main microbiology laboratory in Singleton is not conducive to optimal sample flow. A purpose built space will allow the optimisation of automated systems. This will allow workforce redesign with more practitioners delivering routine diagnostics freeing our biomedical workforce to provide greater clinical engagement and hands on infection management skills to the Health Board clinical services. *To be fully realised 12 months after full scheme delivery, i.e. by mid 2025/26.*
Investment Objective 4: To improve the effectiveness of South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services

Improve effectiveness as evidenced by providing all patients in secondary care, and those attending acute and regional hospital based services, with more sustainable and equitable cellular pathology services and improved access to new technology / more personalised diagnosis and more sensitive and specific tests for patients within the Region. For microbiology, the provision of a cold laboratory at Morriston which can process routine non-time urgent samples will enable the hot laboratories to concentrate on implementing new molecular technology equitably across the region. This will provide effective guidance to clinicians to improve the care to scheduled and unscheduled patients across secondary care. The cold laboratory will be able to provide a genomic diagnostic service due to more space and its attractiveness to staff with the required skills. *To be fully realised 24 months after full scheme delivery, i.e. by mid 2026/27.*
Investment Objective 5: To improve economies within South Wales Regional Cellular Pathology, Regional Diagnostic Immunology Laboratory and Regional Medical Microbiology services
Improve economy and optimise use of scare resources in support of the Carter Reports recommendations on improving cost effectiveness as evidenced by operational economies and economies of scale and improved regional GVAs. Being able to deliver the regional service from a fit for purpose facility will provide economies of scale through better use of automation and the resultant workforce redesign. The use of hot laboratories will also reduce the logistical demands on moving urgent samples around the region by applying the right technology locally when appropriate. *To be fully realised 24 months after full scheme delivery, i.e. by mid 2026/27.*

3.1.2 Delivery and operational dates are dependent on timely planning, funding approvals and agreed construction programmes.

3.2 Existing Arrangements

Cellular Pathology Services (including Histopathology and Cytology)

3.2.1 In ABMUHB, pathology services are delivered by laboratories based at Morriston and Singleton Hospitals, Swansea to the population of ABMUHB. ABMUHB's Cytology service is located at Singleton Hospital, Swansea; In HDUHB, cellular Pathology services are mainly delivered by the laboratories at Glangwili Hospital, Carmarthen; due to a lack of facilities and space at Glangwili, non-gynae cytology has to be processed at Prince Philip Hospital, Llanelli.

Medical Microbiology Services

3.2.2 Medical Microbiology services to the population of ABMUHB are provided by PHW via laboratories at Singleton Hospital, Swansea. HDUHB provides Medical Microbiology services to the population of Pembrokeshire via laboratories at Withybush Hospital, Haverfordwest. PHW provides Medical Microbiology services to the population of Ceredigion and Carmarthenshire via laboratories at Bronglais Hospital, Aberystwyth and at Glangwili Hospital, Carmarthen.

Mortuary and Body Store Services

3.2.3 In ABMUHB Post Mortem services to the population of ABMUHB are located at Morriston Hospital and at Princess of Wales Hospital, Bridgend. ABMUHB's Body Store services are provided at Morriston and Singleton Hospitals, Swansea, and at NeathPortTalbot Hospital and the Princess of Wales Hospital, Bridgend.

3.2.4 HDUHB's Post Mortem services are centralised at Glangwili Hospital, Carmarthen. HDUHB's Body Store services are provided at Bronglais Hospital, Aberystwyth, Prince Philip Hospital, Llanelli, Glangwili Hospital, Carmarthen, and Withybush Hospital, Haverfordwest. Contingency Post Mortem services are located at Withybush Hospital, Haverfordwest.

Blood Sciences' / Laboratory Medicine and Diagnostic Immunology Services

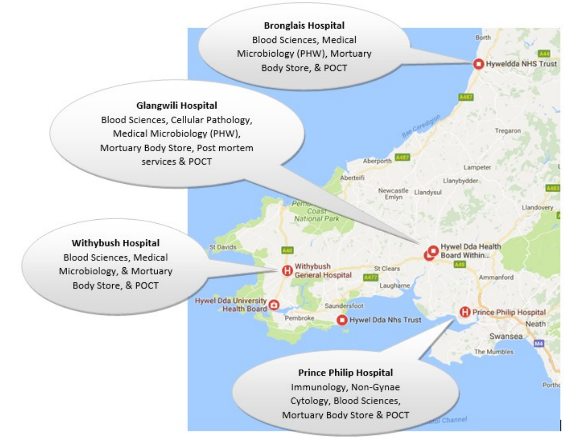
3.2.5 In ABMUHB Laboratory Medicine (Blood Sciences') services are located at Morriston, Singleton Hospitals, Swansea and the Princess of Wales Hospital, Bridgend. A small sample reception and blood issue facilities are located at NeathPortTalbot Hospital with transfer of samples as relevant to Morriston or Singleton Hospitals. In ABMUHB Laboratory Immunology services are located at Morriston and Singleton Hospitals, Swansea.

3.2.6 HDUHB provides Blood Sciences' services at Prince Philip Hospital, Llanelli, Glangwili Hospital, Carmarthen, Bronglais Hospital, Aberystwyth and Withybush Hospital, Haverfordwest. HDUHB provides centralised Diagnostic Immunology services at Prince Philip Hospital, Llanelli.

Location of Pathology Services within South & West Wales

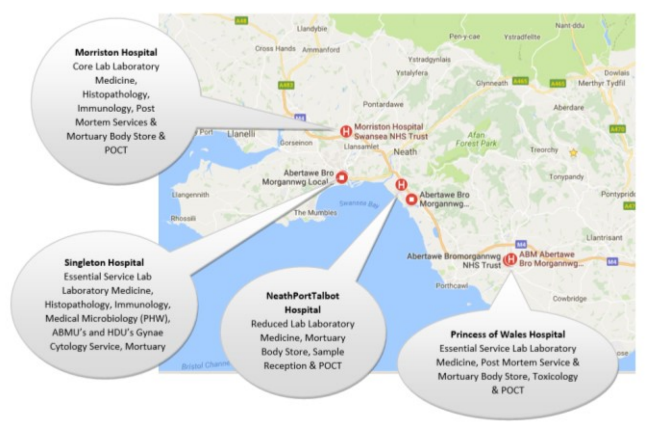
3.2.7 The following figure illustrates the distribution of HDUHB's local pathology services by service provider (pre Health Board boundary changes end 2018/2019):

Figure 4 – Location of Current Pathology Services within HDUHB


Bronglais Hospital Blood Sciences, Medical Microbiology (PHW), Mortuary Body Store, & POCT
Glangwili Hospital Blood Sciences, Cellular Pathology, Medical Microbiology (PHW), Mortuary Body Store, Post mortem services & POCT
Withybush Hospital Blood Sciences, Medical Microbiology, & Mortuary Body Store, & POCT
Prince Philip Hospital Immunology, Non-Gynae Cytology, Blood Sciences, Mortuary Body Store & POCT
Borth
Hyweldda NHS Trust
Bae Ceredigion
Tregaron
Aberporth
Aberteifi
Lampeter
Llanybydder
Newcastle Emlyn
Llandysul
Llandovery
National Park
St Davids
Hywel Dda Health Board Within...
Withybush General Hospital
St Clears
Ammanford
Laugharne
Hywel Dda University Health Board
Saundersfoot
Pembroke
Hywel Dda Nhs Trust
Prince Philip Hospital
Neath
Swansea
The Mumbles

3.2.8 The following figure illustrates the distribution of ABMUHB's local pathology services by service provider (post 1st April 2019, delivery of the services to the population of Bridgend by ABMU Pathology will be managed via a Service Level Agreement (SLA) with CTUHB):

Figure 5 – Location of Current Pathology Services within ABMUHB


Morriston Hospital Core Lab Laboratory Medicine, Histopathology, Immunology, Post Mortem Services & Mortuary Body Store & POCT
Singleton Hospital Essential Service Lab Laboratory Medicine, Histopathology, Immunology, Medical Microbiology (PHW), ABMU's and HDU's Gynae Cytology Service, Mortuary
NeathPortTalbot Hospital Reduced Lab Laboratory Medicine, Mortuary Body Store, Sample Reception & POCT
Princess of Wales Hospital Essential Service Lab Laboratory Medicine, Post Mortem Service & Mortuary Body Store, Toxicology & POCT
Llandybie
Cross Hands
Ammanford
Pen-y-cae
Ystradfellte
Nant-ddu
Ystradgynlais
Ystalyfera
Glynneath
Dowlais
Merthyr Tydfil
Pontardawe
Aberdare
Morriston Hospital Swansea NHS Trust
Llanelli
Gorseinon
Llansamlet
Neath
Afan Forest Park
Treorchy
Abertawe Bro Morgannwg Local...
Tonypandy
Abertawe Bro Morgannwg...
Llangennith
Pontypridd
Rhossili
The Mumbles
Swansea Bay
Llantrisant
Abertawe Bromorgannwg NHS Trust
ABM Abertawe Bro Morgannwg...
Porthcawl
Cowbridge
Bristol Channel

Service Modernisations

3.2.9 Both Health Boards have made innovations and modernisations in their pathology services in recent years, for example: Between 2010 and 2015, HDUHB completed a series of modernisation projects including developing a new Mortuary at Glangwili Hospital, centralising post mortems in the Health Board; Centralising Cellular Pathology laboratory processing at Glangwili and centralising Diagnostic Immunology workload at Prince Philip Hospital;; Providing Blood Sciences' laboratories with integrated specimen reception areas at Bronglais Hospital Aberystwyth, Withybush Hospital, Haverfordwest and at Prince Philip Hospital, Llanelli as well as improved Phlebotomy facilities at Withybush Hospital, Haverfordwest and Prince Philip Hospital, Llanelli and new Microbiology laboratory and Containment level 3 facilities at Bronglais Hospital, Aberystwyth.

3.2.10 From 2011 ABMUHB has re-configured its laboratory medicine (blood science) services to create a main hub laboratory in Morriston for all ABMUHB OPD and Primary Care testing of bloods, and 2 smaller essential service labs in Singleton and POWH for acute urgent testing of bloods from ward and A&E services. NPT hospital testing is all undertaken in Morriston, and; As recently as 2015, Health Board-wide, ABMUHB rationalised its Cellular Pathology services by relocating activity in its entirety from the PoWH at Bridgend to Morriston and Singleton Hospitals in Swansea. This relocation supported service efficiencies with pathology services and the expansion of the existing PoWH radiology services to support local service demand.

3.3 Estates Profile

3.3.1 Welsh Government's and Health Boards' have been investing in their estate in recent years but currently both ABMUHB's and HDUHB's Cellular Pathology service's accommodation experiences significant issues with aging and inadequately configured accommodation, poor environmental systems, and general non-compliance with Health Building Note (HBN) requirements, for example, Glangwili's pathology floor space is functionally unsuitable for its personnel and equipment operating requirements (floor space therein is currently 1,028 m² - it should be 2,064 m²). Likewise, ABMUHB's Singleton and Morriston Hospital Cellular Pathology service's and Medical Microbiology accommodation are similarly constrained by accommodation and configurations that are no longer fit for purpose. Regional Cellular Pathology laboratory services should be fully compliant, fit for purpose, fully accredited and would preferably be co-located and equipped with appropriate support services and IM&T infrastructure.

3.4 Current Workforce

3.4.1 HDUHB/ABMUHB's laboratory based staff currently operate similar shift patterns over a 5-day working week, with the majority ABMUHB's laboratory staff working Monday to Friday on flexible shifts between the hours of 07:00 and 18.30; HDUHB's histology staff work between the hours of 08:00 to 17:00. ABMUHB's Mortuary staff work between the hours of 08:00 to 18:30 Monday to Sunday. HDUHB and ABMUHB currently employs the following cellular pathology/histology staff:

Figure 6 – Cellular Pathology/Histopathology/Diagnostic Immunology/ Medical Microbiology Workforce Profile (2018)

Staff Grades/Bands:	Cellular Pathology/Histology				Diagnostic Immunology				Medical Microbiology	
	HDUHB		ABMUHB		HDUHB		ABMUHB		ABMUHB	
	Staff No.	wte	Staff No.	wte	Staff No.	wte	Staff No.	wte	Staff No.	wte
Laboratory Technical Staff	21	20.02	40	38.67	3	2.8*	4*	4.0	96	87.08
Consultants	5	9.00[14]	11	14[15]			1	0.2	10	10.10
Management & Admin.	8	7.40	28	26.2					10	9.43
Total	**38**		**83**		**3**		**5**		**116**	

** Includes bands 2/3, 4, 5/6 & 7 day & night staff due to OOHs*

3.4.2 All of HDUHB/ABMUHB's cellular pathology/histology staff will re-locate from their current Glangwili and Singleton Hospital bases to a new facilities at Morriston Hospital together with ABMUHB's Singleton Hospital's mortuary staff. The regionalisation and co-location of these services supports the introduction of more flexible working patterns, with aspirations of expanding cellular pathology/histology services into 6-day and 7-day day working. We anticipate this and other workforce initiatives will alleviate traffic/car parking pressures on hospital sites and will support more flexible and attractive working arrangements for staff.

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[14] HDUHB have budgeted for 9.00 consultants. In post there are 3 wte substantive consultants; 1 wte NHS Locum,on a one year fixed contract, and ; 1 wte Agency Locum (appointed 12th March for 6 months). HDUHB has 4 vacancies. HDUHB is unable to provide support to Cancer speciality MDT meetings.

[15] ABMUHB have budgeted for 14 wte consultants.

3.5 Pathology Activity

3.5.1 The following histology activity was recorded in HDUHB and ABMUHB during 2010 – 2018 inclusive:

Figure 7 – HDUHB: Histology Activity (2010 to 2018)[16]

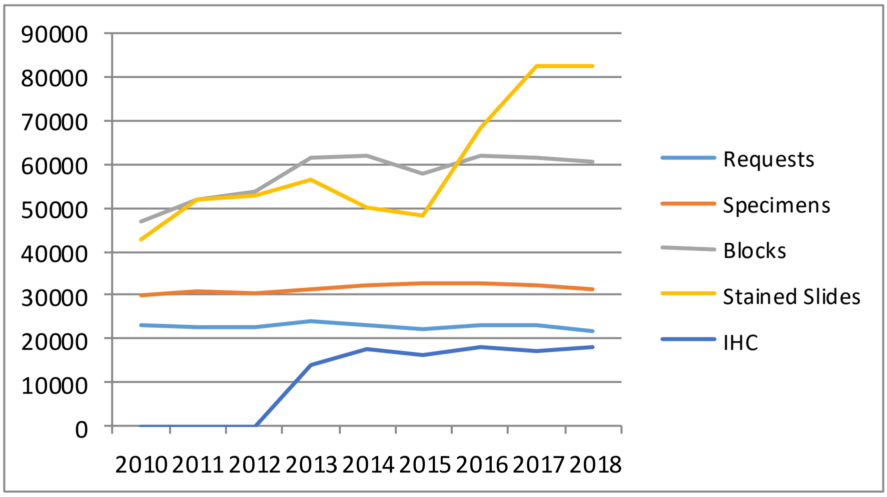
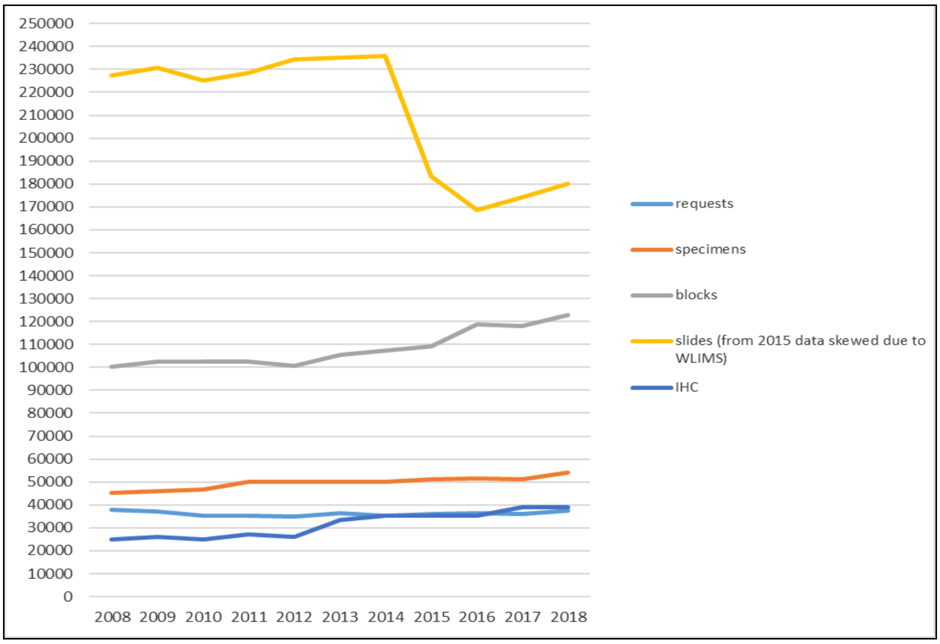


Figure 8 – ABMUHB: Histology Activity (2010 to 2018)[17]



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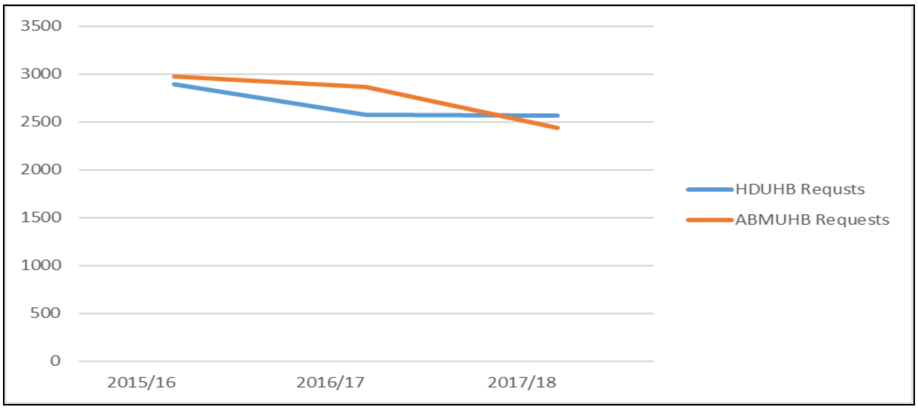
[16] Prior to implementation of the All wales LIMs in the summer 2015, HDU were utilising Telepath to record activity.

[17] Prior to implementation of the All Wales LIMs in the summer 2015, ABMU were utilising Master Lab to record activity.

3.5.2 Figures 7 & 8 (above) show Pathology Laboratory projected activity is increasing slightly each year but this does not reflect a true picture of the level of complexity, which has increased significantly due to reliance on immune-histochemistry and personalised medicine to deliver more specific diagnosis. For example, ABMU has expanded its Immunohistochemistry (IHC) repertoire in 2018 by 30% since 2015 (this includes expansion of the lymphoma panel and introduction of PDL-1, MMR and ALK-1 tumour markers. An increased repertoire of tests has impacted significantly on pathology services' staff time and resources and on consultant and technical grades' time. The benefits of this include the ability to provide cancer services' clinicians' in particular, with more targeted treatment options from the wider range of tests currently available compared to traditional delivery.

3.5.3 The following non-gynae cytology activity was recorded in HDUHB and ABMUHB during 2015/6-2017/18:

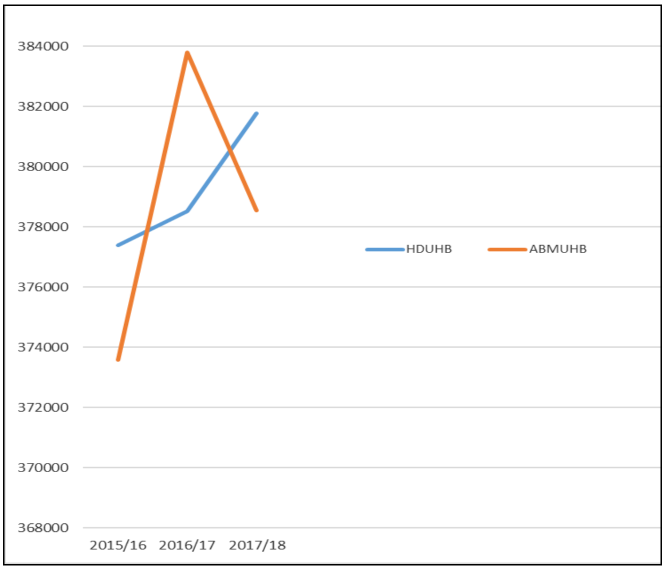
Figure 9 – HDUHB & ABMUHB: Non-Gynae Cytology Activity (2015/16 to 2017/18)



3.5.4 Figure 9 (above) shows non-gynae and histology tests, the sample activity appearing to remain static because specimens of non-clinical value have been removed. This level of activity in recent years does not demonstrate the increased complexity of laboratory analysis which is integral to the final reported result.

3.5.5 The following number of tests processed by Health Board was recorded by PHW 2015/6-2017/18:

Figure 10 – PHW Activity by Health Board (2015/16 to 2017/18)



Summary

3.5.6 Whilst activity for Cellular Pathology work only increases slightly over time workload increases year-on-year significantly in terms of complexity to support complex clinical service needs and developing more personalised treatment. Immunohistochemistry increased in the 2016-2017 period by 13%, illustrating the increased complexity on each request. Correspondingly, in situ hybridisation (this process is used in the diagnosis of breast cancer) has increased by 18.2% in the period, reflective of the more complex testing regime now required to support more definitive diagnoses.

3.5.7 Within PHW, technology has enabled high productivity with batching of high volume work whilst the complexity particularly associated with Antimicrobial resistance continues to grow e.g. dealing with joint fluids and sepsis.

3.5.8 Service changes will continue to re-shape pathology services over the next three years. These will have a significant impact on sustainability and workforce. These changes includes: The adoption of LEAN principles; standardisation of working practices and re-defining of roles; Adoption of 24/7 working and shared rotas - supporting regional processing and autopsy services (this investment could provide flexible and resilient contingency support for West Wales autopsy services) ; Improvements in quality standards and Standard Operating Procedures (SOPs); New imaging technologies - improving quality and reduce screening times in, e.g. Cervical screening; All Wales LIMS; Building on partnerships with Universities and industry, and; Modernisation of scientific careers within pathology services and empowering staff to rise to new challenges.

3.6 Business Needs

Problems with the 'Status Quo'

3.6.1 The problems, difficulties and service gaps associated with the existing arrangements are as follows:

Quality, Sustainability & Workforce Issues

3.6.2 Both health boards are struggling to manage workforce and sustainability pressures, to maintain quality and safety issues and to meet clinically driven targets. Workforce re-modelling based on meeting future demand and moving to a points based consultant staff and support system was jointly established in September 2017 and is ongoing. It is important to note that these workforce pressures will exist whether the service moves to a new facility or remains in-situ and that HDUHB will be moving to the points based system in advance of any new regionalised solution. This will allow HDUHB to supplement the benefits of regionalisation to partly implementing the Advanced Practitioner role that has already been successfully implemented in ABMHB.

3.6.3 Services' are fragmented and are struggling to appropriately support their local populations. The current workforce is over stretched trying to meet rising demand.

3.6.4 Reviews of regional and local staffing assumptions recognise the 'gap' between historical staffing models and future staffing models. For example, HDUHB currently has only three substantive consultant staff, relying on the ability to attract NHS locum and expensive agency locum staff, it actually needs nine consultants to satisfy current levels of service, and predicts the need for another two consultants to maintain quality of service and timely reporting through implementation of the points based system in the future.

3.6.5 Recruitment and retention, especially of Consultant grade staff are major issues within Mid and South West Wales' Pathology services. Staff morale is suffering and a retirement 'bulge' will further compromise service sustainability.

3.6.6 Maintaining the 'status quo' is unsustainable and not in the interests of patients in the region. Providing a sustainable, resilient workforce with the appropriate skills and education and ensuring we have the right staff in the right place to meet national guidelines is an essential requirement.

3.6.7 Pathology services are struggling to maintain quality and meet clinically driven targets. In their current configuration and with existing staffing levels they have limited success delivering essential quality improvements and meeting current demand. Pathology services need the right skill mix in place and access to innovative and state-of-the-art technology and equipment in order to meet demand, support best quality outcomes (specifically the new Cancer Strategy for South Wales) within the region.

Accommodation & Configuration Issues

3.6.8 Lack of space and insufficient storage within cellular Pathology services in ABMUHB and HDUHB contribute to increased risk of health and safety related incidents. The PHW Medical Microbiology service based in Singleton Hospital is spread across two floors and has limited adjacency between the different parts of the laboratory. This is not conducive to cross-cover nor does it facilitate collaboration. Significant space is 'wasted' as corridors and the diagnostic areas are sub-optimally configured, and the existing physical layout makes for inefficient workflows.

Infrastructure Issues

3.6.9 ABMUHB's Cellular Pathology services do not fully comply with ISO15189, HSE guidance, the Human Tissue Act (HTA) requirements or with WHBN 15 *Accommodation for Pathology Services* as regards existing environmental standards. This threatens staff welfare, compromises quality and safety, and places wider health services at threat by compromising Pathology services' ability to comply with mandatory requirements and licenses. In HDUHB, specifically Glangwili Hospital, inadequate pathology infrastructure and space across all disciplines, which is not fit for purpose or conducive to 21st century laboratory technology or work flow and is also non-compliant with WHBN 15, sits as a high level risk within the Health Board.

3.6.10 Morriston and Glangwili Hospitals' Histology facilities experiences issues with inadequate temperature controls. This leads to, e.g. intermittent analyser failures in Histology during times of extremes of hot and cold weather, which significantly delays tissue-processing tissue and compromises appropriate storage of reagents. Poor temperature controls generally make for unacceptable working conditions for Laboratory staff. Glangwili Hospital's Histology tissue processing and cut up room is not fit for purpose and additional co located space is required to segregate the tissue processing equipment and reduce the time staff are exposed to chemicals such as xylene and formalin through improved segregation and ventilation controls.

Future Requirements

3.6.11 The Mid and South West Wales Cellular Pathology service urgently needs a co-located facility which can support technological innovations, promote benefits in terms of improved specialist healthcare services, facilitate access to modern technology and techniques, enhance the patient experience, and increase potential for investment in the local economy.

Projected Activity

3.6.12 Pathology Laboratory projected patient activity is forecast to continue to increase over the next ten years to support a predicted 10% increase in cancer in that period.

3.6.13 Changes in clinical service delivery, including a move towards seven-day working in Endoscopy Services, implementation of the Single Cancer pathway, proposed changes to Bowel Screening age eligibility, and a predicted increase in the number of Cervical Screening Services' 'opportunistic' cervical biopsies, activity will impact on Cellular Pathology service activity within the region and potentially across Wales. The service has seen increasing workloads dependent on services that ensure appointments of clinicians, e.g. Dermatology Locums are generating more biopsies in 2017 compared with 2016 activity. In general requests for molecular testing are increasing, although this increasing Pathologists' block and slide work workloads.

3.6.14 Precision Medicine will continue to evolve over the next decade and it is anticipated blood based biomarkers will be used routinely to assess a person's risk for cancer and to aid personalizing cancer treatment. Genomic testing to personalize cancer screening will also become routine in clinical practices all over the world through rapid adoption of technology that allows for the assessment of cancer risk among the population. These advances will lead to a dramatic drop in deaths from preventable cancers. Further advances in genetic analysis and gene mutation will result in more patients being monitored for early detection of cancer. This, in time, could increase pathology activity from screening programmes.

3.6.15 The forecast increase in obesity levels in the UK – with 35% of the population projected to be obese in 2030, will impact on Pathology Laboratory services. Overweight and obesity is associated with increased risk of several cancers, including uterine, kidney, oesophageal, gallbladder, bowel, pancreas and breast cancers. Cancer incidence in the UK is expected to continue to rise further if current trends in overweight and obesity prevalence persist. Overall, overweight and obesity causes, a conservatively estimated, 5% of cancer cases in the UK each year[18].

Summary of Business Needs

3.6.16 The 'status quo' cannot be maintained and this document proposes investment in a realistic 'Do Minimum' solution plan for service re-design of 'Core' regional services. Specifically, it supports development of a Regional Cellular Pathology (Cytology and Histopathology) & Regional Diagnostic (Laboratory) Immunology service, and co-location of Singleton's Body Store at Morriston Hospital with future proofed capacity. This solution, which largely excludes local service scope solutions (as detailed in the 'Intermediate' and 'Do Maximum' solutions) except where they promote tangible regional benefits, support delivery of more sustainable regional services and satisfy national, regional and local strategic direction.

3.6.17 In terms of volume, the majority of the work undertaken by the new facility will be direct pathology activity as part of the primary, secondary care and acute hospital activity in Mid and South West Wales Region. Merged cellular pathology services and access to state-of-the-art technology should facilitate improvements in the patient experience. Management arrangements will be streamlined and skill mix will be modernised and should support more efficient and effective ways of working. The involvement of the private sector should boost technological innovation and assist a direction of travel for the service, focusing on delivering more personalised treatment to the population of Mid and South West Wales.

3.7 Potential Scope

3.7.1 This section describes the potential scope for the project in relation to the above business needs in terms of modalities and service drivers. The potential scope has been assessed against a continuum of need ranging from:

- **A *Business As Usual*** – essential for baseline comparison.
- A ***Do Minimum*** – essential or core requirements/ outputs.
- An ***Intermediate*** – with essential and desirable delivery requirements/ outputs to a greater and lesser extent.
- A ***Do Maximum*** – with essential, desirable and optional requirements/outputs.

3.7.2 ABMUHB's Cellular Haematology Laboratory services may form part of this project's final service scope solution. Currently these services are provided at Singleton Hospital and a short-term solution is being considered in that site's emerging Site Development Master Control Plan. In the longer-term (i.e. within 6-7 years) a more appropriate longer-term solution may be considered. All new build options included a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area.

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[18] *cf*

3.8 Main Outcomes and Benefits

3.8.1 The main outcomes and benefits to patients, the Health Board and the wider health community are classified in terms of cash releasing benefits (CRBs), non-cash releasing benefits (NCRBs), quantifiable benefits (QBs), and non-quantifiable benefits (Non QBs) as follows:

3.8.2 The main benefits of this project are outlined in **Appendix I – Benefits Realisation Plan.**

3.8.3 At OBC, stage benefits will be quantified in accordance with the principles of additionality. This is defined as "the extent to which something happens as a result of an intervention that will not have occurred in the absence of the intervention"[19]. An assessment of benefits on this basis will be applied at key stages of this project's lifecycle, success will be measured against clear and measurable criterion, which will in turn be assessed at key stages of the project under the OGC 'Gateway' process, and benefits realisation Welsh Government led assessment processes. Additionality benefits will be categorised as follows:

- **Economic multipliers analysis** will capture additional economic activity stimulated locally and throughout the region by this project.
- **Leakage effects analysis** will capture non-direct effects both in qualitative and quantitative cash and non-cash terms, demonstrating VfM, as per Welsh Government and Treasury guidance.
- **Displacement or Substitution analysis** will take into account the re-location of staff between different Health Boards and other organisations because of service change across health Board boundaries and between current locations and Morriston Hospital.
- **Deadweight analysis** - what will happen, or will not happen if this project did not proceed.

3.9 Main Risks

3.9.1 The main business and service risks and mitigations are as follows:

Figure 11 – Main Risks and Mitigations

Risk Description	Probability	Impact	Score	Mitigating Actions
Internal approvals delayed - There is a risk that board approvals are delayed.	3	4	12	(1) Continued liaison with key stakeholders' SROs
Planning approval & planning conditions - Failure to achieve planning permission conditions are excessive, that S106 demands building control approvals are more involved than anticipated	5	4	20	(1) Early engagement with Local Planners; (2) Appoint a Planning Advisor and further investigate future planning development risks at Morriston Hospital & Submit a pre-planning application; (3) Monitor progress on Project and its interrelationship(s) with ARCH & other Morriston Hospital projects currently at planning stage; (4) Coordinate with ARCH Master Planners.

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[19] Additionality Guidance, 3rd Edition, English Partnerships, October 2008

Funding approval delayed or timing of funding does not match our current programme due to WGov cashflow constraints	4	4	16	(1) Maintain regular dialogue re the procurement arrangements with WG and other key stakeholders.
Revenue affordability - Affordability of revenue model is over/under estimated	5	4	20	(1) Develop and sign off revenue model with DoFs; (2) Project Board to review at each formal meeting.
Availability of capital - There is a risk that the scope of the project is reduced in order to fit within financial limit	5	3	15	Continued liaison with WGov.
Staffing levels - Additional staffing levels / activity cannot be supported at Morriston Hospital, e.g. car parking provision and essential infrastructure are insufficient to support planned operations	3	4	12	(1) Develop Staff Modelling to inform, e.g. future car parking requirements on site; (2) Liaise with Morriston Hospital/ARCH projects currently at planning stage.
Staffing model is over/under estimated	3	4	12	Establish a Project Management Team and secure project management support
Recruitment of key staff - Sufficient numbers of essential staff with key skills cannot be recruited	3	4	12	Project Board monitors recruitment progress/issues and report regularly to Project Board/Executive level

3.9.2 Please refer to **Appendix K – Risk Register.**

3.10 Constraints

3.10.1 The scheme is subject to the following constraints:

- The solution must provide a regional solution for Cellular Pathology Laboratories and Immunology Laboratories services' capacity and quality requirements.
- The solution must be fit for purpose (i.e. it must comply with ISO, WHBM/HBN & WHTM/HTM requirements and guidance) and make best use of the available development space.
- The delivery of Pathology Laboratory services to patients must be maintained seamlessly during the works, commissioning periods and re-location of services.
- Revenue resources are limited and the solution should offer value for money.
- The solution must be affordable in capital and revenue terms.
- The solution must be delivered within project budget/programme.
- The solution must 'fit' within the available developable footprint.
- The solution must provide adjacency and connectivity with the existing Pathology facility at Morriston Hospital.
- The solution must allow the service to meet national targets for turn-a-round of pathology

tests.

3.11 Dependencies

3.11.1 The success of this scheme is subject to the following dependencies:

- Obtaining planning permission approval. NB Planning permission approval is dependent upon Site Development Control Plans for Morriston Hospital; and on demonstrating a sustainable travel plan and improving road infrastructure at Morriston Hospital.
- Continued support for the agreed service care and workforce model locally and regionally.
- Availability of capital funding from the Welsh Government.
- Ability of ABMUHB & HDUHB to support any revenue consequences from this investment.
- The commitment of ABMUHB & HDUHB at the highest level, to drive the project.
- Continued effective and transparent engagement with key stakeholders at all stages of the project and support the transformational process.
- Senior pathology services' management commitment to an integrated transformational and modernisation project.
- Development of a single management structure to ensure smooth daily operation of the new Regional Pathology Unit.
- Continued commitment of the project owner(s), senior Health Board management and pathology services' senior staff to develop and own the new regional service model.
- Ensuring that appropriate governance structures and change management procedures are embedded throughout the development, delivery and benefits realisation stages of this project.
- Development of a Formal Staff Engagement Process, Change Management Process and Communications Plan.
- Co-ordination of recruitment and training processes to support future staffing arrangements.
- Access to appropriate / experienced construction resources.

4 The Economic Case

4.1 Introduction

4.1.1 In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (*A Guide to Investment Appraisal in the Public Sector*), this section of the business case demonstrates the wide range of options that have been considered in response to the potential scope identified in this SOC.

4.2 Critical Success Factors

4.2.1 The Critical Success Factors (CSFs) have been identified to allow evaluation of the potential options. These are shown below:

Figure 12 – Critical Success Factors (CSFs)

- **CSF 1 Business needs** How well the option satisfies the existing and future needs of the service and NHS Wales, i.e. by providing more sustainable Pathology Laboratory services across the region.
- **CSF 2 Strategic fit** How well the option provides holistic 'fit' and synergy with other key elements of the national, regional and local strategies, i.e. supporting ABMUHB's & HDUHB's IMTPs and the All Wales Pathology Collaborative Project's strategic objectives.
- How well the option optimises the potential return on expenditure.
- **CSF 4 Potential achievability** The organisations' ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks, and; the need for supporting skills (capacity & capability) .
- **CSF 5 Supply side capacity and capability** The ability of the marketplace and the potential suppliers to deliver the required services and deliverables.
- **CSF 6 Potential affordability** The organisation's ability to fund the required level of expenditure, viz, the capital and revenue consequences associated with the proposed investment.

4.3 Methodology

4.3.1 The Appraisal Group (please see **Appendix E – Option & Risk Appraisal Group Membership**). identified a range of options in accordance with Treasury Green Book and Capital Investment Manual the five categories of framework options have been considered as follows:

- **Potential Service Scope Options** – what is the potential coverage of the service to be delivered (the 'what');
- **Potential Service / Technical Solution Options** – potential options for delivering the preferred service scope option (the 'how');
- **Potential Service Delivery Options** – who will deliver the preferred scope & preferred service / technical solution options (the 'who');
- **Potential Implementation Options** – potential timescales options for delivering the preferred scope, preferred service / technical solution and preferred delivery options (the 'when');
- **Potential Finance Options** – potential funding and affordability options for delivering the preferred scope, preferred service / technical solution, preferred delivery preferred implementation options.

4.3.2 The Mid & South West Wales Regional Pathology Re-configuration Board previously considered and rejected the following options:

- Business As Usual – retained as a baseline comparator.

- Develop one single site for the future configuration of Cellular Pathology services in Mid and South West Wales (in either Cardiff or Swansea) with ‘hot’ laboratories based on a number of other hospital sites – rejected following non-financial appraisal.
- Develop a ‘hub and spoke’ model (with variants on the same) on one or two spokes with the hub located in either Cardiff or Swansea – rejected following non-financial appraisal.

4.3.3 A one-site Cellular Pathology solution was supported by the South West Wales Regional Pathology Re-configuration Project.

4.3.4 The South West Wales Regional Pathology Re-configuration Project Board met in May 2018 and agreed the following:

- The preferred location of the one-site Cellular Pathology solution was Morriston Hospital;
- The ‘Do Nothing’ option should be discounted from further detailed evaluation;
- All new technical solutions should include a dedicated 300 space car park and a 500 m² ATTC shell and core.

4.3.5 The long list and shortlist of options are summarised in Section 4.5. Please refer **Appendix N – Framework Options Appraisal** for a detailed SWOT analysis.

4.3.6 An independent Health Care Planner (KD Health) assessed the draft Schedule of Accommodation (SoA) against WHBN/HBN requirements (please see **Appendix M – SoA**).

4.4 Benefit Measurement

4.4.1 The economic gross value added benefits shall be measured at OBC stage in terms of additionality guidance (Additionality Guide, 3rd Edition, English Partnerships - October 2008), measuring, and the extent to which something happens within regional Pathology services as a result of an intervention as against, the absence of the intervention. The principal focus of this economic appraisal will be the direct employment related benefits the project is expected to deliver in the short, medium and long-term. The quantification of these benefits will concentrate on the wider-NHS and Welsh economy rather than the UK generally.

4.5 Framework Options Summary

4.5.1 The framework options long list options findings are summarised below:

Figure 13 - Long List Options

Framework Options		
Potential Service Scope	SC01 - Business As Usual	Discount (retained as baseline comparator)
	SC02 - **'Core’** services, i.e. Develop Regional Cellular Pathology (Cytology and Histopathology) & Regional Diagnostic (Laboratory) Immunology service; Co-locate Singleton‘s Body Store at Morriston Hospital service (future proofed capacity) & a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area	Take forward for further evaluation
	SC03 - 'Core’ services **plus** Relocate ABMUHB’s PHW Medical Microbiology service to Morriston Hospital &/or Develop a temporary modular Body Store solution at Singleton Hospital	Take forward for further evaluation
	SS04 - 'Core’ services **plus** Relocate ABMUHB’s PHW Medical Microbiology service to Morriston Hospital; Develop a temporary modular Body Store solution at Singleton Hospital **plus** Re-provide ABMUHB’s Essential Laboratory Service.	Take forward for further evaluation
Potential Service Solution	SS01 - New Build/Reconfigure co-located regionalised services’ accommodation on one site &; Provide dedicated car parking to support regionalised services	Preferred

	SS02 - New Build all co-located regionalised services' accommodation on one site; Provide dedicated car parking to support regionalised services; **plus** Reconfigure and refurbish local non-regionalised services accommodation to provide fit for purpose facilities	Carried forward - do more ambitious
Potential Service Delivery	DEL1 - NHS in-house solution	Preferred Way Forward
Potential Implementation	IMP01 - Phased (e.g. build some elements as a shell and occupy later and phase local refurbishments)	Carried forward - do less ambitious
	IMP02 - Single Phase with staged occupancy of new build and concurrent local refurbishments	Preferred Way Forward
Potential Funding	FUN01 - Private funding	Discount
	FUN02 - Public funding	Preferred Way Forward
	FUN03 - Mix of Public and Private funding	Discount

4.6 Summary of Shortlisted Options Framework Findings

4.6.1 The South West Wales Regional Pathology Re-configuration Project Board agreed the following range of service scope options:

Figure 14 – Service Scope

Functional Content by Health Board		**Option 2 Do Minimum**	**Option 3 Intermediate – more ambitious**	**Option 4 Intermediate – far more ambitious**	**Option 5 Do Max ambitious**
HDUHB/ABMUHB	Develop Regional Cellular Pathology (Cytology and Histopathology)	✓	✓	✓	✓
HDUHB/ABMUHB	Regional Diagnostic (Laboratory) Immunology service;	✓	✓	✓	✓
ABMUHB	Co-locate Singleton's Body Store at Morriston Hospital service (future proofed capacity)	✓	✓	✓	✓
	A 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area	✓	✓	✓	✓
ALL	Provide dedicated car parking to support regionalised services (300 spaces)	✓	✓	✓	✓
PHW	Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital		✓	✓	✓
HDUHB	Reconfigure and refurbish local non-regionalised Blood Sciences services' accommodation to provide fit for purpose facilities - Refurbishment of Cell Pathology - Withybush Hospital, Prince Philip Hospital, Llanelli & West Wales General Glangwili (approx. 486 m2)		✓	✓	✓
ABMUHB	Develop a temporary modular Body Store solution at Singleton Hospital			✓	✓

ABMUHB	Re-provide ABMUHB's Essential Laboratory Service				✓

4.6.2 The range of potential service solutions identified in the table above were carried forward into the short list for further appraisal and evaluation. All the options that were 'discounted' as impracticable were excluded at this stage. The recommended short list for further appraisal was confirmed as follows

Figure 15 – Short List of Options

Option 2 – Do Minimum	
Service Scope	SC02 - 'Core' services, i.e. Develop Regional Cellular Pathology (Cytology and Histopathology) & Regional Diagnostic (Laboratory) Immunology service; Co-locate Singleton's Body Store at Morriston Hospital service (future proofed capacity) & a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area
Service Solution	SS01 - New Build/Reconfigure co-located regionalised services' accommodation on one site & Provide dedicated car parking to support regionalised services
Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP02 - Single Phase with staged occupancy of new build and concurrent local refurbishments
Funding	FUN02 - Public funding
Option 3 – Intermediate 1	
Service Scope	SC03 - 'Core' **plus** Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital
Service Solution	SS02 - New Build all co-located regionalised services' accommodation on one site; Provide dedicated car parking to support regionalised services; plus Reconfigure and refurbish local non-regionalised services accommodation to provide fit for purpose facilities
Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP01 - Phased (e.g. build some elements as a shell and occupy later and phase local refurbishments)
Funding	FUN02 - Public funding
Option 4 – Intermediate 2	
Service Scope	SC03 - 'Core' **plus** Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital & Develop a temporary modular Body Store solution at Singleton Hospital
Service Solution	SS02 - New Build all co-located regionalised services' accommodation on one site; Provide dedicated car parking to support regionalised services; plus Reconfigure and refurbish local non-regionalised services accommodation to provide fit for purpose facilities
Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP02 - Single Phase with staged occupancy of new build and concurrent local refurbishments
Funding	FUN02 - Public funding
Option 5 – Do Maximum	
Service Scope	SC04 - 'Core' **plus** Relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital & Develop a temporary modular Body Store solution at Singleton Hospital & Re-provide ABMUHB's Essential Laboratory Service
Service Solution	SS02 - New Build all co-located regionalised services' accommodation on one site; Provide dedicated car parking to support regionalised services; plus Reconfigure and refurbish local non-regionalised services accommodation to provide fit for purpose facilities
Service Delivery	DEL1 - NHS in-house solution
Implementation	IMP02 - Single Phase with staged occupancy of new build and concurrent local refurbishments
Funding	FUN02 - Public funding
Funding	FUN02 - Public funding

4.6.3 Confirmation of the Preferred Way Forward Option (Option 3)

4.6.4 **The preferred way forward is Option 3 – Intermediate 1,** i.e. Develop Regional Cellular Pathology (Cytology and Histopathology) & Regional Diagnostic (Laboratory) Immunology service; Co-locate Singleton's Body Store at Morriston Hospital service (future proofed capacity), a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area, & relocate ABMUHB's PHW Medical Microbiology service to Morriston Hospital to new build/reconfigured and co-located regionalised services' accommodation, supported by dedicated car parking.

4.7 Transport Arrangements

4.7.1 The development of a co-located Regional Laboratory service must be supported by appropriate, safe and reliable transport arrangements. Transport arrangements going forward will support the NHS Wales' Health Collaborative's Diagnostic Services Modernisation Programme's **National Pathology Transport Project Group's** key recommendations, which recognising the variety of providors ion Wales advised, requested All Wales Chief Executives comply with the **National Pathology Transport Service Specification**. This specification promotes higher quality, safer, temperature controlled services, which encompass robust performance measurements through the contained key performance indicators.[20] Please see **Appendix O – Transport Arrangements** for further details.

4.8 Information Management & Telecoms (IM&T) Arrangements

4.8.1 Similarly, the development of a co-located Regional Laboratory must be supported by sustainable and reliable local and regional IM&T systems. The development of detailed IM&T requirements will be managed by an IM&T Sub-Group with representation from key stakeholders.

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[20] NHS Wales' Health Collaborative's Diagnostic Services Modernisation Programme's National Pathology Transport Project Group's recommendations, February 2018 v. final 1.0

5 The Commercial Case

5.1 Introduction

5.1.1 This section of the SOC outlines the proposed 'deal' as outlined in the Economic Case and is seeking to secure public funding from the Welsh Government's 'All Wales Capital Programme'.

5.2 Required Services

5.2.1 The required services are as follows:

- Enabling works, including development of approx. 300 car parking spaces to support this development;
- 1st phase - Development of a fit for purpose, co-located, state-of-the-art facility for South West Wales' Cellular Pathology and ABMUHB's Medical Microbiology service. This new facility could be located at Morriston Hospital, Swansea (this includes a 500 m² ATTC, i.e. Cell and Gene Therapy indicative shell and core area), and;
- 2nd Phase - Refurbishment of existing Morriston Hospital accommodation to support a Regional Diagnostic Immunology service & Extension of the Mortuary facility at Morriston Hospital (future proofed capacity).

5.3 Potential for Risk Transfer and Management

5.3.1 Following agreement of the target cost the final allocation of risk between the Health Boards and the SCP/Main Contractor will be agreed.

5.3.2 A risk register has been compiled and costed relative to risks that apply over the whole of the project lifecycle at this stage (please see **Appendix K – Risk Register**). The risk register will be developed by the Health Board Project Liaison Manager in consultation with the Health Board's Cost Advisor during the development and construction phases of the project, through to hand over and operational commissioning. It is planned to review the risk register, which will be regularly reviewed and updated accordingly, to maintain tight financial cost control relative to the risks noted in the register.

5.3.3 The Project Director will report to the South West Wales Regional Pathology Re-configuration Project Board. It is planned to review the risk register regularly and update accordingly to maintain tight financial cost control relative to the risks noted in the register.

5.3.4 Cellular Pathology and Diagnostic Immunology services' management will manage service implications and will endeavour to mitigate any risk of disruption to hospital services and performance during the works and re-instatement phase.

5.4 Personnel Implications (Including TUPE)

5.4.1 TUPE (Transfer of Undertaking and Protection of Employee) will apply to this investment.

5.5 Indicative Timescales

5.5.1 The indicative milestones are set out below:

Figure 16 – Key indicative milestones

Activity	Due Date
HDUHB & ABMUHB Executive Teams endorse 'Discussion' SOC	November/December 2018
HDUHB Executive Team approves SOC	February 2019
ABMUHB's Investments and Benefits Group (IBG) endorses SOC	12th March 2019
ABMUHB Executive Team approves SOC	13th March 2019
ABMUHB Board approves SOC	28th March 2019

Activity	Due Date
Submit SOC to Welsh Government for endorsement	April 2019
Welsh Government endorse SOC	May 2019
Appoint Supply Chain Partner, Health Board Cost Advisor & Health Board Project Manager from Designed for Life Regional Framework	July 2019
ABMUHB's IBG and HDUHB & ABMUHB Executive Teams approve OBC	June 2020
Submit OBC to Welsh Government for approval	June 2020
Welsh Government approval of OBC	September 2020
ABMUHB's IBG and HDUHB & ABMUHB Executive Teams approve FBC	October 2021
Submit FBC to Welsh Government for approval	October 2021
Welsh Government approval of FBC	January 2022
Mobilise and commence new build/extension main works	February 2022
New build completed (subject to contractor's programme)	January 2024
New build commissioning (subject to accreditation arrangements & technical commissioning)	February 2024
New build operational	March 2024
Commence refurbishment	April 2024
Refurbishment completed (subject to contractor's programme)	October 2024
Refurbishment commissioning (subject to accreditation arrangements & technical commissioning)	November 2024
Refurbishment operational	December 2024
Technical PPE (approx. 3 months post new build handover)	March 2025

5.5.2 Please see **Appendix J – Management Control Plan**. Note, are subject to confirmation of planning and funding approvals and agreed construction programmes.

5.6 FRS5 – Accountancy Treatment

5.6.1 It is assumed public funding will be allocated for this project and therefore capital will be included on the balance sheet.

6 Funding and Affordability

6.1 Introduction

6.1.1 The purpose of this section is to set out the indicative financial implications as set out in the Economic Case.

6.2 Capital

6.2.1 A capital cost assessment of the shortlisted options has been undertaken by Gleeds, Cost Advisors based on NHS Departmental Cost Allowances (DCAGs) applied to the proposed schedules of accommodation. The costing was undertaken in accordance with guidance for the costing of capital schemes.

6.2.2 The hi-level capital costs of the shortlisted options (including revoverable VAT) are as follows:

Figure 17 – Capital Requirements (£000 incl non-recoverable VAT)

	Option 2 Do Minimum	Option 3 Intermediate – more ambitious	Option 4 Intermediate – far more ambitious	Option 5 Do Max ambitious
Departmental Costs	17,249	25,729	27,121	31,168
On Costs	13,041	20,332	20,475	25,499
Provisional location adjustment	-908	-1,382	-1,427	-1,700
Works Costs Total	**29,382**	**44,679**	**46,169**	**54,967**
Fees	4,701	7,149	7,387	8,795
Non Works Costs	1,741	2,694	2,641	2,745
Equipment Costs	3,611	5,059	5,231	5,718
Planning Contingency	3,943	5,958	6,142	7,222
VAT (adjusted for reclaim)	7,576	11,678	12,036	14,130
Base Project Cost	**50,954**	**77,217**	**79,606**	**93,577**

Capital Assumptions

6.2.3 The key planning assumptions are as follows:

- Capital Costs include a breakdown of works and non-works elements.
- Where in-house fees will usually have been outsourced these fees have not been charged against revenue. Their contribution towards delivery of this scheme has been based on an agreed resource allocation.
- Construction costs were calculated applying the BCIS PUBSEC Firm Price Index 248 reporting level. The Location Factor is 0.97.
- A VAT rate of 20% has been reflected in the capital costs. The level of revoverable VAT is 100% on professional fees. Other elements of VAT recovery will be limited to areas of refurbishment and an assessment of this oppourtunity will be assessed by specialist VAT advisors at OBC stage.
- Planning contingencies of 10% has been allowed to the shortlisted options, as appropriate, and in line with the generally accepted norm at this stage of the project.
- Optimism Bias has been excluded as per guidance.
- The Business As Usual option (Option 1) was rejected for further detailed analysis. It provides a baseline comparator.

6.3 Revenue

6.3.1 A number of costs pressures associated with the staffing models exist, whether the service moves to a new facility or remains in-situ. These relate to increasing demand for pathology services. For that reason it is reasonable to recognise the current service and projected future demand, but to exclude them from the revenue financial model at this stage in the development of the business case.

6.3.2 In moving to a single facility, Hywel Dda would need to manage the workload of their Consultant staff using the Royal College points based system. This would mean an increased revenue cost pressure. However, over the last few months, work undertaken between both organisations, suggest this cost increase will be less than previously anticipated. In addition it now seems likely that as a result of the closer working relationship of the two organisations, Hywel Dda will be moving to the points based system in advance of any new building. This will allow them to reap the benefits of also moving to partly implement the Advanced Practitioner role that is being successfully adopted in ABM. The adoption of the Advanced Practitioner role will in effect lessen the cost base if it had not been adopted. At the SOC stage it has been assumed no additional cost pressure

6.3.3 Further work will be required at OBC to assess the impact of travel. There are likely to be additional lab specimens travelling to Morriston. However it is too early to estimate the extent of any additional costs, as it is likely that existing transportation journeys can be utilised. Further work will also be required during the OBC to assess the impact on IT.

6.3.4 There are likely to be additional costs associated with running a modern facility built to conform with the latest building and engineering standards. This will be due to the new facility requiring increased space to meet these requirements and the cost of servicing a modern building environment are normally greater than older non-complaint buildings. At this stage no detailed building design work has been undertaken but a high level estimate indicates that it would not be unreasonable to expect additional annual running costs of at least £200k.

6.3.5 Further work on depreciation and impairment will be undertaken at OBC stage.

6.4 Income and Expenditure Analysis

6.4.1 The estimated additional recurring revenue costs for the shortlisted options are outlined in the figure below:

Figure 18 – Revenue cost impact of the Shortlisted Options (£000's)

	Option 2 Do Minimum	**Option 3 Intermediate – more ambitious**	**Option 4 Intermediate – far more ambitious**	**Option 5 Do Max ambitious**
Service Pay				
Service Non-Pay				
Support Services	197	236	263	503
Total	**197**	**236**	**263**	**503**

7 The Management Case

7.1 Introduction

7.1.1 The section of the SOC addresses the achievability of the scheme.

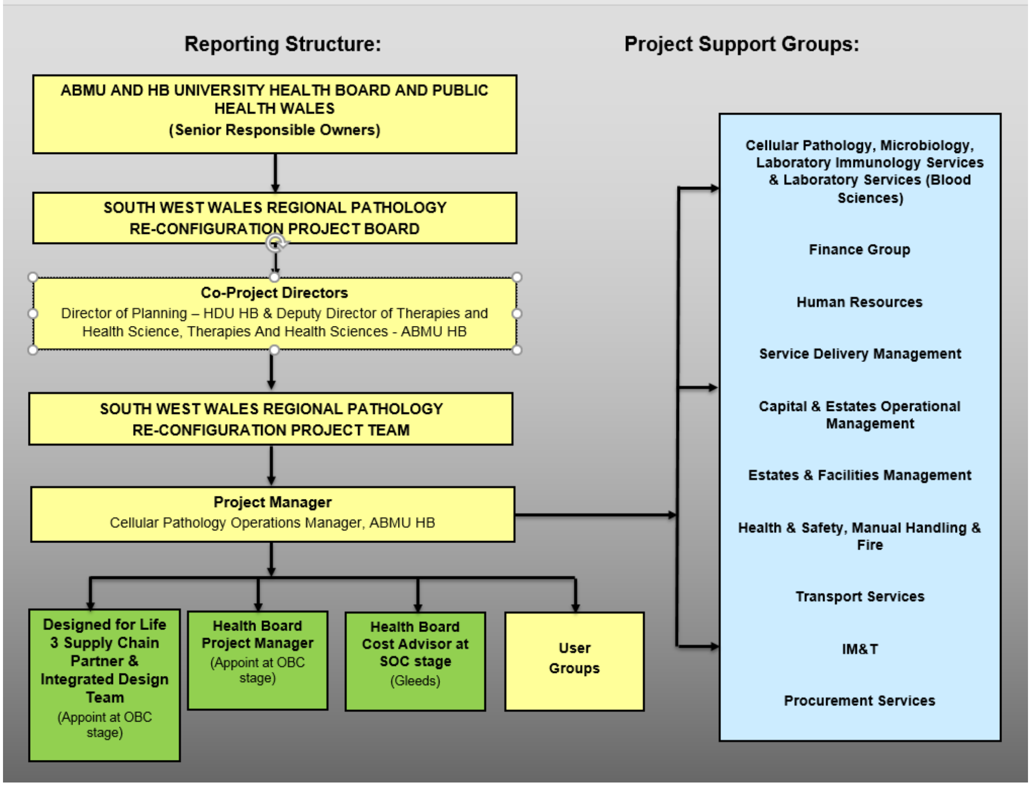
7.2 Project Management Arrangements

7.2.1 To ensure successful project delivery a robust project management reporting structure has been established. The structure is based on the Prince2 principles, with key members of the project team trained in Prince2 methodology. Our experience of developing and delivering complex projects in a Prince2 environment ensures diligent management and thorough clinical involvement throughout all parts of the development.

Reporting Structure

7.2.2 There are three Senior Responsible Owners (SROs). These are the Chief Executive Officers of ABMUHB and HDUHB Health Boards and Public Health Wales respectively. The co-Project Directors are, Mrs Karen Miles (Director of Planning HDUHB) and Mrs Christine Morrell (Deputy Director of Therapies and Health Science, ABMUHB). They have the authority and responsibility to manage delivery of the project on behalf of the key stakeholders. The Project Director reports via the South West Wales Regional Pathology Re-configuration Project Board to the SROs. A nominated Project Manager, Mr Chris Bowden (Cellular Pathology Operations Manager, ABMUHB), supports the Project Director. The reporting structure is below:

Figure 19 – Reporting Structure


Reporting Structure:
Project Support Groups:
ABMU AND HB UNIVERSITY HEALTH BOARD AND PUBLIC HEALTH WALES
(Senior Responsible Owners)
SOUTH WEST WALES REGIONAL PATHOLOGY RE-CONFIGURATION PROJECT BOARD
Co-Project Directors
Director of Planning – HDU HB & Deputy Director of Therapies and Health Science, Therapies And Health Sciences - ABMU HB
SOUTH WEST WALES REGIONAL PATHOLOGY RE-CONFIGURATION PROJECT TEAM
Project Manager
Cellular Pathology Operations Manager, ABMU HB
Designed for Life 3 Supply Chain Partner & Integrated Design Team
(Appoint at OBC stage)
Health Board Project Manager
(Appoint at OBC stage)
Health Board Cost Advisor at SOC stage
(Gleeds)
User Groups
Cellular Pathology, Microbiology, Laboratory Immunology Services & Laboratory Services (Blood Sciences)
Finance Group
Human Resources
Service Delivery Management
Capital & Estates Operational Management
Estates & Facilities Management
Health & Safety, Manual Handling & Fire
Transport Services
IM&T
Procurement Services

7.3 Project Roles and Responsibilities

7.3.1 The Project Director takes lead responsibility for the overall success of the project, and the services which support the change; Agrees and directs the activity of the project; Takes the lead responsibility for risk relating to the project and for the realisation of associated benefits; Agrees and directs the activity of the project; Instructs and manages external consultants; Ensures the brief set by South West Wales Regional Pathology Re-configuration Project Board is adhered too, and; Provides the key contact in respect of high level decisions required in order to progress work.

7.3.2 The Project Manager, Mr Chris Bowden (Cellular Pathology Operations Manager, ABMUHB) provides effective liaison with the wider clinical team. The Project Manager provides highlight reports and exception reports to the Project Board on all aspects of project performance; Ensures the project team (which will include technical and capital planning, construction and service planning leads) is effectively directed and managed during SOC stage; Supports effective liaison with the wider team; Ensures effective monitoring of all project activities is undertaken regarding time, quality and cost, and; Develops the Post Project Evaluation plan.

7.3.3 A Health Board Project Manager and Health Board Cost Advisor will be appointed from the Designed for Life: Building for Wales Framework once this scheme is approved to enter OBC stage.

7.3.4 For the terms of reference and South West Wales Regional Pathology Re-configuration Project Board and Project Team’s membership, please see **Appendix G – Terms of Reference**.

7.4 Use of Special Advisors

7.4.1 The following special advisors have been appointed:

Figure 20 – Special Advisors

Role	Appointment
VAT Advisor	Ernst & Young
Cost Advisor (SOC stage)	Gleeds
Health Care Planner	KD Health

7.5 Workforce Planning & Operational Arrangements

7.5.1 The Project Director is lead for service change and operational arrangements in collaboration with agreed service stakeholder representatives. These arrangements will be detailed at OBC stage.

7.6 Health Impact Assessment (HIA)

7.6.1 A HIA is attached in **Appendix A – HIA** for information.

7.7 Equality Impact Assessment (EIA)

7.7.1 An EIA is attached in **Appendix B – EIA** for information.

7.8 Building Research Establishment Environmental Assessment Method (BREEAM)

7.8.1 A pre-construction BREEAM assessment will be provided at OBC stage, following confirmation of detailed design and consultation with the BREEAM Advisor and planning authorities once outline planning permissions are agreed.

7.9 Achieving Excellence Design Evaluation Toolkit (AEDET)

7.9.1 An AEDET assessment will be progressed with NWSSP-SES representatives at OBC stage once design proposals has been detailed.

7.10 Arrangements for Benefits Realisation

7.10.1 A Benefits Register and Benefits Realisation Plan have been developed which will provide a working document throughout the life of this project. A draft register and benefits realisation plan are attached in **Appendices H & I – Benefit Realisation Register & Plan**. These arrangements will be detailed at OBC stage.

7.11 Arrangements for Risk Management

7.11.1 A risk framework has been established which outlines the process for managing risk associated with developing a Regional Pathology project, including a structure for identifying and mitigating operational and construction related risks.

7.11.2 The risk register will use qualitative and quantitative measures to calculate the overall level of risk according to likelihood of any risk occurrence multiplied by the potential impact and South West Wales Regional Pathology Re-configuration Project Board will formally review the risk register at key stages of the project.

7.12 Post Evaluation Arrangements

7.12.1 All projects are subject to post construction review evaluation in accordance with recognised best practice and NHS guidance. Post evaluation arrangements and timescales detailed at OBC stage will be agreed with the key stakeholders. A team constituting planning, construction and design will undertake PPE, and management leads at key stages, as appropriate. Please refer to **Appendix C – Post Evaluation Arrangements** for information.

7.13 NHS Wales Gateway Review (Stage 0 – Business Justification)

7.13.1 A Risk Potential Assessments 1 (RPA 1) has been carried out for this scheme. A copy is included in **Appendix D - Gateway Review - RPA1.** A Gateway ‘0’ review will be arranged Welsh Government post submission of this SOC and prior to the submission of an OBC in accordance with Welsh Government Investment Guidance. Further Gateways will be completed according to Office of Government Commerce (OGC) guidelines following further evaluation.

7.14 Contingency Plans

7.14.1 The Health Board can identify two major category of project failure: failure to achieve business case approval to deliver the scheme; failure of the main contractor(s) to deliver the new build and complex series of refurbishments to time.

7.14.2 The contingency plan for the project in the event of failure to achieve business case approval is for the Health Board to continue to revise its plans, working with Welsh Government to develop an acceptable pathology solution for the region.

7.14.3 In the event of Supply Chain failure, ABMUHB will seek recompense in line with the agreed contractual arrangements and other contractor(s) to complete the project.

Appendix A – HIA

Appendix A - HIA
v3.doc

Appendix B – EIA

Appendix B - EIA
v3.doc

Appendix C – Post Evaluation Arrangements

Appendix C - PPE v2.doc

Appendix D – Gateway Review - (RPA1)

Appendix D - RPA1
(2).doc

Appendix E – Option & Risk Appraisal Group Membership

Appendix E -
Membership.docx

Appendix F – Investment Objectives and Benefits

Appendix F -
Investment Objectiv

Appendix G – Terms of Reference

Appendix G - Terms of Reference (2).doc

Appendix H – Benefits Realisation Register

Appendix H -
Benefits Realistion F

Appendix I – Benefits Realisation Plan

Appendix I -
Benefits Realisation

Appendix J – Management Control Plan

Appendix J -
Indicative Programm

Appendix K – Risk Register

Appendix K - Risk
Register v8.xlsx

Appendix L – AWCP Group's non-financial and financial appraisals

Timeline
diagram.doc

Appendix M – SoA

Appendix M - SoA.pdf

Appendix M2 - SOA.xlsx

Appendix N – Framework Options Apppraisal

Appendix N -
Framework Options

Appendix O – Transport Arrangements

Appendix O -
Transport Arrangem

Appendix P – Summary of South Wales Cellular Pathology Project's (SWCPP's) Key Milestones

Appendix P - South
Wales Cellular Pathc

Abbreviations

ABMUHB	Abertawe Bro Morgannwg University Health Board
AEDET	Achieving Excellence Design Evaluation Toolkit
AME	Annually Managed Expenditure
ARCH	A Regional Collaboration for Health
ATMPs	Advanced Therapy Medicinal Products
ATTC	Advanced Therapy Treatment Centre (i.e. Cell and Gene Therapy)
BIS PUBSEC	Firm Price Index
BREEAM	Building Research Establishment Environmental Assessment
BRP	Benefits Realisation Plan
CPA	Clinical Pathology Accreditation
CSF	Critical Success Factor
CTUHB	Cwm Taf University Health Board
DECAG	Departmental Cost Allowance Guide
DGH	District General Hospital
DGM	Divisional General Manager
DoH	Department of Health
DOSA	Day of Surgery Admission
ECAG	Equipment Cost Allowance Guide
EIA	Equality Impact Assessment
EPRR	Emergency Preparedness Resilience and Response
EQA	External Quality Assessment
FBC	Full Business Case
GEM	Generic Economic Model
GIRFT	*Get it Right First Time*
GMP	Guaranteed Maximum Price
GVA	Gross Value Added
HAI	Hospital Acquired Infection
HBCA	Health Board Cost Adviser
HBPM	Health Board Project Manager
HDUHB	Hywel Dda University Health Board
HIA	Health Impact Assessment
HMt	Her Majesty's Treasury
HTA	Human Tissue Authority
IMTP	Integrated Medium Term Plan
LIMS	Laboratory Information Management System
MDT	Multi-Disciplinary Team
NEC	New Engineering Contract
NPF	National Pathology Framework
NWSSP – SES	NHS Wales Shared Services Partnership – Specialist Estates Services
OBC	Outline Business Case
OCP	Organisational Change Policy
OGC	Office of Government Commerce
PACU	Post Anaesthetic Care Unit
PDP	Portfolio Delivery Plan (ARCH)
PEP	Project Execution Plan
PHW	Public Health Wales NHS Trust
PIA	Privacy Impact Assessment
PLU	Pathology Laboratory Unit
POCT	Point of Care Testing
PPE	Post Project Evaluation
PTL	Patient Tracking List
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment
RTT	*Right to Treatment*
SDCP	Site Development Control Plan
SLA	Service Level Agreement
SOC	Strategic Outline Business Case
SOP	Standard Operating Procedure
SSAGs	Specialist Standing Advisory Committees
TAT	Turn Around Time
TPN	Total Parenteral Nutrition
WG	Welsh Government
WHBN	Welsh Health Building Note
WHTM	Welsh Health Technical Memorandum

Glossary

Term	**Definition**
‘Cold tests’	Generally, means non-inpatients e.g. outpatients and GP tests whose Turn Around Time (TAT) requirements can exceed 8 hours.
‘Diagnostic Immunology’	Also known as ‘Laboratory Immunology’.
Gross Value Added (‘GVA’)	The measure of the value of goods and services produced in an area, industry or sector of an economy.
‘Hot Lab’	This is a shared laboratory facility, staffed by a BMS for pre-booked frozen sections. The facility must have appropriate digital communication with a “Site”. This option only to be used when transport to the centralised site(s) will render an unacceptable clinical delay.
‘Hot tests’	Generally, means inpatients prioritising unscheduled care e.g. A&E whose TAT requirements are 8 hours or less.
‘LEAN’ principles	LEAN is an improvement approach, developed by Toyota, to improve flow and eliminate waste. It is about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change. Lean is increasingly being applied to healthcare in both the United Kingdom and overseas to: Improve the quality of patient care; Improve safety, and; Eliminate delays and reduce length of stay.
‘Pathology’	An ‘umbrella’ term used within this document to describe the four main specialties, i.e. Blood Sciences (Haematology & Chemical Pathology services, also called Laboratory Medicine, Blood Transfusion, Cellular Pathology and Medical Microbiology.
Temporary Mortuary	A pre-designated location which can be used as a mortuary if the scale of the incident renders existing facilities inappropriate. Such locations require detailed pre-planning and will be used as a centre for the examination and identification of the deceased

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Implementing the Welsh Language Standards
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Enfys Williams, Welsh Language Services 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

Hywel Dda University Health Board (Health Board) received its Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011 on 30 November 2018 (Appendix 2). The compliance notice states which standards within the *Welsh Language Standards (No. 7) 2018 Regulations* the Health Board must comply with and by when. The organisation's Welsh language scheme will cease to apply on the day upon which it will be required to comply with a standard for the first time. In this case, the date will be 30 May 2019.

As a Health Board, we are committed not only to comply with the Welsh Language Standards, but to embrace their spirit, and to be the first Health Board where both languages are treated with equal status. Even though we are passionate, corporately, in terms of delivering our statutory duties, we recognise that the commitment is not always consistent across our sites, and that culture will need to change in order for us to deliver a seamless bilingual service to our service users.

As part of the Welsh Language Standards (**Standard 79**), the Board is asked to approve the Policy Statement on using Welsh internally (Appendix 1).

Cefndir / Background

Welsh Language Act 1993 - The 1993 Act established the principle that the Welsh and English languages should be treated equally when providing services for the public in Wales. In order to achieve this, public bodies were asked to produce a Welsh Language Scheme, outlining specific arrangements for providing bilingual services. The Health Board's Welsh Language Scheme was adopted in October 2010.

Welsh Language (Wales) Measure 2011 - The Measure gives the Welsh language official status in Wales and states that the Welsh language should be treated no less favourably than the English language. Resulting from this were a set of Welsh Language Standards (the *Welsh Language Standards (No. 7) Regulations 2018* (the Standards) setting out a number of duties and obligations on the Health Board.

‘More than just words’ - The Framework established targets for healthcare providers to provide services through an “Active Offer”, meaning that services are provided in Welsh without the individual having to make a specific request for that service (Appendix 3).

The Compliance Notice places a statutory duty on the Health Board:

- **Service Delivery Standards** to include how we communicate and deliver services to our population in their language of need; our internet and intranet; signage including temporary signage; contracts and tenders and primary care services;
- **Policy Making Standards** to include formulating new policies; consult on service change and publishing a policy on providing primary care services
- **Operational Standards** to include recruitment and how we correspond with the current and future workforce; provide opportunities for staff within work time to learn or improve Welsh Language skills; assessing vacant posts – Welsh essential/desirable and evidencing the results
- **Standards which deal with Supplementary Matters** to include complaints procedure; how we record data for the standards and reporting annually.

Assesiad / Assessment

The Health Board has been preparing for the Standards since 2017 and recently launched a 90-day countdown to the 30 May 2019; the date which we will be required to comply with a standard for the first time.

Some of the requirements of the Standards are similar to the current Welsh Language Scheme; however, there is a significant increase in the expectation in terms of delivery for the Health Board, and the right for staff to receive services through the medium of Welsh is new to the Health Board. Adopting the Policy Statement on using Welsh internally will clearly show our staff population that the Health Board is fully supportive of a bilingual workforce.

The volume of translation work over the last four years has increased, on average 77% month on month, resulting in increasing costs, and it is now more financially beneficial to employ another full time in-house translator rather than out sourcing the work to an external provider. This will result in a more robust and flexible service for less cost. The work is expected to increase again as a result of the Standards, specifically as a result of **Standard 66** –

a) provide an English to Welsh translation service for use by a primary care provider to enable it to obtain Welsh language translations of signs or notices displayed in connection with its primary care service, and
b) encourage the use of the translation service provided by you in accordance with this standard.

Percentage increase in translation work April to February 2014 to 2018 (11 month sample)

Month / Year	Month / Year	Percentage increase
April 2014	April 2018	52%
May 2014	May 2018	85.5%
June 2014	June 2018	180%
July 2014	July 2018	76%
August 2014	August 2018	104%
September 2014	September 2018	30.4%
October 2014	October 2018	30.8%
November 2014	November 2018	4.8%
December 2014	December 2018	34%
January 2014	January 2019	125%
February 2014	February 2019	117%

The demand for learning Welsh – both from completely new learners and non-confident Welsh speakers -is also increasing. The Welsh Language Team has always promoted free online resources and has supported staff to access these. The Health Board has supported staff to access community courses, however this does not meet the statutory requirements of the Welsh Language Standards.

An in-house tutor will give a more flexible and adaptable resourse that will allow staff to remain in their workplace for training and support.

Standard 99 - You must provide opportunities during working hours - (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers.

An in-house tutor will also support the large cohort of staff who already have Welsh language skills but lack the confidence to use it with our population. The in-house tutor will be able to prioritise staff within the seven vulnerable groups identified by Welsh Government. This will allow the Health Board to improve the level of the Active Offer provided. This relatively small investment from the Health Board, is linked to a strategic budget overview and included in the Annual Plan, which gives opportunity to draw in further resource from external bodies.

We will continue to look at innovative ways to support staff to learn Welsh through working with public sector partners across the region. An example of this currently are the Welsh lessons for beginners currently being held at three of our acute sites. The number of staff enrolled on the classes are 46. There is no cost to the Health Board.

Organisational risks related to implementing the Welsh Language Standards are recorded within the corporate risk register, however these risks are considerably reduced with the investment that is being made in the Welsh Language Services team and will be revised accordingly.

Argymhelliad / Recommendation

The Board is asked to approve the Policy Statement on the use of the Welsh Language internally (Appendix 1).

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Datix Risk Register Reference: 43 Risk Score: 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	3.2 Communicating Effectively
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

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Welsh Language Standards (No. 7) Regulations 2018 Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011
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:	N/A

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Health Board staff time to support implementation of the Standards and in some instances to undertake internal training. Additional resource has been approved to support translation and learning and improving Welsh Language skills of staff.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Communication is at the heart of everything within the NHS, and therefore treating our population in their language of need at a time when they are most vulnerable improves the quality of the patient experience.
Gweithlu: **Workforce:**	All staff have a role to play in implementing the statutory Welsh Language Standards.

Risg: **Risk:**	The risks to non-compliance of the Welsh Language Standards has been identified in the corporate risk register, however, these risks are considerably reduced with the investment made within the Welsh Language Services Team.
Cyfreithiol: **Legal:**	Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011 on 30 November 2018
Enw Da: **Reputational:**	The Health Board has committed not only to comply with the Welsh Language Standards, but to embrace their spirit, and to be the first Health Board where both languages are treated with equal status.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	The focus of equality between the Welsh and English languages runs throughout the compliance notice.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 Mawrth 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Gweithredu Safonau'r Gymraeg
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings, Cyfarwyddwr Partneriaethau a Gwasanaethau Corfforaethol
SWYDDOG ADRODD: **REPORTING OFFICER:**	Enfys Williams, Rheolwr Gwasanaethau'r Gymraeg

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

Cafodd Bwrdd Iechyd Prifysgol Hywel Dda ei Hysbysiad Cydymffurfio – Adran 44 Mesur Y Gymraeg (Cymru) 2011 ar 30 Tachwedd 2018 (Atodiad 2).

Mae'r hysbysiad cydymffurfio yn datgan pa safonau o fewn *Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018* y mae'n rhaid i'r Bwrdd Iechyd gydymffurfio â nhw ac erbyn pryd. Bydd Cynllun Iaith Gymraeg yn peidio â bod yn gymwys ar y diwrnod y bydd gofyn iddo gydymffurfio â safon am y tro cyntaf. Yn yr achos hwn, y dyddiad fydd 30 Mai 2019.

Fel Bwrdd Iechyd, rydym wedi ymrwymo nid yn unig i gydymffurfio â Safonau'r Gymraeg, ond i gyfleidio eu hysbryd, ac i fod y Bwrdd Iechyd cyntaf lle caiff y ddwy iaith eu trin â statws cyfartal. Er ein bod ni'n angerddol, yn gorfforaethol, o ran cyflawni ein dyletswyddau statudol, rydym yn cydnabod nad yw'r ymrwymiad bob amser yn gyson ar draws ein safleoedd, a bod angen i'r diwylliant hwnnw newid er mwyn i ni ddarparu gwasanaeth dwyieithog di-dor i'n defnyddwyr gwasanaeth.

Fel rhan o Safonau'r Gymraeg (**Safon 79**), gofynnir i'r Bwrdd gymeradwyo'r Datganiad Polisi ar ddefnyddio'r Gymraeg yn fewnol (Atodiad 1).

Cefndir / Background

Deddf Yr Iaith Gymraeg 1993 – Sefydlodd Deddf 1993 yr egwyddor y dylid trin y Gymraeg a'r Saesneg yn gyfartal wrth ddarparu gwasanaethau i'r cyhoedd yng Nghymru. Er mwyn cyflawni hyn, gofynnwyd i gyrff cyhoeddus lunio Cynllun Iaith Gymraeg, gan amlinellu terfniadau penodol ar gyfer darparu gwasanaethau dwyieithog. Mabwysiadwyd Cynllun Iaith Gymraeg y Bwrdd Iechyd ym mis Hydref 2010.

Mesur Y Gymraeg (Cymru) 2011 – Mae'r Mesur yn rhoi statws swyddogol i'r Gymraeg yng Nghymru ac yn nodi na ddylid trin y Gymraeg yn llai ffafriol na'r Saesneg. Yn sgil hyn, daeth set o Safonau Iaith (*Rheoliadau Safonau'r Gymraeg (Rhif 7)*) *2018* (y Safonau) yn nodi nifer o ddyletswyddau a rhwymedigaethau ar y Bwrdd Iechyd.

‘Mwy na geiriau’ – Sefydlodd y Fframwaith dargedau ar gyfer darparwyr gofal iechyd i ddarparu gwasanaethau trwy “Gynnig Rhagweithiol”, sy’n golygu bod gwasanaethau’n cael eu darparu’n Gymraeg heb i’r unigolyn orfod gwneud cais penodol am y gwasanaeth hwnnw (Atodiad 3).

Mae’r Hysbysiad Cydymffurfio yn gosod dyletswydd statudol ar y Bwrdd Iechyd:

- **Safonau Cyflenwi Gwasanaethau** i gynnwys sut mae cyfathrebu a darparu gwasanaethau i’n poblogaeth yn eu hangen iaith; ein rhyngrwyd a mewnrwyd; arwyddion gan gynnwys arwyddion dros dro; contractau a thenderau a gwasanaethau gofal sylfaenol;
- **Safonau Llunio Polisi** i gynnwys ffurfio polisïau newydd; ymgynghori ar newid gwasanaeth a chyhoeddi polisi ar ddarparu gwasanaethau gofal sylfaenol;
- **Safonau Gweithredu** i gynnwys recriwtio a sut rydym yn gohebu â’r gweithlu presennol a gweithlu’r dyfodol; darparu cyfleoedd i staff o fewn amser gwaith i ddysgu neu wella sgiliau iaith Gymraeg; asesu swyddi gwag – Cymraeg hanfodol/dymunol a dangos y canlyniadau;
- **Safonau sy’n ymdrin â Materion Atodol** i gynnwys gweithdrefn gwyno; sut yr ydym yn cofnodi data ar gyfer y safonau ac adrodd yn flynyddol.

Assesiad / Assessment

Mae’r Bwrdd Iechyd wedi bod yn paratoi ar gyfer y Safonau ers 2017 ac yn ddiweddar lansiodd ymgyrch ddynesu 90-diwrnod i 30 Mai 2019; y dyddiad y bydd yn ofynnol i ni gydymffurfio â safon am y tro cyntaf.

Mae rhai o ofynion y Safonau yn debyg i’r Cynllun Iaith Gymraeg cyfredol; fodd bynnag, mae cynnydd sylweddol yn y disgwyliad o ran darpariaeth i’r Bwrdd Iechyd, ac mae hawl staff I gael gwasanaethau trwy gyfrwng y Gymraeg yn newydd i’r Bwrdd Iechyd. Bydd mabwysiadu’r Datganiad Polisi ar ddefnyddio Cymraeg yn fewnol yn dangos yn glir i’n poblogaeth staff bod y Bwrdd Iechyd yn llwyr gefnogol o weithlu dwyieithog.

Mae’r gwaith cyfieithu dros y pedair blynedd ddiwethaf wedi cynyddu, a hynny 77% mis ar fis ar gyfartaledd, gan arwain at gynnydd mewn costau, a bellach mae’m fwy buddiol yn ariannol i gyflogi cyfieithydd mewnol llawn-amser arall yn hytrach nag anfon y gwaith at ddarparwr allanol. Bydd hyn yn arwain at wasanaeth cadarnach a mwy hyblyg am gost llai. Mae disgwyl i’r gwaith gynyddu eto o ganlyniad i’r Safonau, yn benodol o ganlyniad i **Safon 66** -

Rhaid ichi -

a) darparu gwasanaeth cyfieithu o’r Saesneg i’r Gymraeg i ddarparwr gofal sylfaenol ei ddefnyddio er mwyn ei alluogi i gael cyfieithiadau Cymraeg o arwyddion neu hysbysiadau a arddangosir mewn cysylltiad â’i wasanaeth gofal sylfaenol, a

b) annog y defnydd o’r gwasanaeth cyfieithu a ddarperir gennych yn unol â’r safon hon.

Cynnydd canrannol mewn gwaith cyfieithu o Ebrill i Chwefror, 2014 i 2018 (sampl 11 mis)

Mis / Blwyddyn	Mis / Blwyddyn	Cynnydd canrannol
Ebrill 2014	Ebrill 2018	52%
Mai 2014	Mai 2018	85.5%
Mehefin 2014	Mehefin 2018	180%
Gorffennaf 2014	Gorffennaf 2018	76%
Awst 2014	Awst 2018	104%
Medi 2014	Medi 2018	30.4%
Hydref 2014	Hydref 2018	30.8%
Tachwedd 2014	Tachwedd 2018	4.8%
Rhagfyr 2014	Rhagfyr 2018	34%
Ionawr 2014	Ionawr 2019	125%
Chwefror 2014	Chwefror 2019	117%

Mae'r galw am ddysgu Cymraeg – gan ddysgwyr hollol newydd a gan siaradwyr Cymraeg di-hyder – hefyd yn cynyddu. Ma'r Tîm Gwasanaethau Cymraeg bob amser wedi hyrwyddo adnoddau sydd am ddim ar-lein ac wedi cefnogi staff i'w defnyddio. Mae'r Bwrdd Iechyd wedi cefnogi staff i gael mynediad at gyrsiau cymunedol, fodd bynnag nid yw hyn yn bodloni'r gofynion statudol Safonau'r Gymraeg.

Bydd tiwtor mewnol yn rhoi adnodd mwy hyblyg ac addasadwy a fydd yn caniatáu i staff gael hyfforddiant a chefnogaeth heb adael y gweithle.

Safon 99 - Safon 99 - Rhaid ichi ddarparu cyfleoedd yn ystod oriau gwaith –
(a) i'ch cyflogeion gael gwersi Cymraeg sylfaenol, a (b) i gyflogeion sy'n rheoli pobl eraill gael hyfforddiant ar ddefnyddio'r Gymraeg yn eu rôl fel rheolwyr.

Bydd tiwtor mewnol yn cefnogi'r garfan fawr o staff sydd eisoes â sgiliau iaith Gymraeg ond sy'n ddi-hyder i'w defnyddio â'n poblogaeth. Gall y tiwtor mewnol flaenoriaethu staff o fewn y saith grŵp blaenoriaeth a nodwyd gan Llywodraeth Cymru. Bydd hyn yn caniatáu i'r Bwrdd Iechyd wella darpariaeth y Cynnig Rhagweithiol. Mae'r buddsoddiad bach hyn ar ran y Bwrdd Iechyd yn gysylltiedig â throsolwg cyllideb strategol, ac mae wedi'i gynnwys yn y Cynllun Blynyddol sy'n rhoi cyfle i ddenu adnoddau pellach gan gyrff allanol.

Byddwn yn parhau i edrych ar ffyrdd arloesol o gefnogi staff i ddysgu Cymraeg trwy weithio gyda phartneriaid yn y sector cyhoeddus ar hyd a lled y rhanbarth. Enghraifft o hyn ar hyn o bryd yw'r gwersi Cymraeg ar gyfer dechreuwyr sy'n cael eu cynnal mewn tri o'n safleoedd acíwt. Mae 46 aelod o staff wedi cofrestru ar y dosbarthiadau hyn. Nid oes cost i'r Bwrdd Iechyd.

Cofnodir risgiau sefydliadol sy'n gysylltiedig â gweithredu Safonau'r Gymraeg yn y gofrestr risgiau corfforaethol. Fodd bynnag, mae'r risgiau hyn yn sylweddol llai gyda'r buddsoddiad sy'n cael ei wneud yn nhîm Gwasanaethau'r Gymraeg, a chaiff ei ddiwygio yn unol â hynny.

Argymhelliad / Recommendation

Gofynnir i'r Bwrdd gymeradwyo'r Datganiad Polisi ar y defnydd o'r Gymraeg yn fewnol (Atodiad 1).

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Cyfeirnod Cofrestr Risg Datix: 43 Sgôr Risg: 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	3.2 Cyfathrebu'n Effeithiol
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Gwella cynhyrchiant ac ansawdd ein gwasanaethau gan ddefnyddio egwyddorion gofal iechyd darbodus ar cyfleoedd i arloesi a gweithio gyda phartneriaid
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Cefnogi pobl i fyw bywydau gweithgar, hapus ac iach

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 Hysbysiad Cydymffurfio – Adran 44 Mesur Y Gymraeg (Cymru) 2011
Rhestr Termau: Glossary of Terms:	Wedi'i gynnwys o fewn corff yr adroddiad.
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:**	Amser staff y Bwrdd Iechyd i gefnogi gweithredu'r Safonau ac mewn rhai achosion i ymgymryd â hyfforddiant mewnol. Cymeradwywyd adnodd ychwanegol i gefnogi gwaith cyfieithu a dysgu a gwella sgiliau Cymraeg staff.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Mae cyfathrebu wrth wraidd popeth yn y Gwasanaeth Iechyd Gwladol, ac felly mae trin pobl yn eu hangen iaith ar adeg pan maen nhw ar eu mwyaf bregus yn gwella ansawdd profiad y claf.
Gweithlu: **Workforce:**	Mae gan bob aelod o staff ei ran i'w chwarae wrth weithredu'r Safonau Iaith Gymraeg statudol.

Risg: **Risk:**	Mae risgiau peidio â chydymffurfio â Safonau'r Gymraeg wedi'u cofnodi yn y gofrestr risg gorfforaethol, fodd bynnag, mae'r risgiau hyn yn lleihau'n sylweddol gyda'r buddsoddiad yn y Tîm Gwasanaethau'r Gymraeg.
Cyfreithiol: **Legal:**	Hysbysiad Cydymffurfio – Adran 44 Mesur Y Gymraeg (Cymru) 2011 ar 30 Tachwedd 2018
Enw Da: **Reputational:**	Mae'r Bwrdd Iechyd wedi ymrwymo nid yn unig i gydymffurfio â Safonau'r Gymraeg, ond i gyfleidio eu hysbryd, ac i fod y Bwrdd Iechyd cyntaf lle caiff y ddwy iaith eu trin â statws cyfartal.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	Mae pwyslais cydraddoldeb rhwng y Gymraeg a'r Saesneg yn llifo trwy'r hysbysiad cydymffurfio.

Hywel Dda University Health Board

Policy Statement on using Welsh internally

Table of Contents

1. Purpose

The purpose of this procedure is to establish responsibilities with regards to using the Welsh language internally to ensure compliance with the Welsh Language Standards and to promote and facilitate the use of the Welsh Language. Staff are welcome and encouraged to use Welsh or English at work.

2. Scope

The Welsh Language (Wales) Measure 2011 has given the Welsh Language official status in Wales by placing Welsh Language Standards on organisations. The duties deriving from the standards mean that the Health Board should not treat the Welsh language less favourably than the English language.

The Measure states that individuals in Wales should be able to live their lives through the medium of Welsh if they choose to do so. Welsh Language Standards establish how organisations are expected to use the Welsh language in various situations. The Standards apply duties on the Health Board in the following areas:

- Service Delivery
- Policy Making
- Operational
- Record Keeping

The Operational Standards focus on using Welsh within a body's internal administration and states that organisations are required to operate a policy on using Welsh internally within the organisation.

All requirements outlined within this procedure have been established in line with the Welsh Language Standards.

3. Telephone Communication

All staff must be able to deal with telephone calls in Welsh if that is the caller's wish.
This will be done by:

- answering the phone with a bilingual greeting
- should the caller wish to conduct the telephone call in Welsh, but the staff member is unable to do so, the call should be transferred to a Welsh speaking colleague
- If there are no Welsh speaking colleagues available, the staff member should offer to get a Welsh speaker to call them back, or give them the option of continuing the call in English

This information must be included within local induction packages for new staff.
For further guidance, contact the Welsh Language Team:
Translation.welsh.hdd@wales.nhs.uk

4. Meetings of the Health Board and its' committees

All public meetings held by the Health Board will be supported by simultaneous translation.

With regard to other Committees or Advisory Groups of the Health Board - it should be established beforehand if members wish to use Welsh at the meeting. Where individuals have expressed an intention to use Welsh at the meeting, a simultaneous translation service will be arranged.

When simultaneous translation is used at meetings, the following guidance should be followed:
- The Chair to welcome everyone to the meeting in Welsh and English
- Explain that the meeting is a bilingual one and that members are welcome to contribute in Welsh or English
- Check that everyone who needs a headset has one and that it is working
- Introduce the simultaneous translator
- If you speak Welsh, chair as much as possible of the meeting in Welsh in order to give Welsh speakers the confidence to use Welsh
- Close the meeting in Welsh and English
- Thank the simultaneous translator for services provided

The demand for simultaneous translation services will be kept under review by the Welsh Language Services Team.

5. Internal Communication

5.1 Written Translation

The Health Board's Welsh Language Services Team offer a comprehensive translation service to ensure that information is available bilingually. In order to request a translation, please contact the team at: translation.welsh.hdd@wales.nhs.uk

Staff are encouraged to make use of the free internal translation service to translate text from Welsh to English and English to Welsh. We ask staff to refrain from using machine translation services eg Google Translate, as they often produce incorrect results. However, in some circumstances and in the correct hands ie those with a confident grasp of the Welsh language, these machine translation services can prove to be useful back-up tools.
Staff are also encouraged to make use of other useful tools such as Cysgliad software programmes, online dictionaries and Byd Term Cymru - the portal for the Welsh Government Translation Service's resources: https://cymraeg.gov.wales/btc/?lang=en
The In-house translation service is also available to review and check all translations.
Internal communications that require translation are:
- Posters for Internal Events
- Out of Office Messages
- E-mail Signatures
- ID Badges and Job titles on uniforms
- All non-urgent messages e.g. ESR updates, new hospital open visiting policy message,
- Signage (see below)

5.2 Out of office replies and E-mail Signatures

All automatic and out of office replies must be bilingual. A library of bilingual messages, along with days of the week and months of the year are available on the Welsh Language site on the intranet at:

http://howis.wales.nhs.uk/sitesplus/documents/862/New%20Bilingual%20Telephone%20and%20E-mail%20Protocol.pdf

For any specific/individualised messages please contact the Translation Service.
All e-mail signatures must be bilingual. Assistance should be sought from the Translation Service: translation.welsh.hdd@wales.nhs.uk

Example
Cofion / Regards
Joe Bloggs
Uwch Gyfarwyddwr • Senior Director
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board
Ffôn • Tel: (01999) 123456 (WHTN 1999 1234)
e-bost • e-mail joe.bloggs@wales.nhs.uk

5.3 Welsh language intranet site

There is a designated intranet site to provide services and support material to promote the Welsh language within the organisation.

6. Signage

All signage whether permanent or temporary, displayed internally or externally must be produced bilingually with the Welsh appearing above or to the left of the English. Welsh and English signage must be of equal size and prominence. All posters produced by the Health Board must also be bilingual.

A library of bilingual signage is available on the Welsh Language Team's Intranet site at: http://howis.wales.nhs.uk/sitesplus/862/page/54415

If the wording you require is not within the library, please contact the Translation Service: Translation.welsh.hdd@wales.nhs.uk

7. IT Packages

7.1 Cysill / Cysgeir

Cysill/Cysgeir is a Welsh medium spell check and dictionary software package. This package will offer support to fluent Welsh speakers wishing to communicate/work electronically through the medium of Welsh. Staff should contact the IT Service Desk to download and install the software onto a work computer.

7.2 Microsoft's Welsh-medium Interface Package

Microsoft has developed a Welsh-medium Interface Pack, which translates the user interfaces (UI) of a number of Microsoft Office programmes (including Word, Outlook, PowerPoint and Excel) into Welsh. Staff should contact the IT Service Desk to download and install the software onto a work computer.

8. Policies – language impact assessment

When formulating a new policy, or reviewing or revising an existing policy, consideration must be given to the effects, if any (whether positive or negative), the policy decision would have on:

- opportunities for persons to use the Welsh language
- treating the Welsh language no less favourably than the English language

Consideration must also be given as to how the policy could be amended to have increased or decreased adverse effects on:

- opportunities for persons to use the Welsh language
- treating the Welsh language no less favourably than the English language

For further information or guidance please contact the Welsh Language Services Team.

9. Patient Records

All patient records must be written in English in order to maintain patient safety. If any clinical or therapy assessments are undertaken in Welsh, it is acceptable to write any notes in Welsh, but a full English translation must be kept on file. An English summary of the assessment / therapy / discussion is not sufficient.

10. Raising Concerns

Staff have the right to raise a concern through the medium of Welsh. Concerns received in Welsh will be responded to in Welsh, and any meeting conducted in relation to the concern will be conducted in the same language.

A member of staff who has raised a concern in Welsh must be offered to conduct the meeting in Welsh. This can be done with the support of a simultaneous translation service.
Staff should not be disadvantaged if they raise their concern through the medium of Welsh. Staff should also be informed of a decision reached in relation to a compliant made, in Welsh.

11. Disciplinaries / Grievances / Dignity at Work

The Health Board’s Disciplinary Policy states that all employees subject to the policy has a right to be treated fairly and with dignity and respect. All members of staff must be allowed to respond in Welsh to allegations made against them in any internal process.
A Welsh language choice will also be offered when arranging meetings to do with these processes, and simultaneous translation facilities arranged if it is not possible to secure a fully bilingual panel.

If a Welsh speaking Trade Union representative is required, staff will be supported to access a Welsh speaking Trade Union Representative if available.

12. Welsh Language Training

Courses and conversational groups can be arranged across the Health Board area within specific departments to train a group of colleagues, as well as arranging courses in hospitals and centres. The courses are tailored to meet the needs of the learners - on a language level, and to the type of work that they undertake from day to day.

Courses range from Beginners to Intermediate, to Gaining Confidence courses as well as support with establishing conversational groups, one-off courses or a block of a few weeks. Training needs are included within the Performance and Appraisal Development Review (PADR) process as part of staff development. It is important that the opportunity for staff wishing to access any training including Welsh, is provided at the PADR for discussion.

13. Welsh Language Awareness Training

The Welsh Language Services Team can provide Welsh Language Awareness Training for staff, to large or small groups, outlining legislative requirements, patients' stories, and the support that is available from the Welsh Language Team.
A Welsh Language Awareness E-learning package is available via the ESR 'My learning'. All staff are encouraged to complete this training.

14. Working Welsh Badges / Lanyards

Members of staff that can speak Welsh, or Welsh learners, are encouraged to wear either a badge or a lanyard branded with the 'Speaking Welsh' symbol, so that they are easily recognised by patients, the public and staff who may wish to use the language.
Contact the Welsh Language Team for any of these resources.

15. 'Use your Welsh here' Signage

Visual signage must be used to indicate where Welsh-medium services are available. Posters and desk top signs with the 'Speaking Welsh' symbol should be displayed in reception areas to indicate that the public and staff are welcome to use the language with staff.

16. Bilingual Skills - Recruitment

The Health Board has a Bilingual Skills Strategy, with the primary aim of ensuring that the Health Board employs staff with sufficient Welsh language skills to enable it to provide the largest possible range of high quality bilingual healthcare services for the public.

The Strategy sets out how teams and departments within the Health Board can maximise their ability to provide Welsh-medium services through strategic recruitment, and use workforce planning to make the most of their staff's language skills.

The strategy includes guidance on how to assess the workforce's current language skills, and includes guidance about identifying and responding to the developmental needs of staff. Advice is also provided to managers regarding training, strategic recruitment and creative ways of working.

The Strategy also includes guidance on interviewing for posts that have been deemed as 'Welsh Speaking Essential':

- Welsh language skills must be tested at interview if they are essential for the post
- There should be at least one Welsh-speaking member of the interview panel who should ask their questions in Welsh in order to test the candidate's spoken Welsh skills

- It is good practice to offer the candidate the opportunity to conduct his/her interview through either Welsh or English according to personal choice, especially if the candidate is required to deliver a presentation
- If the candidate prefers to have an interview in Welsh, some of the questions may be asked in English, to test knowledge in both languages

If there are no Welsh speakers within the team who can conduct an interview in Welsh, the Workforce and Organisational Development Directorate will, on request, identify from the Electronic Staff Record (ESR) System suitable Welsh speakers who are able to assist on interview panels. If there are no Welsh speaking staff available simultaneous translation will be made available if required. Simultaneous translation can also be provided if some members of the panel are non-Welsh speakers. Please find the Hywel Dda University Health Board's Bilingual Skills Strategy here:
http://www.wales.nhs.uk/sitesplus/documents/862/333BilingualSkillsStrategy-ext31.3.18.pdf

17. Electronic Staff Record (ESR)

The ESR holds data on employees' Welsh Language Skills. This data is essential as it provides a clear picture across the Health Board of capacity in terms of being able to deliver bilingual services to our bilingual population. It is mandatory that all staff complete this. If you need assistance please review the Self Service Guidelines on the intranet.

In terms of recruitment, it will enable services/teams to analyse the Welsh language skills of staff within their department in order to ensure they have the right staff with the right skills, working with the right patients, and to prioritise the gaps that are to be filled first i.e. the prioritisation of posts with a 'front-line' element e.g. where staff have frequent patient contact or frequent contact by telephone or correspondence with the public and consider whether there are Welsh speakers within the team already and how the service can be provided bilingually.

Datganiad Polisis ar ddefnyddio’r Gymraeg yn fewnol

Bwrdd Iechyd Prifysgol Hywel Dda

Tabl Cynnwys

1. Diben

Diben y weithdrefn hon yw sefydlu cyfrifoldebau sy'n ymwneud â defnyddio'r Gymraeg yn fewnol er mwyn sicrhau cydymffurfiaeth â Safonau'r Gymraeg ac i hyrwyddo defnydd o'r Gymraeg a'i hwyluso. Mae croeso i staff ddefnyddio Cymraeg neu Saesneg yn y gwaith ac fe'u hanogir i wneud hynny.

2. Cwmpas

Mae Mesur y Gymraeg (Cymru) 2011 wedi rhoi statws swyddogol i'r Gymraeg yng Nghymru drwy osod Safonau'r Gymraeg ar sefydliadau. Mae'r dyletswyddau sy'n deillio o'r safonau'n golygu na ddylai'r Bwrdd Iechyd drin y Gymraeg yn llai ffafriol na'r Saesneg.

Mae'r mesur yn nodi y dylai unigolion yng Nghymru allu byw eu bywyd drwy'r Gymraeg os ydynt yn dewis hynny.

Mae Safonau'r Gymraeg yn sefydlu sut y disgwylir i sefydliadau ddefnyddio'r Gymraeg mewn sefyllfaoedd amrywiol. Mae'r Safonau'n rhoi dyletswydd ar y Bwrdd Iechyd yn y meysydd canlynol:

- Darparu Gwasanaeth
- Llunio Polisi
- Materion Gweithredol
- Cadw Cofnodion

Mae'r Safonau Gweithredol yn canolbwyntio ar ddefnyddio'r Gymraeg o fewn gweinyddiaeth fewnol corff ac yn nodi ei fod yn ofynnol i sefydliadau weithredu polisi ar ddefnyddio'r Gymraeg yn fewnol yn y sefydliad.

Mae pob gofyniad a amlinellir yn y weithdrefn hon wedi'u sefydlu yn unol â Safonau'r Gymraeg.

3. Cyfathrebu dros y ffôn

Rhaid i bob aelod o staff allu delio â galwadau ffôn yn Gymraeg os dyna ddymuniad y sawl sy'n ffonio.

Bydd hyn yn cael ei wneud drwy:

- ateb y ffôn gyda chyfarchiad dwyieithog
- os yw'r sawl sy'n ffonio'n dymuno cynnal yr alwad ffôn yn Gymraeg, ond na all yr aelod o staff wneud hynny, dylai'r alwad gael ei throsglwyddo i gydweithiwr sy'n siarad Cymraeg
- Os nad oes unrhyw gydweithwyr sy'n siarad Cymraeg ar gael, dylai'r aelod o staff gynnig i siaradwr Cymraeg eu ffonio'n ôl, neu roi'r opsiwn iddynt barhau â'r alwad yn Saesneg

Rhaid i'r wybodaeth hon gael ei chynnwys ym mhecynnau cynefino lleol ar gyfer staff newydd.

Am arweiniad pellach, cysylltwch â Thîm y Gymraeg:
cyfieithu.cymraeg.hdd@wales.nhs.uk

4. Cyfarfodydd o'r Bwrdd Iechyd a'i bwyllgorau

Bydd pob cyfarfod cyhoeddus a gynhelir gan y Bwrdd Iechyd yn cael ei gefnogi gan gyfieithu ar y pryd. O ran Pwyllgorau a Grwpiau Cynghorol eraill y Bwrdd Iechyd - dylid canfod ymlaen llaw a yw aelodau'n dymuno defnyddio Cymraeg yn y cyfarfod. Lle bo unigolion wedi mynegi bwriad i ddefnyddio Cymraeg yn y cyfarfod, caiff gwasanaeth cyfieithu ar y pryd ei drefnu.

Pan fydd cyfieithu ar y pryd yn cael ei ddefnyddio mewn cyfarfodydd, dylid dilyn yr arweiniad canlynol:

- Y Cadeirydd i groesawu pawb i'r cyfarfod yn Gymraeg a Saesneg
- Egluro bod y cyfarfod yn un dwyieithog a bod croeso i aelodau gyfrannu yn Gymraeg neu Saesneg
- Gwneud yn siŵr bod gan bawb sydd angen clustffonau un a'i fod yn gweithio
- Cyflwyno'r cyfieithydd ar y pryd
- Os ydych yn siarad Cymraeg, cadeiriwch gymaint o'r cyfarfod â phosibl yn Gymraeg er mwyn rhoi'r hyder i siaradwyr Cymraeg ddefnyddio'r Gymraeg
- Cloi'r cyfarfod yn Gymraeg a Saesneg
- Diolch i'r cyfieithydd ar y pryd am y gwasanaethau a ddarparwyd.

Bydd y galw am wasanaethau cyfieithu ar y pryd yn cael ei adolygu'n barhaus gan Dîm Gwasanaethau'r Gymraeg.

5. Cyfathrebu mewnol

5.1 Cyfieithu Ysgrifenedig

Mae Tîm Cyfieithu'r Bwrdd Iechyd yn cynnig gwasanaeth cyfieithu cynhwysfawr i sicrhau bod gwybodaeth ar gael yn ddwyieithog. Er mwyn gwneud cais am gyfieithiad, cysylltwch â'r tîm: cyfieithu.cymraeg.hdd@wales.nhs.uk

Annogir staff i wneud defnydd o'r gwasanaeth cyfieithu mewnol sydd am ddim i gyfieithu o'r Gymraeg i'r Saesneg ac o'r Saesneg i'r Gymraeg. Gofynnwn i staff ymatal rhag defnyddio gwasanaethau cyfieithu peiriannol ee Google Translate, gan eu bod yn aml yn cynhyrchu canlyniadau anghywir. Fodd bynnag, mewn rhai amgylchiadau ac yn y dwylo cywir hy y rhai hynny sydd â dealltwriaeth hyderus o'r iaith Gymraeg, gall y gwasanaethau cyfieithu peiriannol hyn fod yn offer ategol defnyddiol.

Yn ogystal, annogir staff i wneud defnydd o offer defnyddiol eraill megis rhaglenni meddalwedd Cysgliad, geiriaduron ar-lein a Byd Term Cymru – y porth i adnoddau Gwasanaeth Cyfieithu Llywodraeth Cymru:
https://cymraeg.llyw.cymru/btc/?lang=cy

Cyfathrebu mewnol sydd angen eu cyfieithu yw:

- Posteri ar gyfer Digwyddiadau Mewnol
- Negeseuon allan o’r swyddfa
- Llofnodion e-bost
- Bathodynnau adnabod a Teitlau Swyddi ar wisgoedd
- Pob neges nad yw’n frys e.e diweddariadau ESR, neges polisi newydd yn ymwneud ag amseroedd ymweld agored
- Arwyddion (gweler isod)

5.2 Negeseuon allan o'r swyddfa a Llofnodion E-bost

Rhaid i bob ateb awtomatig ac allan o'r swyddfa fod yn ddwyieithog
Mae llyfrgell o negeseuon dwyieithog, ynghyd â dyddiau'r wythnos a misoedd y flwyddyn ar gael ar safle'r Gymraeg ar y fewnrwyd:
http://howis.wales.nhs.uk/sitesplus/documents/862/New%20Bilingual%20Telephone%20and%20E-mail%20Protocol.pdf

Am unrhyw negeseuon penodol / unigol cysylltwch â'r Gwasanaeth Cyfieithu.
Rhaid i bob llofnod e-bost fod yn ddwyieithog. Dylid cael cymorth gan y Gwasanaeth Cyfieithu: cyfieithu.cymraeg.hdd@wales.nhs.uk

Enghraifft
Cofion / Regards
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Bwrdd Iechyd Prifysgol
Hywel Dda
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e-bost • e-mail joe.bloggs@wales.nhs.uk

5.3 Safle Mewnrwyd y Gymraeg

Mae safle mewnrwyd pwrpasol i ddarparu gwasanaethau a deunydd cymorth er mwyn hyrwyddo'r Gymraeg o fewn y sefydliad:
http://howis.wales.nhs.uk/sitesplus/862/page/43179

6. Arwyddion

Rhaid i bob arwydd sy'n cael ei arddangos yn fewnol neu'n allanol, p'un a yw’n barhaol neu dros dro fod yn ddwyieithog gyda'r Gymraeg yn ymddangos uwchben neu i'r chwith o'r Saesneg. Rhaid i arwyddion Cymraeg a Saesneg fod o'r un maint ac amlygrwydd. Rhaid i bob poster a gynhyrchir gan y Bwrdd Iechyd hefyd fod yn ddwyieithog.

Mae llyfrgell o arwyddion dwyieithog ar gael ar safle mewnrwyd Tîm y Gymraeg: http://howis.wales.nhs.uk/sitesplus/862/page/54415

Os nad yw'r geiriad yr ydych ei angen yn y llyfrgell, cysylltwch â'r Gwasanaeth Cyfieithu: cyfieithu.cymraeg.hdd@wales.nhs.uk

7. Pecynnau TG

7.1 Cysill / Cysgeir

Gwirydd sillafu Cymraeg a phecyn meddalwedd geiriadur yw Cysill / Cysgeir. Bydd y pecyn yn cynnig cefnogaeth i siaradwyr Cymraeg rhugl sy'n dymuno cyfathrebu / gweithio'n electronig drwy'r Gymraeg. Dylai staff gysylltu â Desg Gwasanaeth TG i lawrlwytho'r feddalwedd a'i gosod ar gyfrifiadur gwaith.

7.2 Pecyn Rhyngwyneb Cymraeg Microsoft

Mae Microsoft wedi datblygu pecyn rhyngwyneb Cymraeg, sy'n cyfieithu rhyngwyneb nifer o raglenni Microsoft Office (yn cynnwys Word, Outlook, PowerPoint ac Excel) i'r Gymraeg. Dylai staff gysylltu â Desg Gwasanaeth TG i lawrlwytho'r feddalwedd a'i gosod ar gyfrifiadur gwaith.

8. Polisiau - asesu effaith iaith

Wrth lunio polisi newydd, neu adolygu neu ddiwygio polisi presennol, rhaid ystyried yr effaith, os oes un (boed yn gadarnhaol neu'n negyddol), y bydd penderfyniad y polisi'n ei gael ar:

- gyfleoedd i unigolion ddefnyddio'r Gymraeg
- trin y Gymraeg mewn ffordd nad yw’n llai ffafriol na'r Saesneg

Rhaid hefyd ystyried sut gall y polisi gael ei ddiwygio i gael mwy neu lai o effeithiau anffafriol ar:

- gyfleoedd i unigolion ddefnyddio'r Gymraeg
- trin y Gymraeg mewn ffordd nad yw’n llai ffafriol na'r Saesneg

Am fwy o wybodaeth neu arweiniad pellach cysylltwch â’r Tîm: cyfieithu.cymraeg.hdd@wales.nhs.uk

9. Cofnodion Cleifion

Rhaid i bob cofnod cleifion gael ei ysgrifennu yn Saesneg er mwyn cynnal diogelwch cleifion. Os ymgymerir ag unrhyw asesiad clinigol neu therapi yn Gymraeg, mae'n dderbyniol ysgrifennu unrhyw nodiadau yn Gymraeg, ond rhaid i gyfieithiad llawn i'r Saesneg gael ei gadw ar ffeil. Nid yw crynodeb Saesneg o'r asesiad / therapi / trafodaeth yn ddigonol.

10. Codi Pryderon

Mae gan staff yr hawl i fynegi pryder drwy'r Gymraeg. Bydd pryderon a dderbyniwyd yn Gymraeg yn cael ymateb yn Gymraeg, a bydd unrhyw gyfarfod sy'n cael ei gynnal yn ymwneud â'r pryder yn cael ei gynnal yn yr un iaith.

Rhaid i aelod o staff sydd wedi mynegi pryder yn Gymraeg gael cynnig i gynnal y cyfarfod yn Gymraeg. Gellir gwneud hyn drwy gefnogaeth gwasanaeth cyfieithu ar y pryd. Ni ddylai staff fod o dan anfantais os ydynt yn mynegi pryder yn Gymraeg. Dylai staff hefyd gael gwybod am benderfyniad yn ymwneud â chwyn, yn Gymraeg.

11. Disgyblu / Cwynion / Urddas yn y Gwaith

Mae Polisi Disgyblu’r Bwrdd Iechyd yn nodi, yn unol â’r polisi, fod gan bob gweithiwr yr hawl i gael eu trin yn deg a gydag urddas a pharch. Rhaid i bob aelod o staff gael yr hawl i ymateb yn Gymraeg i honiadau a wnaed yn eu herbyn mewn unrhyw broses fewnol.

Bydd dewis o'r Gymraeg yn cael ei gynnig wrth drefnu cyfarfodydd yn ymwneud â'r prosesau hyn, a bydd cyfleusterau cyfieithu ar y pryd yn cael eu trefnu os nad yw'n bosibl i sicrhau panel cwbl ddwyieithog.

Os oes angen cynrychiolydd Undeb Llafur sy'n siarad Cymraeg, cefnogir staff i gael gafael ar Gynrychiolydd Undeb Llafur sy'n siarad Cymraeg os yw ar gael.

12. Hyfforddiant Cymraeg

Gellir trefnu cyrsiau a grwpiau sgwrsio o fewn adrannau penodol ar draws Gogledd Cymru i hyfforddi grŵp o gydweithwyr, yn ogystal â threfnu cyrsiau mewn ysbytai a chanolfannau ar draws ardal y Bwrdd Iechyd. Mae'r cyrsiau wedi'u teilwra i fodloni anghenion y dysgwyr - ar lefel iaith, ac i'r math o waith y maent yn ei wneud o ddydd i ddydd.

Mae’r cyrsiau’n amrywio o gyrsiau Dechreuwyr i Ganolradd, i gyrsiau Codi Hyder yn ogystal â chymorth i sefydlu grwpiau sgwrsio, cyrsiau un-tro neu fesul bloc dros gyfnod o ychydig wythnosau. Mae anghenion hyfforddiant wedi'u cynnwys yn y broses Arfarnu Perfformiad ac Adolygu Datblygiad (PADR) fel rhan o ddatblygiad staff. Mae'n bwysig rhoi cyfle i staff sy'n dymuno cael mynediad at unrhyw hyfforddiant yn cynnwys y Gymraeg, i'w drafod yn ystod PADR.

13. Hyfforddiant ymwybyddiaeth o'r Gymraeg

Gall Tîm Gwasanaethau'r Gymraeg roi hyfforddiant Ymwybyddiaeth o'r Gymraeg i staff, grwpiau bach neu fawr, yn amlinellu gofynion deddfwriaethol, storïau cleifion a'r cymorth sydd ar gael gan Dîm y Gymraeg.

Mae pecyn e-ddysgu Ymwybyddiaeth o'r Gymraeg ar gael drwy ESR 'My learning'. Anogir pob staff i gwblhau'r hyfforddiant hwn.

14. Bathodynnau / Cortynnau Gwddf Cymraeg

Anogir staff sy'n gallu siarad Cymraeg, neu sy'n dysgu Cymraeg, i wisgo un ai bathodyn neu gortyn gwddf gyda'r symbol 'Siarad Cymraeg', fel bod modd i gleifion, y cyhoedd a staff sy'n dymuno defnyddio'r iaith eu hadnabod yn hawdd.

Cysylltwch â Thîm y Gymraeg am unrhyw un o'r adnoddau hyn.

15. Arwydd 'Defnyddiwch eich Cymraeg yma'

Dylid defnyddio arwyddion gweledol i ddynodi ble mae gwasanaethau Cymraeg ar gael.

Dylai posteri ac arwyddion pen bwrdd gyda'r symbol 'Siarad Cymraeg' gael eu harddangos mewn derbynfeydd er mwyn dangos bod croeso i'r cyhoedd a staff ddefnyddio'r iaith gyda staff.

16. Sgiliau Dwyieithog - Recriwtio

Mae gan y Bwrdd Iechyd Strategaeth Sgiliau Dwyieithog, gyda'r nod craidd o sicrhau bod y Bwrdd Iechyd yn cyflogi staff â sgiliau Cymraeg digonol i'w alluogi i ddarparu'r ystod fwyaf posibl o wasanaethau gofal iechyd dwyieithog o ansawdd uchel i'r cyhoedd.

Mae'r Strategaeth yn amlinellu sut mae timau ac adrannau yn y Bwrdd Iechyd yn gallu gwneud y mwyaf o'u gallu i ddarparu gwasanaethau drwy'r Gymraeg drwy recriwtio strategol, a'r defnydd o gynllunio gweithlu i wneud y mwyaf o sgiliau iaith ei staff.

Mae'r Strategaeth yn cynnwys arweiniad ar sut i asesu sgiliau iaith y gweithlu presennol, ac yn cynnwys arweiniad ynglŷn â dynodi anghenion datblygiadol staff ac ymateb iddynt. Rhoddir cyngor hefyd i reolwyr ar hyfforddiant, recriwtio strategol a ffyrdd creadigol o weithio.

Mae'r Strategaeth hefyd yn cynnwys arweiniad ar gyfweld ar gyfer swyddi lle dynodir bod 'Siarad Cymraeg yn hanfodol':

- Mae'n rhaid i sgiliau'r Gymraeg gael eu profi yn ystod cyfweliad os ydynt yn hanfodol ar gyfer y swydd
- Dylai fod o leiaf un aelod sy'n siaradwr Cymraeg ar y panel cyfweld a ddylai ofyn ei gwestiynau yn Gymraeg er mwyn profi sgiliau Cymraeg llafar yr ymgeisydd
- Mae'n arfer da cynnig y cyfle i'r ymgeisydd gynnal ei gyfweliad un ai drwy Gymraeg neu Saesneg yn unol â dewis personol, yn enwedig os oes disgwyl i'r ymgeisydd roi cyflwyniad
- Os yw'n well gan yr ymgeisydd gael cyfweliad yn Gymraeg, gallwch hefyd ofyn rhai o'r cwestiynau yn Saesneg, i brofi gwybodaeth yn y ddwy iaith

Os nad oes siaradwyr Cymraeg yn y tîm a all gynnal cyfweliad yn Gymraeg, bydd y Gyfarwyddiaeth Gweithlu a Datblygiad Sefydliadol, yn canfod siaradwyr Cymraeg o'r Cofnod Staff Electronig (ESR) a fydd yn gallu cynorthwyo ar banel gyfweld, ar gais. Os nad oes staff sy'n siarad Cymraeg ar gael, bydd cyfieithu ar y pryd ar gael os oes angen. Gall cyfieithu ar y pryd gael ei ddarparu hefyd os oes rhai aelodau'r panel yn ddi-Gymraeg.

Ceir copi o Strategaeth Sgiliau Dwyieithog Bwrdd Iechyd Prifysgol Hywel Dda yma:
http://www.wales.nhs.uk/sitesplus/documents/862/333BilingualSkillsStrategy-Welsh-ext31.12.17.pdf

17. Cofnod Staff Electronig (ESR)

Mae ESR yn cadw data ar sgiliau Cymraeg y gweithwyr. Mae'r data hwn yn hanfodol gan ei fod yn darparu darlun clir ar draws Gogledd Cymru yn ymwneud â chapasiti o ran gallu darparu gwasanaethau dwyieithog i'n poblogaeth ddwyieithog. Mae'n orfodol bod pob aelod o staff yn cwblhau hyn. Os ydych angen cymorth, edrychwch ar y Canllawiau Hunanwasanaeth ar y fewnrwyd (dolen isod)

O ran recriwtio, bydd hyn yn galluogi gwasanaethau/timau i ddadansoddi sgiliau Cymraeg staff o fewn eu hadran er mwyn sicrhau bod ganddynt y staff cywir gyda'r sgiliau cywir, yn gweithio gyda'r cleifion cywir, ac i flaenoriaethu'r bylchau sydd angen eu llenwi gyntaf h.y blaenoriaethu swyddi gydag elfen 'rheng-flaen' e.e lle bydd gan staff gyswllt rheolaidd â chlaf neu gyswllt rheolaidd ar y ffôn neu drwy ohebiaeth â'r cyhoedd ac ystyried p'un a oes siaradwyr Cymraeg o fewn y tîm eisoes a sut gellir darparu'r gwasanaeth yn ddwyieithog.

COMPLIANCE NOTICE – SECTION 44 WELSH LANGUAGE (WALES) MEASURE 2011

Hywel Dda University Health Board – Issue Date: 30/11/2018

Standard Number	Class of Standard	Standard	Imposition Day
1	Service Delivery standards	If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.	30/05/2019
4	Service Delivery standards	When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version.	30/05/2019
5	Service Delivery standards	If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.	30/05/2019
6	Service Delivery standards	If you produce a Welsh language version and a corresponding English language version of correspondence, you must not treat the Welsh language version less favourably than the English language version (for example, if the English version is signed, or if contact details are provided on the English version, then the Welsh version must be treated in the same way).	30/05/2019
7	Service Delivery standards	You must state - (a) in correspondence, and	30/05/2019

		(b) in publications and notices that invite persons to respond to you or to correspond with you, that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.	
8	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.	30/05/2019
9	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.	30/05/2019
10	Service Delivery standards	When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person’s wish until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/05/2019
11	Service Delivery standards	When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less favourably than the English language.	30/05/2019
12	Service Delivery standards	If you offer a Welsh language service on your main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service must be the same as for the corresponding English language service.	30/05/2019

13	Service Delivery standards	When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.	30/05/2019
14	Service Delivery standards	If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.	30/05/2019
15	Service Delivery standards	Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.	30/05/2019
16	Service Delivery standards	When there is no Welsh language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.	30/05/2019
17	Service Delivery standards	If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and (b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.	30/05/2019
18	Service Delivery standards	When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.	30/05/2019

19	Service Delivery standards	When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh. **You must comply with standard 19 in every circumstance, except:** ○ **where it is necessary for a member of staff who does not speak Welsh to provide a service on a specific subject matter; and** ○ **where no Welsh speaking member of staff is available to provide a service on that specific subject matter.** **The requirement under standard 19 to ask A whether A wishes to receive telephone calls from you in Welsh and to keep a record of A's wish applies each time a telephone call is made to A for the first time in relation to the specific matter of the call ("the matter in hand");** **The requirement under standard 19 to conduct telephone calls made to A from then onwards in Welsh applies in relation to every call which involves the matter in hand.**	30/05/2019
20	Service Delivery standards	Any automated telephone systems that you have must provide the complete automated service in Welsh.	30/05/2019
21	Service Delivery standards	If you invite one person only (“P”) to a meeting— (a) you must ask P whether P wishes to use the Welsh language at the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English	30/05/2019

		for that purpose, and (b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	
22	Service Delivery standards	If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh language at the meeting.	30/05/2019
22A	Service Delivery standards	If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	30/05/2019
22CH	Service Delivery standards	If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.	30/05/2019
23	Service Delivery standards	You must ask an in-patient (“A”) on the first day of A’s in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.	30/05/2019
23A	Service Delivery standards	If the in-patient (“A”) informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.	30/05/2019
24	Service Delivery standards	You must produce and publish a policy on how to establish whether an in-patient (“A”) wishes to use the Welsh language during A’s inpatient admission if A is unable to inform you that A wishes to use	30/05/2019

		the Welsh language to communicate with you during an in-patient admission.	
25	Service Delivery standards	If you invite an individual (“A”), to a case conference which will be held 5 or more working days after the invitation is sent— (a) you must ask A whether A wishes to use the Welsh language at the case conference, and inform A that, you will conduct the conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh for that purpose, and (b) if A has informed you that A wishes to use the Welsh language at the case conference, you must conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh.	30/05/2019
26	Service Delivery standards	If you arrange a meeting that is open to the public and at which public participation is allowed you must state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh language at the meeting.	30/05/2019
27	Service Delivery standards	When you send invitations to a meeting that you arrange which is open to the public and at which public participation is allowed, you must send the invitations in Welsh.	30/05/2019
28	Service Delivery standards	If you invite persons to speak at a meeting that you arrange which is open to the public and at which public participation is allowed, you must— (a) ask each person invited to speak whether he or she wishes to use the Welsh language, and (b) if that person (or at least one of those persons) has informed you that he or she wishes to use the Welsh language at the meeting, provide a simultaneous or consecutive translation service from Welsh	30/05/2019

		to English for that purpose (unless you conduct the meeting in Welsh without a translation service).	
29	Service Delivery standards	If you arrange a meeting that is open to the public and at which public participation is allowed, you must ensure that a simultaneous translation service from Welsh to English is available at the meeting, and you must orally inform those present in Welsh— (a) that they are welcome to use the Welsh language, and (b) that a simultaneous translation service is available.	30/05/2019
30	Service Delivery standards	If you produce and display any written material at a meeting that you arrange which is open to the public, you must ensure that the material is displayed in Welsh, and you must not treat any Welsh language text less favourably than the English language text.	30/05/2019
31	Service Delivery standards	If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language (for example, in the way the event is advertised or publicised).	30/05/2019
32	Service Delivery standards	If you organise a public event, or fund at least 50% of a public event, you must ensure that the Welsh language is treated no less favourably than the English language at the event (for example, in relation to services offered to persons attending the event, in relation to signs you produce and display at the event and in relation to audio announcements made at the event).	30/05/2019
33	Service Delivery standards	Any publicity or advertising material that you produce must be produced in Welsh, and if you produce the material in Welsh and in English, you must not treat the Welsh language version less favourably than you treat the English language version.	30/05/2019
34	Service Delivery standards	Any material that you produce and display in public must be displayed in Welsh, and you must not treat any Welsh language	30/05/2019

		version of the material less favourably than the English language version.	
36	Service Delivery standards	If you produce a form that is to be completed by an individual, you must produce it in Welsh.	30/05/2019
37	Service Delivery standards	If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh- (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.	30/05/2019
38	Service Delivery standards	If you produce a document or a form in Welsh and in English you must— (a) not treat any Welsh language version less favourably than you treat the English language version (whether separate versions or not); (b) not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and (c) ensure that the English language version clearly states that the document or form is also available in Welsh.	30/05/2019
39	Service Delivery standards	You must ensure that— (a) the text of each page of your website is available in Welsh, (b) every Welsh language page on your website is fully functional, and (c) the Welsh language is not treated less favourably than the English language on your website.	30/05/2020

40	Service Delivery standards	You must ensure that— (a) the text of the homepage of your website is available in Welsh, (b) any Welsh language text on your homepage (or, where relevant, your Welsh language homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your website.	30/05/2019
41	Service Delivery standards	You must ensure that when you publish a new page on your website or amend a page— (a) the text of that page is available in Welsh, (b) any Welsh language version of that page is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to that page.	30/05/2019
42	Service Delivery standards	If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.	30/05/2019
43	Service Delivery standards	You must provide the interface and menus on every page of your website in Welsh.	30/05/2020
44	Service Delivery standards	All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.	30/05/2019
45	Service Delivery standards	When you use social media you must not treat the Welsh language less favourably than the English language. **You must comply with standard 45 in the following circumstances:**	30/05/2019

		○ **when using social media on your corporate and departmental accounts.**	
46	Service Delivery standards	If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).	30/05/2019
47	Service Delivery standards	When you— (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.	30/05/2019
48	Service Delivery standards	When you— (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	30/05/2019
49	Service Delivery standards	You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.	30/05/2019
50	Service Delivery standards	Any reception service you make available in English at your reception must also be available in Welsh, and any person who requires a Welsh language reception service at your reception must not be treated less favourably than a person who requires an English language reception service.	30/05/2019
52	Service Delivery standards	You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.	30/05/2019

53	Service Delivery standards	You must ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that.	30/05/2019
54	Service Delivery standards	Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English language version.	30/05/2019
55	Service Delivery standards	When you invite applications for a grant, you must— (a) state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English; and (b) not treat applications for a grant submitted in Welsh less favourably than applications submitted in English (including, amongst other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).	30/05/2019
56	Service Delivery standards	When you inform an applicant of your decision in relation to an application for a grant, you must do so in Welsh if the application was submitted in Welsh.	30/05/2019
57	Service Delivery standards	Any invitations to tender for a contract that you publish must be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and you must not treat a Welsh language version of any invitation less favourably than an English language version.	30/05/2019
58	Service Delivery standards	When you publish invitations to tender for a contract, you must— (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst	30/05/2019

		other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions).	
59	Service Delivery standards	When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.	30/05/2019
60	Service Delivery standards	You must promote any Welsh language service that you provide, and advertise that service in Welsh.	30/05/2019
61	Service Delivery standards	If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.	30/05/2019
62	Service Delivery standards	When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English language.	30/05/2019
63	Service Delivery standards	If you offer an education course to one or more individuals, you must— (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.	30/11/2019
64	Service Delivery standards	When you announce a recorded message over a public address system, you must make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	30/05/2019
65	Service Delivery standards	When you know that a primary care provider is willing to provide a primary care service or part of a primary care service through the medium of Welsh, you must designate and maintain a page on your website (in Welsh) containing that information.	30/05/2019

66	Service Delivery standards	You must— (a) provide an English to Welsh translation service for use by a primary care provider to enable it to obtain Welsh language translations of signs or notices displayed in connection with its primary care service, and (b) encourage the use of the translation service provided by you in accordance with this standard.	30/05/2019
67	Service Delivery standards	You must— (a) make available to a primary care provider a badge for it or its staff to wear to convey that they are able to speak Welsh, and (b) promote to a primary care provider the wearing of the badge.	30/05/2019
68	Service Delivery standards	You must provide training courses, information or hold events so that a primary care provider can develop— (a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and (b) an understanding of how the Welsh language can be used in the workplace.	30/05/2019
69	Policy Making standards	When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
70	Policy Making standards	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on— (a) opportunities for persons to use the Welsh language, and	30/05/2019

		(b) treating the Welsh language no less favourably than the English language.	
71	Policy Making standards	When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
72	Policy Making standards	When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on— (a) opportunities for persons to use the Welsh language,and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
73	Policy Making standards	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30/05/2019
74	Policy Making standards	When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased	30/05/2019

		adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	
75	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
76	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.	30/05/2019
77	Policy Making standards	When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language	30/05/2019

78	Policy Making standards	You must publish a policy on providing a primary care service which requires you to take the following into account when you make decisions in relation to providing a primary care service— (a) what effects, if any (and whether positive or negative), the decision would have on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (b) how that decision could be taken or implemented so that it would have positive effects, or increased positive effects, on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; and (c) how the decision could be taken or implemented so that it would not have adverse effects, or so that it would have decreased adverse effects on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.	30/11/2019
78A	Policy Making standards	On the expiry of 5 years after publishing the policy in accordance with standard 78 (whether or not revisions have been made to that policy) and on the expiry of each subsequent period of 5 years you must — (a) assess to what extent you have complied with the policy; and (b) publish that assessment on your website within 6 months of the end of the period.	30/11/2019
79	Operational standards	You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet.	30/05/2019

80	Operational standards	When you offer a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.	30/11/2019
81	Operational standards	You must ask each employee ("A") whether A wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh - (a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives; (ch) any documents that outline or record A's career plan; (d) any forms that record and authorise annual leave; (dd) any forms that record and authorise absences from work; (e) any forms that record and authorise flexible working hours. **You must comply with standard 81 in every circumstance by 30 November 2019, except:** ○ **when the activity is carried out through the use of the Electronic Staff Record (ESR).** **You must comply with standard 81 in every circumstance by 30 November 2020.**	30/11/2019
82	Operational standards	If you publish any of the following, you must publish it in Welsh - (a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; (c) a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work;	30/05/2019

		(dd) a policy relating to working conditions; (e) a policy relating to work patterns.	
83	Operational standards	You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may - (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; and you must also inform each member of staff of that right.	30/05/2019
84	Operational standards	If you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh or, if necessary, with the assistance of a simultaneous or consecutive translation service from Welsh to English.	30/05/2019
85	Operational standards	When you inform a member of staff (A) of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A - (a) made the complaint in Welsh, (b) responded in Welsh to a complaint about A, (c) asked for a meeting about the complaint to be conducted in Welsh, or (ch) asked to use the Welsh language at a meeting about the complaint.	30/05/2019
86	Operational standards	You must - (a) allow and state in any document that you have which sets out	30/05/2019

		your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.	
87	Operational standards	If you organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must - (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and (b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.	30/05/2019
88	Operational standards	When you inform a member of staff ("A") of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A - (a) responded to allegations made against A in Welsh, (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure.	30/05/2019
89	Operational standards	You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).	30/05/2019
90	Operational standards	You must ensure that - (a) the text of each page of your intranet is available in Welsh, (b) every Welsh language page on your intranet is fully functional, and	30/11/2020

		(c) the Welsh language is treated no less favourably than the English language on your intranet. **You must comply with standard 90 in relation to pages on your intranet that relate to the matters within the following operational standards:** ○ **the use of the Welsh language within your internal administration** ○ **complaints made by staff** ○ **disciplining staff** ○ **developing skills through planning and training the workforce; and** ○ **recruiting and appointing.**	
91	Operational standards	You must ensure that - (a) the text of the homepage of your intranet is available in Welsh, (b) any Welsh language text on your intranet's homepage (or, where relevant, your Welsh language intranet homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your intranet.	30/05/2019
93	Operational standards	If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page.	30/05/2019
94	Operational standards	You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh language and to assist your staff to use the Welsh language.	30/05/2019

95	Operational standards	You must provide the interface and menus on your intranet pages in Welsh. **You must comply with standard 95 in relation to the following:** ○ **any page or homepage on your intranet that is available in Welsh in accordance with standards 90 and/or 91;** ○ **any page you designate and maintain on your intranet in accordance with standard 94.**	30/11/2020
96	Operational standards	You must assess the Welsh language skills of your employees.	30/05/2019
97	Operational standards	You must provide opportunities for training in Welsh in the following areas, if you provide such training in English - (a) recruitment and interviewing; (b) performance management; (c) complaints and disciplinary procedures; (ch) induction; (d) dealing with the public; and (dd) health and safety.	30/11/2019
98	Operational standards	You must provide opportunities for training in Welsh on using Welsh effectively in - (a) meetings; (b) interviews; and (c) complaints and disciplinary procedures.	30/05/2019
99	Operational standards	You must provide opportunities during working hours - (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers.	30/05/2019

100	Operational standards	You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.	30/05/2019
101	Operational standards	You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.	30/05/2019
102	Operational standards	You must provide training courses so that your employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.	30/05/2019
103	Operational standards	When you provide information to new employees (for example by means of an induction process), you must provide information for the purpose of raising their awareness of the Welsh language.	30/05/2019
104	Operational standards	You must provide - (a) wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages.	30/05/2019
105	Operational standards	You must - (a) make available to members of staff who are able to speak Welsh	30/05/2019

		a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff.	
106	Operational standards	When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply - (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30/05/2019
106A	Operational standards	If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh	30/11/2019
107	Operational standards	When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.	30/05/2019
107A	Operational standards	If you publish - (a) application forms for posts; (b) material that explains your procedure for applying for posts; (c) information about your interview process, or about other assessment methods when applying for posts; or (ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.	30/11/2019

107B	Operational standards	You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).	30/05/2019
108	Operational standards	You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.	30/05/2019
109	Operational standards	When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.	30/05/2019
110	Operational standards	You must publish a plan for each 5 year period setting out - (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions that you have detailed in (b).	30/11/2019
110A	Operational standards	Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5 year period you must - (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.	30/11/2019
111	Operational standards	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs),or (b) publish or display a notice in your workplace;	30/05/2019

		any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.	
112	Operational standards	When you - (a) erect a new sign or renew a sign in your workplace (including temporary signs); or (b) publish or display a notice in your workplace; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.	30/05/2019
113	Operational standards	You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.	30/05/2019
114	Operational standards	When you make a recorded announcement in the workplace using audio equipment, that announcement must be made in Welsh, and if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.	30/05/2019
115	Record Keeping standards	You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards.	30/05/2019
116	Record Keeping standards	You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.	30/05/2019

117	Record Keeping standards	You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.	30/05/2019
118	Standards which deal with Supplementary Matters	You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.	30/05/2019
119	Standards which deal with Supplementary Matters	You must— (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and (b) publish a document that records that procedure on your website.	30/05/2019
120	Standards which deal with Supplementary Matters	(1) You must produce a report (an “annual report”), in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year. (2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to)— (a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115);	30/05/2019

		(b) the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116); (c) the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where— (i) Welsh language skills were essential; (ii) Welsh language skills needed to be learnt when appointed to the post; (iii) Welsh language skills were desirable; or (iv) Welsh language skills were not necessary. (3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates. (4) You must ensure that a current copy of your annual report is available on your website.	
121	Standards which deal with Supplementary Matters	You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making standards or the operational standards with which you are under a duty to comply.	30/05/2019

Meri Huws

Meri Huws

Date: 30/11/2018

HYSBYSIAD CYDYMFFURFIO – ADRAN 44 MESUR Y GYMRAEG (CYMRU) 2011

Bwrdd Iechyd Prifysgol Hywel Dda – Dyddiad Dyroddi: 30/11/2018

Rhif Safon	**Dosbarth o Safon**	**Safon**	**Diwrnod Gosod**
1	Safonau Cyflenwi Gwasanaethau	Os byddwch yn cael unrhyw ohebiaeth yn Gymraeg oddi wrth berson, rhaid ichi ateb yn Gymraeg (os oes angen ateb), oni bai bod y person wedi dweud nad oes angen ateb yn Gymraeg.	30/05/2019
4	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn anfon yr un ohebiaeth at nifer o bersonau, rhaid ichi anfon fersiwn Gymraeg o’r ohebiaeth ar yr un pryd ag y byddwch yn anfon unrhyw fersiwn Saesneg ohoni.	30/05/2019
5	Safonau Cyflenwi Gwasanaethau	Os nad ydych yn gwybod a yw person yn dymuno cael gohebiaeth oddi wrthych yn Gymraeg rhaid ichi ddarparu fersiwn Gymraeg o’r ohebiaeth pan fyddwch yn gohebu â’r person hwnnw.	30/05/2019
6	Safonau Cyflenwi Gwasanaethau	Os byddwch yn llunio fersiwn Gymraeg a fersiwn Saesneg gyfatebol o ohebiaeth, rhaid ichi beidio â thrin y fersiwn Gymraeg yn llai ffafriol na’r fersiwn Saesneg (er enghraifft, os yw’r fersiwn Saesneg wedi ei llofnodi, neu os oes manylion cyswllt wedi eu darparu ar y fersiwn Saesneg, rhaid i’r fersiwn Gymraeg gael ei thrin yn yr un modd).	30/05/2019
7	Safonau Cyflenwi Gwasanaethau	Rhaid ichi ddatgan— (a) mewn gohebiaeth, a (b) mewn cyhoeddiadau a hysbysiadau sy’n gwahodd personau i anfon ymateb neu i anfon gohebiaeth atoch,	30/05/2019

		eich bod yn croesawu cael gohebiaeth yn Gymraeg, y byddwch yn ateb gohebiaeth yn Gymraeg, ac na fydd gohebu yn Gymraeg yn arwain at oedi.	
8	Safonau Cyflenwi Gwasanaethau	Pan fydd person yn cysylltu â chi ar eich prif rif ffôn (neu ar un o’ch prif rifau ffôn), neu ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi gyfarch y person yn Gymraeg.	30/05/2019
9	Safonau Cyflenwi Gwasanaethau	Pan fydd person yn cysylltu â chi ar eich prif rif ffôn (neu ar un o’ch prif rifau ffôn), neu ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi roi gwybod i’r person bod gwasanaeth Cymraeg ar gael.	30/05/2019
10	Safonau Cyflenwi Gwasanaethau	Pan fo person yn cysylltu â chi ar eich prif rif ffôn (neu ar un o’ch prif rifau ffôn), neu ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi ddelio â’r alwad yn Gymraeg os yw’r person yn dymuno hynny— (a) hyd nes ei bod yn angenrheidiol trosglwyddo’r alwad i aelod o staff nad yw’n siarad Cymraeg sy’n gallu darparu gwasanaeth ar bwnc penodol; a (b) hyd nes nad oes aelod o staff sy’n siarad Cymraeg ar gael i ddarparu gwasanaeth ar y pwnc penodol hwnnw.	30/05/2019
11	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn hysbysebu rhifau ffôn, llinellau cymorth neu wasanaethau canolfannau galwadau, rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
12	Safonau Cyflenwi Gwasanaethau	Os byddwch yn cynnig gwasanaeth Cymraeg ar eich prif rif ffôn (neu ar un o’ch prif rifau ffôn), ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid i rif ffôn y gwasanaeth Cymraeg fod yr un peth â rhif ffôn y gwasanaeth Saesneg cyfatebol.	30/05/2019
13	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn cyhoeddi eich prif rif ffôn, neu unrhyw rifau sydd gennych ar gyfer llinellau cymorth neu wasanaethau canolfannau	30/05/2019

		galwadau, rhaid ichi nodi (yn Gymraeg) eich bod yn croesawu galwadau yn Gymraeg.	
14	Safonau Cyflenwi Gwasanaethau	Os oes gennych ddangosyddion perfformiad ar gyfer delio â galwadau ffôn, rhaid ichi sicrhau nad yw'r dangosyddion perfformiad hynny yn trin galwadau ffôn a wneir yn Gymraeg yn llai ffafriol na galwadau a wneir yn Saesneg.	30/05/2019
15	Safonau Cyflenwi Gwasanaethau	Rhaid i'ch prif wasanaeth (neu wasanaethau) ateb galwadau ffôn roi gwybod i bersonau sy'n galw, yn Gymraeg, fod modd gadael neges yn Gymraeg.	30/05/2019
16	Safonau Cyflenwi Gwasanaethau	Pan na fo gwasanaeth Cymraeg ar gael ar eich prif rif ffôn (neu ar un o'ch prif rifau ffôn), ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi roi gwybod i'r personau sy'n galw, yn Gymraeg (pa un ai drwy gyfrwng neges wedi ei hawtomeiddio neu fel arall) pryd y bydd gwasanaeth Cymraeg ar gael.	30/05/2019
17	Safonau Cyflenwi Gwasanaethau	Os bydd person yn cysylltu ag un o'ch adrannau ar rif ffôn llinell uniongyrchol (gan gynnwys ar rifau llinell uniongyrchol aelodau staff), a bod y person hwnnw'n dymuno cael gwasanaeth Cymraeg, rhaid ichi ddelio â'r alwad yn Gymraeg— (a) hyd nes ei bod yn angenrheidiol trosglwyddo'r alwad i aelod o staff nad yw'n siarad Cymraeg sy'n gallu darparu gwasanaeth ar bwnc penodol; a (b) hyd nes nad oes aelod o staff sy'n siarad Cymraeg ar gael i ddarparu gwasanaeth ar y pwnc penodol hwnnw.	30/05/2019
18	Safonau Cyflenwi Gwasanaethau	Pan fydd person yn cysylltu â chi ar rif llinell uniongyrchol (pa un ai ar rif llinell uniongyrchol adran neu ar rif llinell uniongyrchol aelod o staff), rhaid ichi sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg wrth gyfarch y person.	30/05/2019

19	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn ffonio unigolyn ('A') am y tro cyntaf, rhaid ichi ofyn i A a yw'n dymuno cael galwadau ffôn oddi wrthych yn Gymraeg, ac os yw A yn ymateb i ddweud ei fod yn dymuno hynny, rhaid ichi gadw cofnod o'i ddymuniad, a chynnal galwadau ffôn a wneir i A o hynny ymlaen yn Gymraeg. **Rhaid cydymffurfio â safon 19 ymhob amgylchiad, ac eithrio:** ○ **lle bo'n angenrheidiol i aelod o staff nad yw'n siarad Cymraeg ddarparu gwasanaeth ar bwnc penodol; a** ○ **lle nad oes aelod o staff sy'n siarad Cymraeg ar gael i ddarparu gwasanaeth ar y pwnc penodol hwnnw.** **Mae'r gofyniad dan safon 19 i ofyn i A a yw'n dymuno cael galwadau ffôn oddi wrthych yn Gymraeg ac i gadw cofnod o ddymuniad A yn weithredol bob tro y gwneir galwad ffôn i A am y tro cyntaf mewn perthynas â mater penodol yr alwad ("y mater dan sylw");** **Mae'r gofyniad dan safon 19 i gynnal galwadau ffôn a wneir i A o hynny ymlaen yn Gymraeg yn weithredol mewn perthynas â phob galwad sydd yn ymwneud â'r mater dan sylw.**	30/05/2019
20	Safonau Cyflenwi Gwasanaethau	Rhaid i unrhyw system ffôn wedi ei hawtomeiddio sydd gennych ddarparu'r gwasanaeth cyfan wedi ei awtomeiddio yn Gymraeg.	30/05/2019
21	Safonau Cyflenwi Gwasanaethau	Os byddwch yn gwahodd un person ("P") yn unig i gyfarfod- (a) rhaid ichi ofyn i P a yw'n dymuno defnyddio'r Gymraeg yn y cyfarfod, a hysbysu P y byddwch yn cynnal y cyfarfod yn Gymraeg neu, os oes angen, yn darparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw, a (b) os yw P wedi eich hysbysu ei fod yn dymuno defnyddio'r	30/05/2019

		Gymraeg yn y cyfarfod, rhaid ichi gynnal y cyfarfod yn Gymraeg neu, os oes angen, drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.	
22	Safonau Cyflenwi Gwasanaethau	Os byddwch yn gwahodd mwy nag un person i gyfarfod, rhaid ichi ofyn i bob person a yw'n dymuno defnyddio'r Gymraeg yn y cyfarfod.	30/05/2019
22A	Safonau Cyflenwi Gwasanaethau	Os byddwch wedi gwahodd mwy nag un person i gyfarfod, a bod o leiaf 10% (ond llai na 100%) o'r gwahoddedigion wedi eich hysbysu eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.	30/05/2019
22CH	Safonau Cyflenwi Gwasanaethau	Os byddwch wedi gwahodd mwy nag un person i gyfarfod, a bod pawb a gafodd wahoddiad wedi eich hysbysu eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi gynnal y cyfarfod yn Gymraeg neu, os oes angen, drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.	30/05/2019
23	Safonau Cyflenwi Gwasanaethau	Rhaid ichi ofyn i glaf mewnol ("A") ar ddiwrnod cyntaf ei dderbyniad fel claf mewnol a yw A yn dymuno defnyddio'r Gymraeg i gyfathrebu â chi yn ystod y derbyniad hwnnw fel claf mewnol.	30/05/2019
23A	Safonau Cyflenwi Gwasanaethau	Os yw'r claf mewnol ("A") yn eich hysbysu fod A yn dymuno defnyddio'r Gymraeg i gyfathrebu â chi yn ystod derbyniad fel claf mewnol, rhaid ichi roi gwybod i'ch staff sy'n debygol o gyfathrebu ag A, fod A yn dymuno defnyddio'r Gymraeg i gyfathrebu â chi yn ystod y derbyniad hwnnw fel claf mewnol.	30/05/2019
24	Safonau Cyflenwi Gwasanaethau	Rhaid ichi lunio a chyhoeddi polisi ar sut i gadarnhau a yw claf mewnol ("A") yn dymuno defnyddio'r Gymraeg yn ystod ei dderbyniad	30/05/2019

		fel claf mewnol os na all A eich hysbysu ei fod yn dymuno defnyddio'r Gymraeg i gyfathrebu â chi yn ystod derbyniad fel claf mewnol.	
25	Safonau Cyflenwi Gwasanaethau	Os byddwch yn gwahodd unigolyn ("A") i gynhadledd achos a gynhelir 5 neu ragor o ddiwrnodau gwaith ar ôl i'r gwahoddiad gael ei anfon— (a) rhaid ichi ofyn i A a yw'n dymuno defnyddio'r Gymraeg yn gynhadledd achos, a'i hysbysu y byddwch yn cynnal y gynhadledd yn Gymraeg, neu os oes angen, yn darparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg ac o'r Saesneg i'r Gymraeg at y diben hwnnw, a (b) os yw A wedi eich hysbysu ei fod yn dymuno defnyddio'r Gymraeg yn y gynhadledd achos, rhaid ichi gynnal y gynhadledd yn Gymraeg neu, os oes angen, ddarparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ac o'r Saesneg i'r Gymraeg.	30/05/2019
26	Safonau Cyflenwi Gwasanaethau	Os byddwch yn trefnu cyfarfod sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi ddatgan ar unrhyw ddeunydd sy'n ei hysbysebu, ac ar unrhyw wahoddiad iddo, bod croeso i unrhyw un sy'n bresennol ddefnyddio'r Gymraeg yn y cyfarfod.	30/05/2019
27	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn anfon gwahoddiadau i gyfarfod yr ydych yn ei drefnu sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi eu hanfon yn Gymraeg.	30/05/2019
28	Safonau Cyflenwi Gwasanaethau	Os byddwch yn gwahodd personau i siarad mewn cyfarfod yr ydych yn ei drefnu sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi— (a) gofyn i bob person a wahoddir i siarad a yw'n dymuno defnyddio'r Gymraeg, a	30/05/2019

		(b) os yw'r person hwnnw (neu o leiaf un o'r personau hynny) yn eich hysbysu ei fod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, darparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg at y diben hwnnw (os nad ydych yn cynnal y cyfarfod yn Gymraeg heb wasanaeth cyfieithu).	
29	Safonau Cyflenwi Gwasanaethau	Os byddwch yn trefnu cyfarfod sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi sicrhau bod gwasanaeth cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod, a rhaid ichi hysbysu'r rheini sy'n bresennol ar lafar yn Gymraeg— (a) bod croeso iddynt ddefnyddio'r Gymraeg, a (b) bod gwasanaeth cyfieithu ar y pryd ar gael.	30/05/2019
30	Safonau Cyflenwi Gwasanaethau	Os byddwch yn llunio ac yn arddangos unrhyw ddeunydd ysgrifenedig mewn cyfarfod yr ydych yn ei drefnu sy'n agored i'r cyhoedd, rhaid ichi sicrhau bod y deunydd yn cael ei arddangos yn Gymraeg, a rhaid ichi beidio â thrin unrhyw destun Cymraeg yn llai ffafriol na'r testun Saesneg.	30/05/2019
31	Safonau Cyflenwi Gwasanaethau	Os byddwch yn trefnu digwyddiad cyhoeddus, neu'n ariannu o leiaf 50% o ddigwyddiad cyhoeddus, rhaid ichi sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg wrth hybu'r digwyddiad (er enghraifft, o ran y ffordd y mae'r digwyddiad yn cael ei hysbysebu neu y rhoddir cyhoeddusrwydd i'r digwyddiad).	30/05/2019
32	Safonau Cyflenwi Gwasanaethau	Os byddwch yn trefnu digwyddiad cyhoeddus, neu'n ariannu o leiaf 50% o ddigwyddiad cyhoeddus, rhaid ichi sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg yn y digwyddiad (er enghraifft, mewn perthynas â gwasanaethau a gynigir i bersonau sy'n bresennol yn y digwyddiad, mewn perthynas ag arwyddion yr ydych yn eu llunio ac yn eu harddangos yn y digwyddiad, ac mewn perthynas â chyhoeddiadau sain a wneir ynddo).	30/05/2019

33	Safonau Cyflenwi Gwasanaethau	Rhaid i unrhyw ddeunydd cyhoeddusrwydd neu ddeunydd hysbysebu yr ydych yn ei lunio gael ei lunio yn Gymraeg, ac os byddwch yn llunio'r deunydd yn Gymraeg ac yn Saesneg, rhaid ichi beidio â thrin y fersiwn Gymraeg yn llai ffafriol na'r fersiwn Saesneg.	30/05/2019
34	Safonau Cyflenwi Gwasanaethau	Rhaid i unrhyw ddeunydd yr ydych yn ei lunio ac yn ei arddangos yn gyhoeddus gael ei arddangos yn Gymraeg, a rhaid ichi beidio â thrin unrhyw fersiwn Gymraeg o'r deunydd yn llai ffafriol na'r fersiwn Saesneg.	30/05/2019
36	Safonau Cyflenwi Gwasanaethau	Os byddwch yn llunio ffurflen sydd i gael ei chwblhau gan unigolyn, rhaid ichi ei llunio yn Gymraeg.	30/05/2019
37	Safonau Cyflenwi Gwasanaethau	Os byddwch yn llunio dogfen (ond nid ffurflen) sydd ar gael i un neu ragor o unigolion, rhaid ichi ei llunio yn Gymraeg- (a) os yw pwnc y ddogfen yn awgrymu y dylid ei llunio yn Gymraeg, neu (b) os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid llunio'r ddogfen yn Gymraeg.	30/05/2019
38	Safonau Cyflenwi Gwasanaethau	Os byddwch yn llunio dogfen neu ffurflen yn Gymraeg ac yn Saesneg, rhaid ichi- (a) peidio â thrin unrhyw fersiwn Gymraeg yn llai ffafriol na'r fersiwn Saesneg (pa un a ydynt yn fersiynau ar wahân ai peidio); (b) peidio â gwahaniaethu rhwng y fersiwn Gymraeg a'r fersiwn Saesneg mewn perthynas ag unrhyw ofynion sy'n berthnasol i'r ddogfen neu'r ffurflen (er enghraifft mewn perthynas ag unrhyw ddyddiad cau ar gyfer cyflwyno'r ffurflen, neu mewn perthynas â'r amser a ganiateir ar gyfer ymateb i gynnwys y ddogfen neu'r ffurflen); ac (c) sicrhau bod y fersiwn Saesneg yn datgan yn glir fod y ddogfen neu'r ffurflen hefyd ar gael yn Gymraeg.	30/05/2019

39	Safonau Cyflenwi Gwasanaethau	Rhaid ichi sicrhau— (a) bod testun pob tudalen ar eich gwefan ar gael yn Gymraeg, (b) bod pob tudalen Gymraeg ar eich gwefan yn gweithredu’n llawn, ac (c) nad yw’r Gymraeg yn cael ei thrin yn llai ffafriol na’r Saesneg ar eich gwefan.	30/05/2020
40	Safonau Cyflenwi Gwasanaethau	Rhaid ichi sicrhau— (a) bod testun hafan eich gwefan ar gael yn Gymraeg, (b) bod unrhyw destun Cymraeg ar hafan eich gwefan (neu, pan fo’n berthnasol, fod eich hafan Gymraeg) yn gweithredu’n llawn, ac (c) nad yw’r Gymraeg yn cael ei thrin yn llai ffafriol na’r Saesneg mewn perthynas â hafan eich gwefan.	30/05/2019
41	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn cyhoeddi tudalen newydd ar eich gwefan neu’n diwygio tudalen, rhaid ichi sicrhau— (a) bod testun y dudalen honno ar gael yn Gymraeg, (b) bod unrhyw fersiwn Gymraeg o’r dudalen yn gweithredu’n llawn, ac (c) nad yw’r Gymraeg yn cael ei thrin yn llai ffafriol na’r Saesneg o ran testun y dudalen honno.	30/05/2019
42	Safonau Cyflenwi Gwasanaethau	Os oes gennych dudalen Gymraeg ar eich gwefan sy’n cyfateb i dudalen Saesneg, rhaid ichi ddatgan yn glir ar y dudalen Saesneg fod y dudalen hefyd ar gael yn Gymraeg, a rhaid ichi ddarparu dolen uniongyrchol i’r dudalen Gymraeg ar y dudalen Saesneg gyfatebol.	30/05/2019
43	Safonau Cyflenwi Gwasanaethau	Rhaid ichi ddarparu’r rhyngwyneb a’r dewislenni ar bob tudalen ar eich gwefan yn Gymraeg.	30/05/2020
44	Safonau Cyflenwi Gwasanaethau	Rhaid i bob ap yr ydych yn ei gyhoeddi weithredu’n llawn yn Gymraeg, a rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg o ran yr ap hwnnw.	30/05/2019

45	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn defnyddio’r cyfryngau cymdeithasol, rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg. **Rhaid cydymffurfio â safon 45 yn yr amgylchiadau isod:** ○ **wrth ddefnyddio’r cyfryngau cymdeithasol ar eich cyfrifon corfforaethol ac adrannol.**	30/05/2019
46	Safonau Cyflenwi Gwasanaethau	Os bydd person yn cysylltu â chi drwy’r cyfryngau cymdeithasol yn Gymraeg, rhaid ichi ateb yn Gymraeg (os oes angen ateb).	30/05/2019
47	Safonau Cyflenwi Gwasanaethau	Pan fyddwch— (a) yn gosod arwydd newydd neu’n adnewyddu arwydd (gan gynnwys arwyddion dros dro); neu (b) yn cyhoeddi neu’n arddangos hysbysiad; rhaid i unrhyw destun sy’n cael ei arddangos ar yr arwydd neu’r hysbysiad gael ei arddangos yn Gymraeg (pa un ai ar yr un arwydd neu hysbysiad sy’n arddangos y testun cyfatebol yn Saesneg neu ar arwydd neu hysbysiad ar wahân); ac os yw’r un testun yn cael ei arddangos yn Gymraeg ac yn Saesneg, rhaid ichi beidio â thrin y testun Cymraeg yn llai ffafriol na’r testun Saesneg.	30/05/2019
48	Safonau Cyflenwi Gwasanaethau	Pan fyddwch— (a) yn gosod arwydd newydd neu’n adnewyddu arwydd (gan gynnwys arwyddion dros dro); neu (b) yn cyhoeddi neu’n arddangos hysbysiad; sy’n cyfleu’r un wybodaeth yn Gymraeg ac yn Saesneg, rhaid i’r testun Cymraeg gael ei roi mewn safle fel mai hwnnw sy’n debygol o gael ei ddarllen yn gyntaf.	30/05/2019
49	Safonau Cyflenwi Gwasanaethau	Rhaid ichi sicrhau bod y testun Cymraeg ar arwyddion a hysbysiadau yn gywir o ran ystyr a mynegiant.	30/05/2019

50	Safonau Cyflenwi Gwasanaethau	Rhaid i unrhyw wasanaeth derbynfa yr ydych yn ei roi ar gael yn Saesneg yn eich derbynfa hefyd fod ar gael yn Gymraeg, a rhaid i unrhyw berson sydd am gael gwasanaeth derbynfa Cymraeg yn eich derbynfa beidio â chael ei drin yn llai ffafriol na pherson sydd am gael gwasanaeth derbynfa Saesneg.	30/05/2019
52	Safonau Cyflenwi Gwasanaethau	Rhaid ichi arddangos arwydd yn eich derbynfa sy’n datgan (yn Gymraeg) fod croeso i bersonau ddefnyddio’r Gymraeg yn y dderbynfa.	30/05/2019
53	Safonau Cyflenwi Gwasanaethau	Rhaid ichi sicrhau bod staff yn y dderbynfa sy’n gallu darparu gwasanaeth derbynfa Cymraeg yn gwisgo bathodyn sy’n cyfleu hynny.	30/05/2019
54	Safonau Cyflenwi Gwasanaethau	Rhaid i unrhyw ddogfennau yr ydych yn eu cyhoeddi sy’n ymwneud â cheisiadau am grant gael eu cyhoeddi yn Gymraeg, a rhaid ichi beidio â thrin fersiwn Gymraeg o’r dogfennau hynny yn llai ffafriol na fersiwn Saesneg ohonynt.	30/05/2019
55	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn gwahodd ceisiadau am grant, rhaid ichi— (a) datgan yn y gwahoddiad y caniateir i geisiadau gael eu cyflwyno yn Gymraeg ac na fydd unrhyw gais a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na chais a gyflwynir yn Saesneg; a (b) peidio â thrin ceisiadau am grant a gyflwynir yn Gymraeg yn llai ffafriol na cheisiadau a gyflwynir yn Saesneg (gan gynnwys, ymysg materion eraill, mewn perthynas â’r dyddiad cau ar gyfer cael ceisiadau, ac mewn perthynas ag amseriad rhoi gwybod i ymgeiswyr am benderfyniadau).	30/05/2019
56	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn rhoi gwybod i ymgeisydd beth yw’ch penderfyniad mewn perthynas â chais am grant, rhaid ichi wneud hynny yn Gymraeg os cyflwynwyd y cais yn Gymraeg.	30/05/2019

57	Safonau Cyflenwi Gwasanaethau	Rhaid i unrhyw wahoddiadau i dendro am gontract yr ydych yn eu cyhoeddi gael eu cyhoeddi yn Gymraeg os yw pwnc y contract yn awgrymu y dylai gael ei lunio yn Gymraeg, a rhaid ichi beidio â thrin fersiwn Gymraeg o unrhyw wahoddiad yn llai ffafriol na fersiwn Saesneg ohono.	30/05/2019
58	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn cyhoeddi gwahoddiadau i dendro am gontract, rhaid ichi— (a) datgan yn y gwahoddiad y caniateir i dendrau gael eu cyflwyno yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg, a (b) peidio â thrin tendr am gontract a gyflwynir yn Gymraeg yn llai ffafriol na thendr a gyflwynir yn Saesneg (gan gynnwys, ymysg materion eraill, mewn perthynas â'r dyddiad cau ar gyfer cael tendrau, ac mewn perthynas ag amseriad rhoi gwybod i dendrwyr am benderfyniadau).	30/05/2019
59	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn rhoi gwybod i dendrwr beth yw'ch penderfyniad mewn perthynas â thendr, rhaid ichi wneud hynny yn Gymraeg os cyflwynwyd y tendr yn Gymraeg.	30/05/2019
60	Safonau Cyflenwi Gwasanaethau	Rhaid ichi hybu unrhyw wasanaeth Cymraeg a ddarperir gennych, a hysbysebu'r gwasanaeth hwnnw yn Gymraeg	30/05/2019
61	Safonau Cyflenwi Gwasanaethau	Os byddwch yn darparu gwasanaeth yn Gymraeg sy'n cyfateb i wasanaeth yr ydych yn ei ddarparu yn Saesneg, rhaid i unrhyw gyhoeddusrwydd neu ddogfen yr ydych yn ei llunio, neu wefan yr ydych yn ei chyhoeddi, sy'n cyfeirio at y gwasanaeth Saesneg nodi bod gwasanaeth cyfatebol ar gael yn Gymraeg.	30/05/2019
62	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn llunio, yn diwygio neu'n cyflwyno eich hunaniaeth gorfforaethol, rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.	30/05/2019

63	Safonau Cyflenwi Gwasanaethau	Os byddwch yn cynnig cwrs addysg i un neu ragor o unigolion, rhaid ichi— (a) cynnal asesiad o’r angen i’r cwrs hwnnw gael ei gynnig yn Gymraeg; (b) cynnig y cwrs hwnnw yn Gymraeg os dangosodd yr asesiad fod angen i’r cwrs gael ei gynnig yn Gymraeg.	30/11/2019
64	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn cyhoeddi neges wedi ei recordio dros system annerch gyhoeddus, rhaid ichi wneud y cyhoeddiad hwnnw yn Gymraeg ac, os yw’r cyhoeddiad yn cael ei wneud yn Gymraeg ac yn Saesneg, rhaid i’r cyhoeddiad gael ei wneud yn Gymraeg yn gyntaf.	30/05/2019
65	Safonau Cyflenwi Gwasanaethau	Pan fyddwch yn gwybod bod darparwr gofal sylfaenol yn fodlon darparu gwasanaeth gofal sylfaenol neu ran o’r gwasanaeth gofal sylfaenol drwy gyfrwng y Gymraeg, rhaid ichi ddynodi a chynnal tudalen ar eich gwefan (yn Gymraeg) sy’n cynnwys yr wybodaeth honno.	30/05/2019
66	Safonau Cyflenwi Gwasanaethau	Rhaid ichi— (a) darparu gwasanaeth cyfieithu o’r Saesneg i’r Gymraeg i ddarparwr gofal sylfaenol ei ddefnyddio er mwyn ei alluogi i gael cyfieithiadau Cymraeg o arwyddion neu hysbysiadau a arddangosir mewn cysylltiad â’i wasanaeth gofal sylfaenol, a (b) annog y defnydd o’r gwasanaeth cyfieithu a ddarperir gennych yn unol â’r safon hon.	30/05/2019
67	Safonau Cyflenwi Gwasanaethau	Rhaid ichi— (a) rhoi ar gael i ddarparwr gofal sylfaenol fathodyn iddo ei wisgo neu i’w staff ei wisgo i gyfleu eu bod yn gallu siarad Cymraeg, a (b) hybu i ddarparwr gofal sylfaenol wisgo’r bathodyn.	30/05/2019
68	Safonau Cyflenwi Gwasanaethau	Rhaid ichi ddarparu cyrsiau hyfforddi, gwybodaeth neu gynnal digwyddiadau fel y gall darparwr gofal sylfaenol ddatblygu—	30/05/2019

		(a) ymwybyddiaeth o’r Gymraeg (gan gynnwys ymwybyddiaeth o’i hanes a’i rôl yn niwylliant Cymru); a (b) dealltwriaeth o sut y gellir defnyddio’r Gymraeg yn y gweithle.	
69	Safonau Llunio Polisi	Pan fyddwch yn llunio polisi newydd, neu’n adolygu neu’n addasu polisi sydd eisoes yn bodoli, rhaid ichi ystyried pa effeithiau, os o gwbl (pa un ai yw’r rheini’n bositif neu’n andwyol) y byddai’r penderfyniad polisi yn eu cael ar— (a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
70	Safonau Llunio Polisi	Pan fyddwch yn llunio polisi newydd, neu’n adolygu neu’n addasu polisi sydd eisoes yn bodoli, rhaid ichi ystyried sut y gellid llunio’r polisi (neu sut y gellid newid polisi sydd eisoes yn bodoli) fel y byddai’r penderfyniad polisi’n cael effeithiau positif, neu effeithiau mwy positif, ar— (a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
71	Safonau Llunio Polisi	Pan fyddwch yn llunio polisi newydd, neu’n adolygu neu’n addasu polisi sydd eisoes yn bodoli, rhaid ichi ystyried sut y gellid llunio’r polisi (neu sut y gellid newid polisi sydd eisoes yn bodoli) fel na fyddai’r penderfyniad polisi’n cael effeithiau andwyol, neu fel y byddai’n cael effeithiau llai andwyol, ar— (a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
72	Safonau Llunio Polisi	Pan fyddwch yn cyhoeddi dogfen ymgynghori sy’n ymwneud â phenderfyniad polisi, rhaid i’r ddogfen honno ystyried a cheisio barn ynghylch yr effeithiau (pa un ai yw’r rheini’n bositif neu’n andwyol) y byddai’r penderfyniad polisi o dan ystyriaeth yn eu cael ar—	30/05/2019

		(a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	
73	Safonau Llunio Polisi	Pan fyddwch yn cyhoeddi dogfen ymgynghori sy’n ymwneud â phenderfyniad polisi, rhaid i’r ddogfen honno ystyried a cheisio barn ynghylch sut y gellid llunio neu addasu’r polisi o dan ystyriaeth fel y byddai’n cael effeithiau positif, neu effeithiau mwy positif, ar— (a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
74	Safonau Llunio Polisi	Pan fyddwch yn cyhoeddi dogfen ymgynghori sy’n ymwneud â phenderfyniad polisi, rhaid i’r ddogfen honno ystyried a cheisio barn ynghylch sut y gellid llunio neu addasu’r polisi o dan ystyriaeth fel na fyddai’n cael effeithiau andwyol, neu fel y byddai’n cael effeithiau llai andwyol, ar— (a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
75	Safonau Llunio Polisi	Pan fyddwch yn comisiynu neu’n gwneud gwaith ymchwil y bwriedir i’ch cynorthwyo i wneud penderfyniad polisi, rhaid ichi sicrhau bod yr ymchwil yn ystyried pa effeithiau, os o gwbl (a pha un ai ydynt yn rhai positif neu’n rhai andwyol), y byddai’r penderfyniad polisi sydd o dan ystyriaeth yn eu cael ar— (a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
76	Safonau Llunio Polisi	Pan fyddwch yn comisiynu neu’n gwneud gwaith ymchwil y bwriedir i’ch cynorthwyo i wneud penderfyniad polisi, rhaid ichi sicrhau bod yr ymchwil yn ystyried sut y gellid gwneud y penderfyniad polisi sydd o dan ystyriaeth fel y byddai’n cael effeithiau positif, neu effeithiau mwy positif, ar—	30/05/2019

		(a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg	
77	Safonau Llunio Polisi	Pan fyddwch yn comisiynu neu’n gwneud gwaith ymchwil y bwriedir i’ch cynorthwyo i wneud penderfyniad polisi, rhaid ichi sicrhau bod yr ymchwil yn ystyried sut y gellid gwneud y penderfyniad polisi sydd o dan ystyriaeth fel na fyddai’n cael effeithiau andwyol, neu fel y byddai’n cael effeithiau llai andwyol, ar— (a) cyfleoedd i bersonau ddefnyddio’r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/05/2019
78	Safonau Llunio Polisi	Rhaid ichi gyhoeddi polisi ar ddarparu gwasanaeth gofal sylfaenol sy’n ei gwneud yn ofynnol ichi ystyried y canlynol pan fyddwch yn gwneud penderfyniadau mewn perthynas â darparu gwasanaeth gofal sylfaenol— (a) pa effeithiau, os o gwbl (a pha un a yw’r rheini’n bositif neu’n andwyol), y byddai’r penderfyniad yn eu cael ar— (i) cyfleoedd i bersonau i ddefnyddio’r Gymraeg, a (ii) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg; (b) sut y gellid gwneud neu weithredu’r penderfyniad hwnnw fel y byddai’n cael effeithiau positif, neu effeithiau mwy positif, ar— (i) cyfleoedd i bersonau i ddefnyddio’r Gymraeg, a (ii) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg; ac (c) sut y gellid gwneud neu weithredu’r penderfyniad fel na fyddai’n cael effeithiau andwyol, neu fel y byddai’n cael effeithiau llai andwyol ar— (i) cyfleoedd i bersonau i ddefnyddio’r Gymraeg, a (ii) peidio â thrin y Gymraeg yn llai ffafriol na’r Saesneg.	30/11/2019
78A	Safonau Llunio Polisi	Pan ddaw 5 mlynedd ar ôl cyhoeddi’r polisi i ben yn unol â safon 78 (pa un a yw diwygiadau wedi eu gwneud i’r polisi hwnnw ai peidio) a	30/11/2019

		phan ddaw pob cyfnod dilynol o 5 mlynedd i ben, rhaid ichi— (a) asesu i ba raddau yr ydych wedi cydymffurfio â'r polisi; a (b) cyhoeddi'r asesiad hwnnw ar eich gwefan o fewn 6 mis i ddiwedd y cyfnod.	
79	Safonau Gweithredu	Rhaid ichi ddatblygu polisi ar ddefnyddio'r Gymraeg yn fewnol, gyda'r bwriad o hybu a hwyluso defnyddio'r Gymraeg, a rhaid ichi gyhoeddi'r polisi hwnnw ar eich mewnrwyd.	30/05/2019
80	Safonau Gweithredu	Pan fyddwch yn cynnig swydd newydd i unigolyn, rhaid ichi ofyn i'r unigolyn hwnnw a yw'n dymuno i'r contract cyflogaeth neu gontract am wasanaethau gael ei ddarparu yn Gymraeg; ac os yw'r unigolyn yn dymuno hynny rhaid ichi ddarparu'r contract yn Gymraeg.	30/11/2019
81	Safonau Gweithredu	Rhaid ichi ofyn i bob cyflogai ("A") a yw'n dymuno cael unrhyw un neu ragor o'r canlynol yn Gymraeg, ac os yw A yn dymuno cael un neu ragor yn Gymraeg rhaid ichi ei ddarparu (neu eu darparu) i A yn Gymraeg - (a) unrhyw ohebiaeth bapur sy'n ymwneud â'i gyflogaeth ac sydd wedi ei chyfeirio ato; (b) unrhyw ddogfennau sy'n amlinellu ei anghenion neu ofynion hyfforddi; (c) unrhyw ddogfennau sy'n amlinellu ei amcanion perfformiad; (ch)unrhyw ddogfennau sy'n amlinellu neu'n cofnodi ei gynllun gyrfa; (d) unrhyw ffurflenni sy'n cofnodi ac yn awdurdodi gwyliau blynyddol; (dd)unrhyw ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith; (e) unrhyw ffurflenni sy'n cofnodi ac yn awdurdodi oriau gweithio hyblyg.	30/11/2019

		Rhaid i chi gydymffurfio â safon 81 erbyn 30 Tachwedd 2019 ymhob amgylchiad, ac eithrio: ○ **pan fo'r weithgaredd yn cael ei chyflawni drwy ddefnydd y System Gofnodi Electroneg (ESR).** **Rhaid i chi gydymffurfio â safon 81 ymhob amgylchiad erbyn 30 Tachwedd 2020.**	
82	Safonau Gweithredu	Os byddwch yn cyhoeddi unrhyw un neu ragor o'r canlynol, rhaid ichi ei gyhoeddi yn Gymraeg - (a) polisi ynghylch ymddygiad yn y gweithle; (b) polisi ynghylch iechyd a lles yn y gwaith; (c) polisi ynghylch cyflogau neu fuddion yn y gweithle; (ch)polisi ynghylch rheoli perfformiad; (d) polisi ynghylch absenoldeb o'r gwaith; (dd)polisi ynghylch amodau gwaith; (e) polisi ynghylch patrymau gwaith.	30/05/2019
83	Safonau Gweithredu	Rhaid ichi ganiatáu a datgan mewn unrhyw ddogfen sydd gennych sy'n nodi eich gweithdrefnau ar gyfer gwneud cwynion y caiff pob aelod o staff - (a) gwneud cwyn ichi yn Gymraeg, a (b) ymateb i gŵyn a wnaed amdano ef yn Gymraeg; a rhaid ichi hefyd roi gwybod i bob aelod o staff am yr hawl honno.	30/05/2019
84	Safonau Gweithredu	Os byddwch yn cael cwyn gan aelod o staff neu'n cael cwyn ynghylch aelod o staff, a bod angen cyfarfod â'r aelod hwnnw o staff, rhaid ichi - (a) cynnig cynnal y cyfarfod yn Gymraeg neu, os oes angen, ddarparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw; a	30/05/2019

		(b) os yw'r aelod o staff yn dymuno i'r cyfarfod gael ei gynnal yn Gymraeg, cynnal y cyfarfod yn Gymraeg neu, os oes angen, gyda chymorth gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg.	
85	Safonau Gweithredu	Pan fyddwch yn rhoi gwybod i aelod o staff (A) beth yw'ch penderfyniad mewn perthynas â chŵyn a wneir ganddo, neu mewn perthynas â chŵyn a wneir amdano, rhaid ichi wneud hynny yn Gymraeg os yw A— (a) wedi gwneud y gŵyn yn Gymraeg, (b) wedi ymateb yn Gymraeg i gŵyn amdano ef, (c) wedi gofyn bod cyfarfod ynglŷn â'r gŵyn yn cael ei gynnal yn Gymraeg, neu (ch) wedi gofyn am gael defnyddio'r Gymraeg mewn cyfarfod ynglŷn â'r gŵyn.	30/05/2019
86	Safonau Gweithredu	Rhaid ichi - (a) caniatáu a datgan mewn unrhyw ddogfen sydd gennych sy'n nodi eich trefniadau ar gyfer disgyblu staff y caiff unrhyw aelod o staff ymateb yn Gymraeg i unrhyw honiadau a wneir yn ei erbyn, a (b) os byddwch yn dechrau gweithdrefn ddisgyblu mewn perthynas ag aelod o staff, rhoi gwybod i'r aelod hwnnw o staff am yr hawl honno.	30/05/2019
87	Safonau Gweithredu	Os byddwch yn trefnu cyfarfod ag aelod o staff ynghylch achos disgyblu mewn perthynas â'i ymddygiad, rhaid ichi - (a) cynnig cynnal y cyfarfod yn Gymraeg neu, os oes angen, ddarparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw; a (b) os yw'r aelod o staff yn dymuno i'r cyfarfod gael ei gynnal yn Gymraeg, cynnal y cyfarfod yn Gymraeg, neu os oes angen, gyda	30/05/2019

		chymorth gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg.	
88	Safonau Gweithredu	Pan fyddwch yn rhoi gwybod i aelod o staff ("A") beth yw'ch penderfyniad yn dilyn gweithdrefn ddisgyblu, rhaid ichi wneud hynny yn Gymraeg os yw A - (a) wedi ymateb i honiadau yn ei erbyn yn Gymraeg, (b) wedi gofyn bod cyfarfod ynglŷn â'r weithdrefn ddisgyblu yn cael ei gynnal yn Gymraeg, neu (c) wedi gofyn am gael defnyddio'r Gymraeg mewn cyfarfod ynglŷn â'r weithdrefn ddisgyblu.	30/05/2019
89	Safonau Gweithredu	Rhaid ichi ddarparu meddalwedd gyfrifiadurol ar gyfer gwirio sillafu a gramadeg y Gymraeg i'ch staff, a darparu rhyngwynebau Cymraeg ar gyfer meddalwedd (pan fo rhyngwyneb ar gael).	30/05/2019
90	Safonau Gweithredu	Rhaid ichi sicrhau - (a) bod testun pob tudalen ar eich mewnrwyd ar gael yn Gymraeg; (b) bod pob tudalen Gymraeg ar eich mewnrwyd yn gweithredu'n llawn; ac (c) nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg ar eich mewnrwyd **Rhaid i chi gydymffurfio â safon 90 mewn perthynas â thudalennau ar eich mewnrwyd sy'n ymwneud â'r materion o fewn y safonau gweithredu canlynol:** ○ **defnyddio'r Gymraeg o fewn eich gweinyddiaeth fewnol** ○ **cwynion a wneir gan staff** ○ **disgyblu staff** ○ **meithrin sgiliau drwy gynllunio a hyfforddi'ch gweithlu; a** ○ **recriwtio ac apwyntio.**	30/11/2020

91	Safonau Gweithredu	Rhaid ichi sicrhau - (a) bod testun hafan eich mewnrwyd ar gael yn Gymraeg, (b) bod unrhyw destun Cymraeg ar hafan eich mewnrwyd (neu, pan fo'n berthnasol, fod hafan Gymraeg eich mewnrwyd) yn gweithredu'n llawn, ac (c) nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg mewn perthynas â hafan eich mewnrwyd.	30/05/2019
93	Safonau Gweithredu	Os oes gennych dudalen Gymraeg ar eich mewnrwyd sy'n cyfateb i dudalen Saesneg, rhaid ichi nodi'n glir ar y dudalen Saesneg bod y dudalen hefyd ar gael yn Gymraeg, a rhaid darparu dolen uniongyrchol i'r dudalen Gymraeg ar y dudalen Saesneg gyfatebol	30/05/2019
94	Safonau Gweithredu	Rhaid ichi neilltuo a chynnal tudalen (neu dudalennau) ar eich mewnrwyd sy'n darparu gwasanaethau a deunydd cymorth i hybu'r Gymraeg ac i gynorthwyo eich staff i ddefnyddio'r Gymraeg.	30/05/2019
95	Safonau Gweithredu	Rhaid ichi ddarparu'r rhyngwyneb a'r dewislenni ar eich tudalennau mewnrwyd yn Gymraeg. **Rhaid cydymffurfio â safon 95 mewn perthynas â'r canlynol:** ○ **unrhyw dudalen neu hafan ar eich mewnrwyd sydd ar gael yn Gymraeg yn unol â safonau 90 ac/neu 91;** ○ **unrhyw dudalen a neilltuir a chynhelir ar eich mewnrwyd yn unol â safon 94.**	30/11/2020
96	Safonau Gweithredu	Rhaid ichi asesu sgiliau Cymraeg eich cyflogeion.	30/05/2019

97	Safonau Gweithredu	Rhaid ichi ddarparu cyfleoedd i gael hyfforddiant yn Gymraeg yn y meysydd a ganlyn, os ydych yn darparu hyfforddiant o'r fath yn Saesneg -
		(a) recriwtio a chyfweld;
		(b) rheoli perfformiad;
			30/11/2019

		(c) gweithdrefnau cwyno a disgyblu; (ch) ymsefydlu; (d) delio â'r cyhoedd; ac (dd) iechyd a diogelwch.	
98	Safonau Gweithredu	Rhaid ichi ddarparu cyfleoedd i gael hyfforddiant yn Gymraeg ar ddefnyddio'r Gymraeg yn effeithiol mewn - (a) cyfarfodydd; (b) cyfweliadau; ac (c) gweithdrefnau cwyno a disgyblu.	30/05/2019
99	Safonau Gweithredu	Rhaid ichi ddarparu cyfleoedd yn ystod oriau gwaith - (a) i'ch cyflogeion gael gwersi Cymraeg sylfaenol, a (b) i gyflogeion sy'n rheoli pobl eraill gael hyfforddiant ar ddefnyddio'r Gymraeg yn eu rôl fel rheolwyr.	30/05/2019
100	Safonau Gweithredu	Rhaid ichi ddarparu cyfleoedd i'ch cyflogeion sydd wedi cwblhau hyfforddiant Cymraeg sylfaenol gael hyfforddiant pellach, yn rhad ac am ddim, er mwyn datblygu eu sgiliau yn yr iaith.	30/05/2019
101	Safonau Gweithredu	Rhaid i chi ddarparu cyfleoedd i gyflogeion gael hyfforddiant, yn rhad ac am ddim, i wella eu sgiliau Cymraeg.	30/05/2019
102	Safonau Gweithredu	Rhaid ichi ddarparu cyrsiau hyfforddi er mwyn i'ch cyflogeion ddatblygu - (a) ymwybyddiaeth o'r Gymraeg (gan gynnwys ymwybyddiaeth am hanes yr iaith a'i lle yn niwylliant Cymru); (b) dealltwriaeth o'r ddyletswydd i weithredu yn unol â safonau'r Gymraeg; ac (c) dealltwriaeth am y modd y gellir defnyddio'r Gymraeg yn y gweithle	30/05/2019

103	Safonau Gweithredu	Pan fyddwch yn darparu gwybodaeth i gyflogeion newydd (er enghraifft, fel rhan o broses ymsefydlu), rhaid ichi ddarparu gwybodaeth er mwyn codi eu hymwybyddiaeth o'r Gymraeg.	30/05/2019
104	Safonau Gweithredu	Rhaid ichi ddarparu - (a) geiriad neu logo ar gyfer llofnodion e-bost eich staff sy'n eu galluogi i ddynodi a ydynt yn siarad Cymraeg yn rhugl neu'n dysgu'r iaith, a (b) geiriad ar gyfer eich cyflogeion a fydd yn eu galluogi i gynnwys fersiwn Gymraeg o'u manylion cyswllt mewn negeseuon e-bost, ac i ddarparu fersiwn Gymraeg o unrhyw neges sy'n hysbysu pobl eraill nad ydynt ar gael i ateb negeseuon e-bost.	30/05/2019
105	Safonau Gweithredu	Rhaid ichi - (a) rhoi ar gael i aelodau'r staff sy'n gallu siarad Cymraeg fathodyn iddynt ei wisgo sy'n cyfleu hynny; a (b) hybu gwisgo'r bathodyn ymhlith aelodau'r staff.	30/05/2019
106	Safonau Gweithredu	Pan fyddwch yn asesu'r anghenion ar gyfer swydd newydd neu swydd wag, rhaid ichi asesu'r angen am sgiliau yn y Gymraeg, a'i chategoreiddio fel swydd pan fo un neu ragor o'r canlynol yn gymwys - (a) bod sgiliau yn y Gymraeg yn hanfodol; (b) bod angen dysgu sgiliau yn y Gymraeg pan benodir rhywun i'r swydd; (c) bod sgiliau yn y Gymraeg yn ddymunol; neu (ch) nad yw sgiliau yn y Gymraeg yn angenrheidiol.	30/05/2019
106A	Safonau Gweithredu	Os byddwch wedi categoreiddio swydd fel un sy'n gofyn bod sgiliau yn y Gymraeg yn hanfodol, yn ddymunol neu fod angen eu dysgu, rhaid ichi -	30/11/2019

		(a) pennu hynny wrth hysbysebu'r swydd, a (b) hysbysebu'r swydd yn Gymraeg.	
107	Safonau Gweithredu	Pan fyddwch yn hysbysebu swydd, rhaid ichi ddatgan y caniateir i geisiadau gael eu cyflwyno yn Gymraeg, ac na fydd cais a gyflwynir yn y Gymraeg yn cael ei drin yn llai ffafriol na chais a gyflwynir yn Saesneg.	30/05/2019
107A	Safonau Gweithredu	Os byddwch yn cyhoeddi - (a) ffurflenni cais am swyddi; (b) deunydd esboniadol ynghylch eich proses ar gyfer ymgeisio am swyddi; (c) gwybodaeth am eich proses gyfweld, neu am unrhyw ddulliau asesu eraill wrth ymgeisio am swyddi; neu (ch) swydd-ddisgrifiadau; rhaid ichi eu cyhoeddi yn Gymraeg a rhaid ichi sicrhau nad ydych yn trin unrhyw fersiynau Cymraeg o'r dogfennau yn llai ffafriol na fersiynau Saesneg ohonynt.	30/11/2019
107B	Safonau Gweithredu	Rhaid ichi beidio â thrin cais am swydd a wneir yn Gymraeg yn llai ffafriol na chais a wneir yn Saesneg (gan gynnwys, ymysg materion eraill, o ran y dyddiad cau yr ydych yn ei osod ar gyfer cael ceisiadau, ac o ran amseriad rhoi gwybod i ymgeiswyr ynghylch penderfyniadau).	30/05/2019
108	Safonau Gweithredu	Rhaid ichi sicrhau bod eich ffurflenni cais am swyddi yn rhoi lle i ymgeiswyr nodi eu bod yn dymuno cael cyfweliad neu ddull arall o asesiad yn Gymraeg ac, os yw ymgeisydd yn dymuno hynny, rhaid ichi gynnal unrhyw gyfweliad neu ddull arall o asesiad yn Gymraeg, neu, os oes angen, ddarparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg at y diben hwnnw.	30/05/2019

109	Safonau Gweithredu	Pan fyddwch yn rhoi gwybod i ymgeisydd beth yw’ch penderfyniad mewn perthynas â chais am swydd, rhaid ichi wneud hynny yn Gymraeg os gwnaed y cais yn Gymraeg.	30/05/2019
110	Safonau Gweithredu	Rhaid ichi gyhoeddi cynllun ar gyfer pob cyfnod 5 mlynedd gan nodi - (a) i ba raddau yr ydych yn gallu cynnig cynnal ymgynghoriad clinigol yn Gymraeg; (b) y camau yr ydych yn bwriadu eu cymryd i gynyddu eich gallu i gynnig cynnal ymgynghoriad clinigol yn Gymraeg; (c) amserlen ar gyfer y camau yr ydych wedi rhoi manylion amdanynt yn (b).	30/11/2019
110A	Safonau Gweithredu	Dair blynedd ar ôl cyhoeddi cynllun yn unol â safon 110, ac ar ddiwedd cyfnod 5 mlynedd cynllun, rhaid ichi - (a) asesu i ba raddau yr ydych wedi cydymffurfio â’r cynllun; a (b) cyhoeddi’r asesiad hwnnw o fewn 6 mis.	30/11/2019
111	Safonau Gweithredu	Pan fyddwch - (a) yn gosod arwydd newydd neu’n adnewyddu arwydd yn eich gweithle (gan gynnwys arwyddion dros dro); neu (b) yn cyhoeddi neu’n arddangos hysbysiad yn eich gweithle; rhaid i unrhyw destun sy’n cael ei arddangos ar yr arwydd neu’r hysbysiad gael ei arddangos yn Gymraeg (pa un ai ar yr un arwydd neu hysbysiad sy’n arddangos y testun Saesneg cyfatebol neu ar arwydd neu hysbysiad ar wahân), ac os yw’r un testun yn cael ei arddangos yn Gymraeg ac yn Saesneg, rhaid ichi beidio â thrin y testun Cymraeg yn llai ffafriol na’r testun Saesneg.	30/05/2019
112	Safonau Gweithredu	Pan fyddwch - (a) yn gosod arwydd newydd neu’n adnewyddu arwydd yn eich gweithle (gan gynnwys arwyddion dros dro); neu (b) yn cyhoeddi neu’n arddangos hysbysiad;	30/05/2019

		a bod yr arwydd neu'r hysbysiad hwnnw'n cyfleu yr un wybodaeth yn Gymraeg ac yn Saesneg, rhaid i'r testun Cymraeg gael ei roi mewn safle fel mai hwnnw sy'n debygol o gael ei ddarllen yn gyntaf.	
113	Safonau Gweithredu	Rhaid ichi sicrhau bod y testun Cymraeg ar arwyddion a hysbysiadau a arddangosir yn eich gweithle yn gywir o ran ystyr a mynegiant.	30/05/2019
114	Safonau Gweithredu	Pan fyddwch yn gwneud cyhoeddiad wedi ei recordio dros offer sain yn eich gweithle, rhaid i'r cyhoeddiad hwnnw gael ei wneud yn Gymraeg, ac os gwneir y cyhoeddiad yn Gymraeg ac yn Saesneg, rhaid i'r cyhoeddiad gael ei wneud yn Gymraeg yn gyntaf.	30/05/2019
115	Safonau Cadw Cofnodion	Rhaid ichi gadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y cwynion yr ydych yn eu cael sy'n ymwneud â'ch cydymffurfedd â'r safonau.	30/05/2019
116	Safonau Cadw Cofnodion	Rhaid ichi gadw cofnod (yn dilyn asesiadau o sgiliau iaith Gymraeg eich cyflogeion a wnaed gennych yn unol â safon 96), o nifer y cyflogeion sy'n meddu ar sgiliau yn y Gymraeg ar ddiwedd pob blwyddyn ariannol a, phan fo hynny'n wybyddus ichi, rhaid ichi gadw cofnod o lefel sgiliau'r cyflogeion hynny.	30/05/2019
117	Safonau Cadw Cofnodion	Rhaid ichi gadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y swyddi newydd a'r swyddi gwag a gategoreiddiwyd (yn unol â safon 106) fel swyddi sy'n gofyn— (a) bod sgiliau yn y Gymraeg yn hanfodol; (b) bod angen dysgu sgiliau yn y Gymraeg unwaith y penodir rhywun i'r swydd; (c) bod sgiliau yn y Gymraeg yn ddymunol; neu (ch) nad oedd sgiliau yn y Gymraeg yn angenrheidiol.	30/05/2019
118	Safonau sy'n ymdrin â Materion Atodol	Rhaid ichi sicrhau bod dogfen sy'n cofnodi'r safonau yr ydych o dan ddyletswydd i gydymffurfio â hwy, a'r graddau yr ydych o dan ddyletswydd i gydymffurfio â'r safonau hynny, ar gael ar eich gwefan.	30/05/2019

119	Safonau sy'n ymdrin â Materion Atodol	Rhaid ichi— (a) sicrhau bod gennych weithdrefn gwyno sy’n delio â sut yr ydych yn bwriadu delio â chwynion ynglŷn â’ch cydymffurfedd â’r safonau yr ydych o dan ddyletswydd i gydymffurfio â hwy, a (b) cyhoeddi dogfen sy’n cofnodi’r weithdrefn honno ar eich gwefan.	30/05/2019
120	Safonau sy'n ymdrin â Materion Atodol	(1) Rhaid ichi lunio adroddiad (“adroddiad blynyddol”), yn Gymraeg, mewn perthynas â phob blwyddyn ariannol, sy’n delio â’r modd y bu ichi gydymffurfio â’r safonau yr oeddech o dan ddyletswydd i gydymffurfio â hwy yn ystod y flwyddyn honno. (2) Rhaid i’r adroddiad blynyddol gynnwys yr wybodaeth a ganlyn (pan fo’n berthnasol, i’r graddau yr ydych o dan ddyletswydd i gydymffurfio â’r safonau y cyfeirir atynt)— (a) nifer y cwynion a gawsoch yn y flwyddyn o dan sylw a oedd yn ymwneud â’ch cydymffurfedd â’r safonau yr oeddech o dan ddyletswydd i gydymffurfio â hwy (ar sail y cofnodion a gadwasoch yn unol â safon 115); (b) nifer y cyflogeion sy’n meddu ar sgiliau yn y Gymraeg ar ddiwedd y flwyddyn o dan sylw (ar sail y cofnodion a gadwasoch yn unol â safon 116); (c) nifer (ar sail y cofnodion a gadwasoch yn unol â safon 117) y swyddi newydd a’r swyddi gwag a hysbysebwyd gennych yn ystod y flwyddyn a gategoreiddiwyd fel swyddi sy’n gofyn— (i) bod sgiliau yn y Gymraeg yn hanfodol; (ii) bod angen dysgu sgiliau yn y Gymraeg pan benodir i’r swydd; (iii) bod sgiliau yn y Gymraeg yn ddymunol; neu (iv) nad oedd sgiliau yn y Gymraeg yn angenrheidiol. (3) Rhaid ichi gyhoeddi’r adroddiad blynyddol heb fod yn hwyrach na 6 mis yn dilyn diwedd y flwyddyn ariannol y mae’r adroddiad yn	30/05/2019

		ymwneud â hi. (4) Rhaid ichi sicrhau bod copi cyfredol o’ch adroddiad blynyddol ar gael ar eich gwefan.	
121	Safonau sy'n ymdrin â Materion Atodol	Rhaid ichi ddarparu i Gomisiynydd y Gymraeg (os gofynnir ganddo) unrhyw wybodaeth sy’n ymwneud â’ch cydymffurfedd â’r safonau cyflenwi gwasanaethau, y safonau llunio polisi neu’r safonau gweithredol yr ydych o dan ddyletswydd i gydymffurfio â hwy.	30/05/2019

Meri Huws

Meri Huws
Comisiynydd y Gymraeg

Dyddiad: 30/11/2018

improving the
quality of care

achieve

Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care
2016 – 2019

Llywodraeth Cymru
Welsh Government

support

service

dignity and respect

Regulation and Inspection

Professional Education

future

Promotion and Engagement

More than just words

understand

language

maintain support

Mapping, Auditing, Data Collection and Research

leadership

patient safety

professional

achieve plan

develop

National and Local Leadership, and National Policy

community

skills

support

○ ○ ○ ○ service

challenge

future

Service Planning, Commissioning and Contracting, and workforce planning

practice

language

meeting needs

leadership

professional

Active Offer

Welsh in the workplace

understand

community

challenge

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MINISTERIAL FOREWORD

Ensuring the safety, dignity and respect of Welsh speakers is at the heart of providing health and social services in Welsh. It is not just about complying with legal requirements and maintaining professional standards; it is also about improving the quality of care and meeting the language need of people and providing good public services that focus on the individual.

More than just words…., the Welsh Government's original strategic framework for Welsh language services in health, social services and social care, launched in 2012, has led to a number of improvements which helped ensure Welsh speakers receive health, social services and social care services in their first language. This has been achieved by making the best use of the existing skills and resources across our NHS and social services.

The aim of this follow-on strategic framework is to maintain momentum but also support a greater level of recognition among service providers that the use of the Welsh language is not just a matter of choice but also a matter of need. It is especially important for many vulnerable people and their families who need to access services in their first language, such as older people suffering from dementia or stroke who may lose their second language or very young children who may only speak Welsh.

When *More than just words….* was launched in 2012 it was clear that strengthening Welsh language provision in health and social services would be a journey. As various initiatives celebrated at the annual Welsh Language in Health, Social Services and Social Care Awards have shown there is a lot of commitment to realise the vision of *More than just words….* but more can be done to ensure more consistency in implementation across Wales.

The focus of this follow-on framework is providing care that meets the needs of the individual, not just procedures. We have also taken the opportunity to ensure that the framework reflects changes in the political and legislative landscape since the publication of the original *More than just words…..* As such, implementing this follow-on framework will provide a good foundation for organisations to provide services in compliance with the forthcoming Welsh Language Standards.

The objectives outlined in this follow-on framework will not be achieved overnight but I know that there is a clear commitment to delivering change. If we remember to ask service users not just what is the matter with them but what matters to them we will be well on our way to turning vision into reality.

Mark Drakeford

Mark Drakeford AM
Minister for Health and Social Services

INTRODUCTION

At the core of all arguments for strengthening Welsh language provision in health, social services and social care is patient safety, dignity and respect. Care and language go hand in hand and the quality of care can be compromised by the failure to communicate with people in their first language.

Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. Service providers therefore have a responsibility to meet these care needs. Language may seem a marginal issue to some but it can be key to service users.

People choose to receive health and social care services in Welsh because that is their preference and right. For others, however, it is more than just a matter of choice – it is a matter of need. This is especially true for the elderly, people with dementia or a stroke, or young children who may only speak Welsh. It is also important to recognise that the individual is not always in a position to express their choice. People are often vulnerable, and not confident to ask for services in Welsh. Language must therefore be an integral part of the care provided.

> Throughout my career, I've seen many situations where there has been a lack of availability of Welsh-medium staff which has led to a misinterpretation of patients' needs or even a misdiagnosis because patients are confused, in pain or have lost the ability to understand and speak English.
>
> – Service provider

With a high proportion of services in the NHS, social services and social care being contracted to third parties, it is essential that the importance of language sensitivity is also clear and explicit in all commissioning.

There is an acceptance that public services are operating within very tight and challenging financial constraints but realising the vision in this follow-on strategic framework is unlikely to require additional resources. It will, however, require organisations to operate differently. Organisations need to mainstream

Welsh language services as an integral part of their service delivery and workforce planning. The original *More than just words*…. strategic framework brought about the development of a number of initiatives which showed how it was possible to ensure that Welsh speakers can receive health and social services in their first language by making the best use of existing skills and resources.

The focus of this follow-on strategic framework is on care not simply procedures and so everyone working in health, social services and social care needs to ask their service users not just what is the matter with them, but what matters to them.

Good practice

An intensive care nurse was caring for a patient who had not fully regained consciousness two weeks after sedation had been stopped and this was causing concern. Although there wasn't any language preference noted on the patient's records, the nurse started speaking in Welsh and the patient immediately understood her. It transpired the patient had lost the ability to understand or speak English.

CHAPTER 1

Policy context for delivering Welsh language services in health and social care

(i) Overview

1.1 The Welsh Government is committed to delivering high-quality health, social services and social care services that are centred on peoples' needs and outcomes. Organisations across the public sector have a responsibility to comply with the Welsh Language (Wales) Measure 2011 which allows the creation of new Standards to ensure Welsh speakers can receive services in Welsh. Therefore, Local Health Boards and Local Authority Social Services Departments have a statutory responsibility to ensure that peoples' well-being outcomes are supported, and that their care and support needs, including their language need, are accurately assessed and met. Many people can only communicate and participate in their care and support as equal partners effectively through the medium of Welsh and service providers therefore have a responsibility to meet these care needs.

> In Welsh I can talk about experiences and personal things. The flow isn't the same in English. You have to translate, especially when you are talking about something that is so important.
>
> – User experience

1.2 Since 2007 the Welsh Language in Health and Social Services Task Group has met regularly to discuss concern about the availability of Welsh language services. It became clear to the Task Group that there was a commitment by staff working in both health and social services to provide services in Welsh. There was also some good practice, but this was more often than not the result of the commitment of individuals, rather than being a planned element of service provision. In 2012, a report published by the Care Council for Wales expressed concern about the lack of Welsh language services available for patients and families through the medium of Welsh and this report contributed towards informing the Welsh Government policy on the use of Welsh in health, social services and social care.

(ii) Strategic Framework for Welsh Language Services in Health, Social Services and Social Care, *More than just words*….

1.3 The Welsh Government published *More than just words*…. its strategic framework for health, social services and social care in November 2012 to address these issues in a planned and co-ordinated way. The strategic framework confirmed the Welsh Government's commitment to strengthen Welsh language services in these areas. Two three-year action plans, one for NHS Wales and the other for social services, were also published to complement the strategic framework and outline the practical actions required to realise the vision. The strategic framework was intended to cover the period April 2013 to April 2016 with annual reports published to demonstrate progress.

1.4 Being able to access Welsh language services is a clear desire for some, and having the option to use services through the medium of Welsh is not always a matter of choice: it can also be a matter of need and vital in securing positive well-being outcomes. Expressing and communicating needs in Welsh can be more comfortable and effective for those who think and live their lives through the medium of Welsh. A lack of services available in Welsh can therefore be seen as a failure to provide basic requirements. Many Welsh speakers feel more comfortable expressing themselves and communicating their needs in Welsh, as they think and live their lives through the medium of Welsh. It can therefore be argued that when services are not available in Welsh; this is a failure to meet a basic requirement.

> She (mother) used to go to hospital but it was difficult for her to express herself in English. So, she used to feel that things weren't moving as quickly as they should. She used to feel that they were talking above her and that they couldn't have a dialogue with her.
>
> – User experience

1.5 There are good reasons why health and social care and support services should be available in Welsh:

- Improving the quality of care and clinical necessity – it is important to recognise the concept of language need. Although the Welsh language is an integral element in the care and support of many Welsh speakers, some groups have greater need to receive their services in Welsh. For these groups, the Welsh language should be viewed as an even more fundamental element of service provision. These groups are:
  - o Children and young people
  - o Older people
  - o People with learning disabilities
  - o Mental health service users
  - o Dementia services
  - o Stroke services
  - o Speech and language therapy services
- Maintaining professional standards – numerous professional standards in health and social care list effective communication as a key requirement and highlight the need to ensure people are treated with respect and dignity.
- Meeting the language need of people – organisations have a responsibility to recognise and to respond to language need as an integral element of care. In other words to provide an Active Offer.
- Comply with legal and statutory requirements – organisations in the public sector have a responsibility to comply with the new Welsh Language (Wales) Measure 2011. This will create standards regarding Welsh, which will result in rights being established that will ensure Welsh speakers can receive services in Welsh.

(iii) The Active Offer

> There were two people who spoke Welsh on the ward and when one of these happened to be on duty, he'd be quieter. He used to sit down, whereas otherwise he used to parade around. It makes the condition a lot worse if you can't communicate in your first language.
>
> – User experience

1.6 One of the key principles of *More than just words*…. is the Active offer. An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a change of culture that takes the responsibility away from the individual and places the responsibility on service providers and not making the assumption that all Welsh speakers speak English anyway.

> I think it is hard to ask for a Welsh language service. You don't want to upset the people who are treating you.
>
> – User experience

1.7 In the context of health and social services, many service users are very vulnerable or anxious and therefore expecting them to ask to receive their health or social care services in Welsh is unfair. It is the responsibility of NHS Wales and social services to deliver appropriate services, which include meeting people's linguistic needs. Only by doing this can they provide a service that is safe and effective.

1.8 Over the last 3 years there has been a growing understanding about the importance of the Active Offer which remains a key element of the *More than just words*…. strategic framework. A recently published information and training pack aimed at supporting all staff across NHS Wales and social services in making an Active Offer has helped raise the profile and understanding of the principle. As part of this follow-on strategic framework, the Welsh Government will be creating and updating an online information resource for all health, social services and social care staff to help with a more consistent delivery of the Active Offer.

> If the child is monolingual, then you should be offered the service in Welsh without having to ask.
>
> – User experience

(iv) Welsh Language Standards

1.9 Since the publication of *More than just words….* the Welsh Language (Wales) Measure 2011 has become law. The Measure provides for new Standards which are being placed on a range of organisations across the public and private sector and gives the Welsh language official status in Wales which means that it should be treated no less favourably than the English language.

1.10 Welsh Language Schemes have been successful in raising the profile of services that should be available in Welsh as well as ensuring that many of the services are now provided bilingually. The Standards replace and build on the Welsh Language Schemes and will make it easier for people to use Welsh in their everyday lives whilst ensuring that services are provided according to language choice, as well as need.

1.11 The introduction of the Standards should not be seen as an addition to the implementation of *More than just words*…. or vice versa. The Standards should instead be viewed as a strengthening of the commitments made in this follow-on strategic framework. By delivering actions from this strategic framework, public bodies will be simultaneously meeting some of the Standards.

1.12 Unlike the current Welsh Language Schemes, the Welsh Language Standards have greater enforcement provisions to ensure compliance. Upon discovering that a body has not acted in accordance with a Standard (through spot checks or complaints received), the Welsh Language Commissioner has powers to investigate a potential non-compliance. If the Welsh Language Commissioner finds that a body has not complied with a Standard, the Commissioner may impose a civil financial penalty upon the infringing body and publicise the non-compliance to compel the body to comply.

1.13 Welsh Language Standards for local authorities (and therefore social services) will come into force on 30 March 2016 and the Regulations creating the Standards for NHS Wales are likely to be passed by the National Assembly for Wales in late 2016/early 2017. From that point, the Welsh Language Commissioner will have the right to serve a Compliance Notice to organisations within NHS Wales. Organisations will have at least 6 months from the date on which the Compliance Notice is served to comply with the Standards the Welsh Language Commissioner chooses to subject them to.

1.14 As this follow-on strategic framework is built upon the foundations laid by the Welsh Language Standards, if people are unable to receive services in their language of choice, they would have access to the Welsh Language Standards' complaints procedure. This typically involves contacting the organisation which has failed to provide services in Welsh directly and awaiting a response. If the person concerned does not feel that the response is adequate, the individual may choose to report the matter to the Welsh Language Commissioner who may investigate the alleged infringement.

(v) European Charter for Regional or Minority Languages

1.15 European legislation and compliance with the European Charter for Regional or Minority Languages establishes the principle that: the right to use a regional or minority language in private and public life is an inalienable right.

1.16 Article 13 of the Charter is concerned with 'Economic and Social Life' and is binding upon the UK Government (and therefore the Welsh Government):

> *'to ensure that social care facilities such as hospitals, retirement homes and hostels offer the possibility of receiving and treating in their own language persons using a regional or minority language which are in need of care on grounds of ill-health, old age or for other reasons' (article 13).*

1.17 However, the most recent monitoring report from COMEX[1] (Council of Europe's Committee of Experts) in 2010 showed that there is still much to be achieved. They made the following recommendation:

> *'…that the authorities of the United Kingdom…take concrete steps to further increase the use of Welsh in health and social care'.*

(vi) *My Language, My Health*: The Welsh Language Commissioner's Inquiry into the Welsh Language in Primary Care

1.18 *My Language, My Health* was published by the Welsh Language Commissioner on 10 June 2014. The inquiry was undertaken on the primary care sector as this is the first point of contact for many members of the public with the healthcare system. Therefore, it is important that there are adequate Welsh language services available in this sector. Health boards will need to ensure when commissioning services that adequate provision is available and at the same time publicise the location of these services.

Good Practice

To provide services in Welsh, a GP's surgery encouraged staff to learn or improve their Welsh and it developed a new computer system that recorded a patient's language choice.

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[1] COMEX (Council of Europe's Committee of Experts) 2010

(vii) Well-being of Future Generations (Wales) Act 2015

1.19 In April 2015 the Well-being of Future Generations (Wales) Act 2015 became law in Wales. The Act sets out seven goals for the well-being of future generations in Wales. One of these goals aims to ensure 'A Wales of vibrant culture and thriving Welsh language'. Achieving the aims set out in *More than just words*…. will not only contribute to this goal by ensuring that the Welsh language will be increasingly used and thrive in our communities but it will also lead to an improvement in care.

(viii) Social Services and Well-being (Wales) Act 2014

1.20 The Act sets out overarching duties to help people who need care and support and carers who need support. Having regard to the characteristics, culture and beliefs of an individual is paramount in supporting people to achieve well-being. For many Welsh speakers, language is an integral element of achieving their care. The Act's definition of well-being includes 'securing rights and entitlements'. For Welsh speakers, securing rights and entitlements will mean being able to use their own language to communicate and participate in their care as equal partners.

1.21 Welsh Ministers are required under the Act to issue a statement of well-being outcomes to be achieved for people who need care and support and carers who need support this includes whether people can get care and support through the Welsh language if that is their choice.

1.22 The Codes of Practice under the Act require local authorities to ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh to Welsh speakers without them having to request it as required by the Active Offer.

(ix) Prudent Healthcare

1.23 The delivery of *More than just words*…. will also assist in the culture change required to deliver Prudent Healthcare. At present, the inconsistent provision of Welsh language services means that the ability of Welsh speakers to communicate with service providers in their own language is often compromised. The language barrier which exists between Welsh speakers and service providers presents clear difficulties in ascertaining people's needs. With the delivery of *More than just words*…., this language barrier will be removed. This will help service providers to satisfy the 'do no harm' and 'carry out the minimum intervention required' principles of Prudent Healthcare as people will have been able to express their needs, symptoms and problems in their own language and people's needs will have been fully understood.

> We receive a number of services in Welsh, for example, from our GP, our social worker and all the education based services. In all services, X our son, can be included fully in every discussion; he can express his opinion clearly and the professional can get to know him as an individual.
>
> – User experience

(x) Declaration of Rights for Older People in Wales

1.24 In 2014, the Welsh Government issued its Declaration of Rights for Older People in Wales which brings the rights contained within the Equality Act 2010 and the European Convention on Human Rights to life for older people in Wales. Within the Declaration, it is made clear that older people have the right to use their language of choice to communicate. Where Welsh speakers wish to engage with health, social services or social care services staff in Welsh, they should be free to do so.

(xi) Legislation concerning children

1.25 Numerous legislative provisions such as the Children Act 1989 and 2004 protect the rights of children. The language rights of children are strengthened by the Rights of Children and Young Persons (Wales) Measure 2011 from the National Assembly for Wales which gives further effect in Wales to the United Nations Convention on the Rights of the Child. The Convention protects the rights of children to use their own language. As many Welsh-speaking children are only able to speak Welsh (particularly young children), this strategic framework identifies children and young people as a group who have greater need for Welsh language services. Where children or young people want or need their services provided to them in Welsh, they should be provided.

CHAPTER 2

Building on *More than just words….*

2.1 When *More than just words*…. was launched in 2012, it stated that strengthening Welsh language provision in health and social services would be a journey. It is clear that not all of the actions in the first strategic framework have always been successfully implemented, or if they have been implemented, they have not always been implemented consistently across Wales. Given that the original vision which formed the foundation of the first strategic framework remains largely the same, these actions have been brought forward to this follow-on strategic framework's action plan.

2.2 Alongside the need to carry forward some of the actions from the previous strategy, there have also been changes to the policy and legislative landscape for example the Well-being of Future Generations (Wales) Act 2015, the *My Language, My Health* inquiry into Welsh language provision in primary care and the Welsh Language Standards which have all made a follow-on strategic framework a necessity. The follow-on strategic framework also reflects the need to have a greater focus on outcomes to ensure that health boards and local authorities remain focussed on *More than just words....* and clearly understand the actions they need to take and by when.

2.3 It is clear that there is a lot of commitment to realise the vision of *More than just words*…., but more needs to be done to make best use of the workforce's existing Welsh language skills and to invest in the workforce of the future and turn the principle of the Active Offer into a reality. Adopting a bilingual workforce planning strategy can help remove any uncertainty regarding the Welsh language in recruitment and allow an organisation to deal with language skills positively, objectively and legally[2]. From the foundation laid by the first *More than just words*…., this follow-on strategic framework's action plan has been strengthened with new and amended actions to ensure that all those responsible for its implementation across health, social services and social care can clearly understand what is required to realise the vision of *More than just words*….

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[2] Recruitment: Welsh Language Considerations, Welsh Language Commissioner.

2.4 The ultimate aim of this follow-on strategic framework is to ensure that we reach a point where we have mainstreamed the Welsh language into virtually all aspects of the day-to-day business of NHS Wales, social services and social care. This will involve recognition that many vulnerable people, such as older people who suffer from dementia or stroke, also lose their second language and many toddlers only speak Welsh.

> Everyone spoke Welsh, I could speak to them as if I was speaking to my family at home… For me being able to speak Welsh helps me get better.
>
> – User experience

Governance and Partnership

2.5 As well as having played a crucial advisory role during the development of this follow-on strategic framework, the *More than just words*…. Implementation Group and the Welsh Language in Health and Social Services Task Group will play a key role in monitoring its implementation.

2.6 Made up of representatives from each of the sectors concerned with the implementation of *More than just words*…., the *More than just words*…. Implementation Group will be a forum to feed back to the Welsh Government on progress made in implementing the strategic framework. The group, with the assistance of the strategy's implementation manager, will also have a key role in identifying areas within the strategic framework which may prove more challenging to implement and attempt to work through them. A core part of the group's work will also be to provide progress reports on the implementation of the strategic framework to the Welsh Language in Health and Social Services Task Group.

2.7 The Welsh Language in Health and Social Services Task Group will oversee the implementation by NHS Wales, social services departments and other organisations of the *More than just words*…. strategic framework by analysing and scrutinising progress reports which will be provided to it by the *More than just words*…. Implementation Group.

CHAPTER 3

Responsibility and Accountability

3.1 Strengthening Welsh language services in health, social services and social care is the responsibility of many organisations. The Welsh Government has a central role in setting the strategic direction, but NHS Wales organisations, social services departments and other organisations (such as higher and further education institutions) will ultimately be accountable for their responsibilities to deliver the actions within the action plan which are applicable to their organisation.

3.2 The Welsh Government is determined to emphasise the importance of ownership, commitment and accountability for the programme by its main stakeholders. To this end, the action plan of this strategic framework aims to provide clarity on what is required to be delivered, the body responsible for an action's delivery and a timescale for delivery.

3.3 The Welsh Government will ensure that it fulfils its responsibilities in setting the strategic direction by providing direction on Welsh language issues to the health and social services sectors in national policy documents. To that end, the Integrated Medium Term Plan (IMTP) guidance for NHS Wales will specifically direct health boards and trusts as to what IMTPs must include concerning the Welsh language. For Directors of Social Services, a Directors Code of Practice is being published which will require Directors of Social Services to produce an annual report which will provide an update on Welsh language service provision. In addition, various other government strategies will restate the importance of Welsh language service provision such as the Quality Plan.

3.4 Social services departments and NHS Wales organisations will have to plan and be accountable for the delivery of Welsh language services in their own areas, including services provided by the independent and third sector. This strategic framework is founded on improving the quality of care provided and will therefore also be particularly relevant to the Royal Colleges, professional bodies and further and higher education sectors.

3.5 The monitoring systems for the strategic framework will be based on a set of principles which will:

- Focus on people's experiences of services provided in Welsh. This feedback will be collated through the use of existing patient surveys
- It will be mainstreamed into existing monitoring systems
- Dovetail with the Welsh Language Commissioner's reporting mechanisms for both existing Welsh Language Schemes and emerging Welsh Language Standards.

(i) The Active offer

3.6 The Active Offer continues to be integral and central to this strategic framework. Making an Active Offer is a behaviour that reflects the core values of NHS Wales and social services to treat everybody with dignity and respect as well as providing a safe service. The term Active Offer simply means:

- Providing a service in Welsh without someone having to ask for it and creating a change in culture that takes away the responsibility of the individual to ask for a service through the medium of Welsh.
- Providing a service that is patient-centred is fundamental to the Active offer.
- Making an Active Offer means not making assumptions that all Welsh speakers speak English anyway. It ensures Welsh-speaking people are treated with dignity and respect by asking them what their preferred language is and acting on it.
- Making an Active Offer is also about creating the right environment where people feel empowered and confident that their needs will be met.

3.7 Managers, professionals and other staff employed in health, social services and social care, whether provided by NHS Wales, local authorities or commissioned by them will make an Active Offer of care in the Welsh language to people. Chief Executives of Health Boards and Trusts and Directors of Social Services will take lead responsibility for this.

> I've made the point from the beginning, can we have services in Welsh please? Having said that, we still tend to have to raise the point again at every step in the process
>
> – User experience

(ii) Delivering the objectives of this strategic framework

3.8 To deliver the actions of this strategic framework, 7 key objectives have been identified for delivery. Each objective relates to a key area where actions are needed in order to deliver the high-quality services that Welsh speakers deserve. This follow-on strategic framework aims to ensure an integrated approach to the delivery of health and social services and social care. To this end, one single action plan has been developed for both sectors instead of two as in the first strategic framework. In addition, to reflect current integrated thinking in health and social care policy, this follow-on strategic framework's action plan contains a greater focus on outcomes for people to ensure that the people of Wales can clearly understand what the delivery of this strategic framework will mean for them.

Objective 1: National and Local Leadership, and National Policy

3.9 To achieve the objectives set out in this framework, leadership must be demonstrated across every level of any organisation. A consistent approach is needed from every tier of every service to implement change and continuous improvement. Senior members of staff have a responsibility to establish a supportive culture that ensures services are accessible to Welsh speakers through policy direction, recruitment processes, workforce planning, training programmes and continuing professional development. *More than just words*…. believes that service managers have a responsibility to ensure that this is implemented in day-to-day services.

3.10 In addition, the Welsh Government will ensure that all national policy and strategy documents in the field of health and social care will make explicit references to the responsibility to provide care and support in the Welsh language. This will be done in accordance with the Welsh Language Commissioner's Policy Making Welsh Language Standards. The Welsh Government will also ensure that the provision of care in the Welsh language is mainstreamed into the work of the national leadership alliance which provides advice to Ministers on the implementation of legislation.

3.11 Professional bodies should also have a role to promote the link between Welsh language services and high-quality care outcomes.

Objective 2: Mapping, Auditing, Data Collection and Research

3.12 Without an effective and mandatory process of collecting meaningful and up-to-date data on the needs of the community they serve and on the workforce language skills, it is very difficult for organisations to plan their workforce in a way that meets the needs of the people they serve. Also, a lack of data on Welsh speakers within the workforce impedes not just workforce planning but also restricts the process of providing appropriate training and support to enable the workforce to develop their Welsh language skills. Workforce plans need to be informed by an analysis of community language needs and data on the Welsh language skills of the workforce, to ensure that service providers meet the needs of Welsh speaking people.

3.13 Directors of Social Services and NHS Wales Chief Executives will be aware that data systems in health, social services and social care must enable the service to operate bilingually to fulfil Welsh speakers' needs. The following three areas will be prioritised:

- A system will be put in place to record the Welsh language skills of staff and this information will be used for workforce planning
- Client and patient records should clearly demonstrate the preferred language of the people
- Client and patient records must include sections to enable staff to record when an Active Offer must be provided

Objective 3: Service Planning, Commissioning, Contracting and Workforce Planning

> We're not going to have an ideal world where everyone speaks Welsh but if the medical team has someone who speaks Welsh it helps.
>
> – User experience

3.14 The strategic framework has identified a number of areas where the strengthening of Welsh language services is crucial in order to provide an equitable service. The responsibility for this lies with all departments across health boards, trusts and social services.

3.15 Workforce planning and organisational developments have a central part to play in the delivery of this strategic framework for example:

- Provide staff training in relation to the delivery of the Active Offer and mainstream it into induction programmes.
- Lead on the development of a Bilingual Skills Strategy that will identify the language needs of the organisation.
- Training programmes for staff to be offered in order to increase the ability of staff to provide services through the medium of Welsh.
- Initial training programmes to focus on encouraging staff to use the Welsh language skills they have and increase staff confidence to use those skills.
- Welsh language skills are mainstreamed into the Knowledge and Skills Framework core competencies and should be reflected in discussions at annual staff appraisals.
- Map current provision and capacity to deliver an Active Offer within services.

Good Practice

To answer the demands by patients, a ward was set up to deliver Welsh language services. This ward is staffed by clinical staff with Welsh language skills and the 'Working Welsh' logo is used to promote the services available.

A residential home realised the need to provide activities in Welsh and put a plan together to ensure that it had Welsh speaking staff available to deliver these activities.

3.16 NHS Wales Chief Executives and Directors of Social Services should ensure that the Welsh language needs of people are explicitly considered when undertaking the joint population assessment and in commissioning or contracting services from the independent or third sector including not-for-profit models. Examples include residential or nursing care, advocacy, domiciliary care, out of hours services, GP services and early intervention/ prevention services. The Welsh language will be considered in contract specifications, service level agreements and grant funding processes. Where health, social services and social care are commissioned on a national basis e.g. GPs, Dentists, Opticians and Pharmacies, the Welsh Government will provide guidance and best practice examples on the use of Welsh in care to facilitate this process.

Objective 4: Promotion and Engagement

3.17 To enable people to identify who can communicate in Welsh, visual markers are very important. To this end, the Welsh Government will work with the Welsh Language Commissioner to develop and distribute markers similar to the 'Working Welsh' logo to enable service users to identify care staff who are learning Welsh. As well as helping people, this will encourage the use of the Welsh language in the workplace.

3.18 Health, social services and social care organisations will also promote the use of the 'Working Welsh' logo on staff uniforms, lanyards and e-mail signatures to enable people to identify Welsh speakers and start communicating through the medium of Welsh.

3.19 In addition the Welsh Government will work with the Care Council for Wales (Social Care Wales) to create and continually update an online information resource for all health, social services and social care staff to help with the delivery of the Active offer. This resource will contain training materials and signpost staff to additional sources of information.

3.20 In order to support staff to deliver the objectives of this strategic framework, it is important that health professionals can communicate and share good practice. NHS Wales and local authority Welsh Language Officers / Champions will share best practice on the provision of Welsh language services to all staff involved in the provision of care services, service heads and service managers in particular.

Objective 5: Professional Education

3.21 In order for the health, social services and social care workforce to be capable of delivering the Active Offer, it is imperative that they reflect adequate levels of Welsh language skills and sensitivity. Investing in the workforce of the future, through strategic planning and responsive resource allocation in pre-registration education will establish capacity to deliver services where they are needed most.

3.22 Given the way in which healthcare education is currently commissioned in Wales, a stronger partnership between key stakeholders would enable the development of a more cohesive framework to enhance the delivery of Welsh language services across the sector. Embedding Welsh language skills development as part of the strategic workforce and education planning for health professionals is a fundamental step in this direction. The integrated medium term plans produced by health boards and trusts will consider their current and future requirements for a Welsh-speaking workforce to inform the educational commissioning process.

3.23 Social work education in Wales requires employers of social workers to be at the centre of training, and training supply must be based on workforce planning. Training is delivered through partnerships between HEIs and employers, with all programmes approved by the Care Council. The Care Council can use its role in regulating the education of social workers to ensure the future workforce has the knowledge, skills and values relevant to effective social work practice in Wales. This includes:

- Seeking to increase the complement of Welsh language speakers to meet specific workforce needs
- Requiring educational provision on language awareness and the Active Offer and a broader understanding of the Welsh context amongst all new social workers

Delivering this requires a strategy to:

- Extend Welsh language and bilingual education practice in preparation for practice in a bilingual environment

3.24 The Welsh Government, health boards, trusts, the Care Council for Wales and higher education institutions will ensure that education for health and social care professionals at pre-registration level includes language awareness training focusing particularly on the legislation and policy which direct Welsh language service provision and the principles, application and impact of the Active offer. Contractual agreements with HEIs should demonstrate engagement with health boards and trusts on workforce planning for the local delivery of Welsh language services. These should include educational provision on language awareness and the Active Offer, the recruitment of Welsh speakers to meet specific workforce needs, and commitment to extend Welsh-medium / bilingual education in preparation for practice in a bilingual environment. People can then be assured that education and professional bodies have the Welsh language needs of the population embedded in curriculum planning and delivery.

> I think in Welsh and then speak in English. When you're in such pain, you want to speak what comes naturally.
>
> – User experience

Objective 6: Welsh in the workplace

3.25 The strategic framework ensures that people receive services where Welsh language capabilities and competences of staff are rooted in the human resource and recruitment procedures of each organisation. NHS Wales and social services departments will develop an effective recruitment and retention strategy to ensure that staff teams have the capacity to provide services through the medium of Welsh. Social care employers will plan their future workforce's Welsh language needs. The Care Council for Wales will ensure that at a strategic level, the Welsh language features in workforce planning. The Care Council for Wales will also ensure that the data collected on the social care workforce includes Welsh language skills of staff to inform workforce planning.

3.26 Social services departments will assess vacant posts for the Welsh language skill requirement, taking into account the needs of the population served, the organisation and the service team. This will be informed by the Population Assessment Report produced as a result of section 14 of the Social Services and Well-being (Wales) Act 2014. This requires that local authorities and Local Health Boards jointly undertake an assessment of care and support needs, including identifying the action to be taken to provide the range and level of services required to meet those care and support needs through the medium of Welsh. Posts in social services and social care will be advertised and recruited in line with the Welsh Language Commissioner's recruitment guidelines.

3.27 NHS health boards and trusts will assess vacant posts for the Welsh language skill requirement, taking into account the needs of the population served, the organisation and the service team. The Welsh Government will also mainstream the consideration of required Welsh language skills of staff into NHS Wales recruitment processes.

3.28 The development of Welsh language skills within the workforce will be an important element to the success in delivering the Active offer. Welsh Language Officers and Champions in NHS Wales and social services will work to increase the workforce's confidence and ability to provide care in Welsh. This will be undertaken through the provision of language training opportunities and other resources to improve staff confidence in delivering care in Welsh. This will be promoted to staff by Chief Executives and the Board of NHS health boards and trusts and Directors of social services. Staff training will also support staff development to deliver care in Welsh, focusing in particular on encouraging Welsh speakers to use their language skills in the workplace.

> When some nurses were caring for him they'd often say that they couldn't speak much Welsh or that their Welsh wasn't much good. But it isn't the level of their skill and confidence which comes first in my opinion, I would encourage them to use whatever Welsh they have and that it's going to be good enough to make my little boy feel more at home in a hospital.
>
> – User experience

Good practice

One local authority has in place a Welsh course for carers working with the elderly. This course aims to enable staff to undertake general conversation in Welsh with people.

Objective 7: Regulation and Inspection

3.29 The role of the inspectorates is vital if language need and a cultural shift to the Active Offer is to be made a reality. Their work will assess the experiences of people and identify whether they received linguistically appropriate care. This will assist the Welsh Government in monitoring how the action plan is being delivered by the health and social services sectors and will facilitate the measuring of the difference in the direct provision to the service user.

3.30 Healthcare Inspectorate Wales (HIW) and the Care and Social Services Inspectorate Wales (CSSIW) have a particular role to ensure Welsh language services are provided as part of their current inspection regime. It will be vital for them to report on Welsh language services to provide baseline information that will inform future work. We all have a responsibility to make this happen and ensure people across Wales are receiving quality services which meet their needs.

(iii) Inspectorates

Healthcare Inspectorate Wales (HIW)

3.31 HIW inspects NHS Wales and independent healthcare organisations in Wales against a range of standards, policies, guidance and regulations. They focus on how well those who may be in vulnerable situations are safeguarded and identify where services are doing well. In addition, they also highlight areas where services need to be improved. HIW will ensure that the inspection programme mainstreams organisations’ responsibilities to plan and deliver services through both English and Welsh and the Active Offer principle will also be a part of the inspections.

3.32 The following questions have been included in the questionnaires for Dignity and Essential Care Inspections:

- Have you been asked your preferred language to be communicated in?
- What is your preferred language?
- Have your language needs been met?

Care and Social Services Inspectorate Wales (CSSIW)

3.33 CSSIW regulates over 6000 services and settings, from child minders to homes for older people. They also inspect local authority social services and undertake national reviews. CSSIW will include the aims of the strategic framework as it develops new inspection methodologies, processes and reports. It will invest in IT systems that will collect language data and ensure that the aims of this follow-on strategic framework's action plan will be built into the new framework for local authority inspections.

3.34 HIW working with CSSIW where appropriate will undertake a thematic review of Welsh language provision against the strategic objectives. This will provide a baseline for development and improvement of Welsh language provision.

The Care Council for Wales

3.35 The Care Council for Wales, as the regulator, sets expectations on providers of professional social work training courses and will expect all programmes to include training on the Welsh language dimension. Providers are also expected to report annually on the language skills of their students.

3.36 The Care Council ensures that the professional training provided to other regulated individual professions includes training on the understanding of Welsh language needs and provision of the Active offer.

3.37 During the life of this strategic framework the Care Council for Wales will evolve into a new body with extended powers and responsibilities, which will include the regulation of social care training. These powers will also ensure that the Welsh language and its importance in social care will be fully integrated into such training.

> We found that some of the residents who've got dementia, as they would get tired, as their symptoms progressed, they may revert back to Welsh and sometimes staff were struggling to meet their needs.
>
> – Service provider

(iv) Monitoring the implementation of the strategic framework

3.38 When the first three-year strategic framework was published in 2012, the Minister for Health and Social Services set up an Implementation Group which was responsible for providing comment on the delivery of the objectives. This group has provided advice on the content of this strategic framework and will continue to monitor progress throughout its delivery.

3.39 We will also use a range of other measures to assess the impact of *More than just words*…. and, in time, the Welsh Language Standards. These will include assessments carried out by Community Health Councils of Welsh language provision within health services; details on how services are currently meeting Welsh speakers' needs as identified in the annual reports of Health boards, trusts and Directors of Social Services; Service audits in the NHS including questions about people's perception of Welsh language service provision; and as part of the inspection work of CSSIW and HIW.

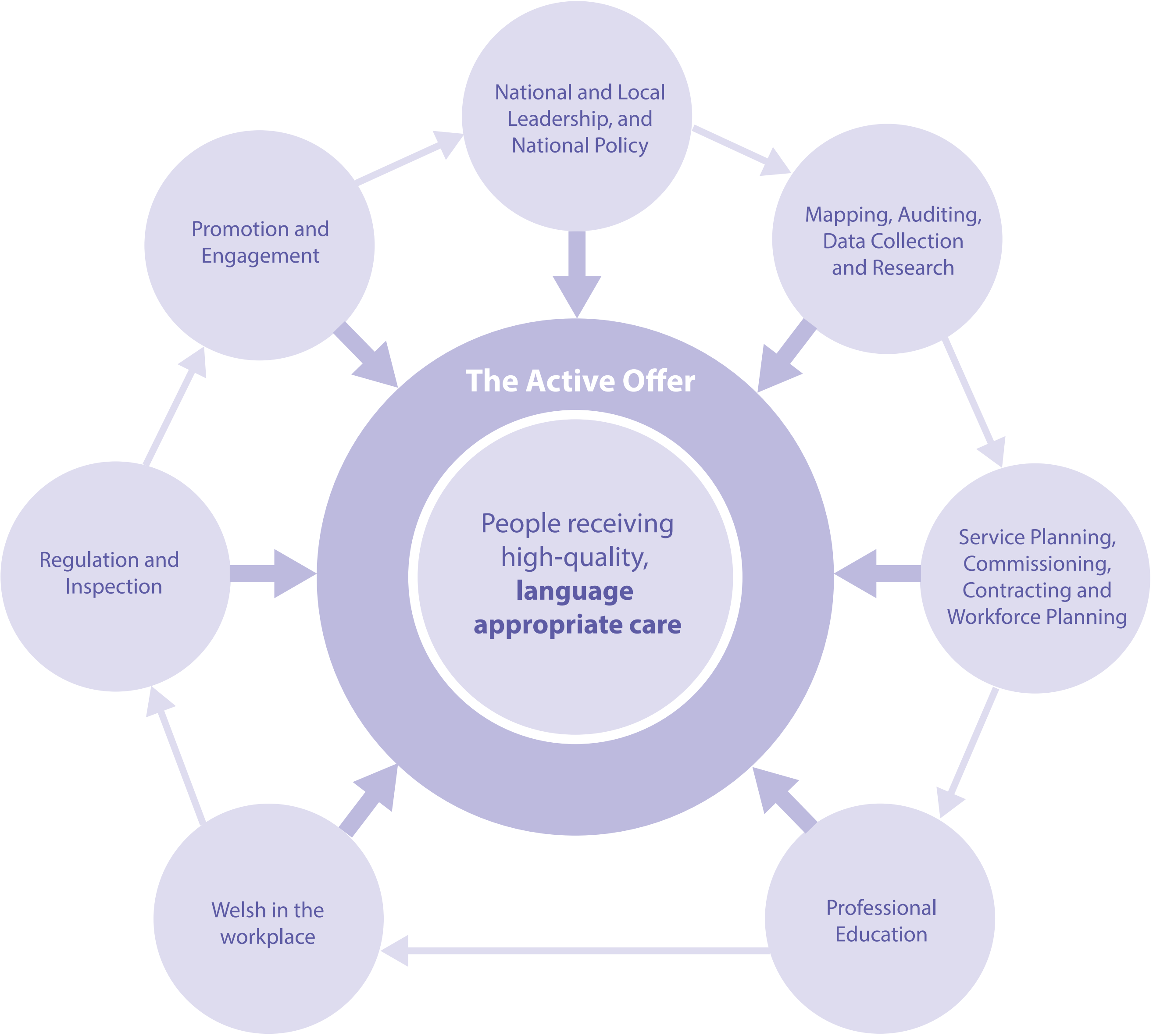
3.40 Chief Executives and Chairs of NHS Wales organisations and Directors of Social Services are expected to show a robust commitment to improving services and ensuring Welsh language need is a key component of care.

3.41 Progress will also be reviewed by the Council of Europe Committee of Experts (COMEX) under the European Charter for Regional and Minority Languages.

3.42 This strategic framework sets out the action needed to ensure equality for people who use health, social services and social care services in Wales, giving them a much stronger voice and a people-centred service.

3.43 The monitoring systems for this strategic framework will be based on a set of principles which will:

- Focus on users' experience of the service
- Be mainstreamed into existing monitoring systems
- Will report annually on the delivery of actions in the Action Plan
- Report progress to a Ministerial task group on the Welsh language in health and social services


National and Local Leadership, and National Policy
Mapping, Auditing, Data Collection and Research
Service Planning, Commissioning, Contracting and Workforce Planning
Professional Education
Welsh in the workplace
Regulation and Inspection
Promotion and Engagement
The Active Offer
People receiving high-quality, **language appropriate care**

Objective 1

National and Local Leadership, and National Policy

What will this mean for people?

- People receive services where it is clear that the Welsh language has been embedded in national policy and strategic planning.
- People are clear about the commitment of all those in leadership roles across health, social services and social care to provide services according to language need and choice.
- People can be assured that third and independent sector care providers will promote the Welsh language and culture ensuring that it is reflected through cultural events.
- People can be assured health, social services and social care leaders understand the importance of the Active Offer and ensure it is delivered to all, particularly to the identified groups with greater need to have services in Welsh.

By delivering these actions, you will be enabling your organisation to meet Service Delivery, Policy Making and Operational Welsh Language Standards.

Action number	Action	Lead responsibility	Completed by end of year
1.1	All national policy and strategy documents in the field of health, social services and social care (including White and Green Papers outlining legislative proposals) to make explicit reference to the responsibility to provide health, social services and social care in Welsh.	Welsh Government	By March 2017
1.2	National programmes of work that support improvement, transformation and sharing best practice to include the need to provide services in the Welsh language.	Welsh Government Social Services Improvement Agency Care Council for Wales (Social Care Wales) Social Care in Partnership ADSS Cymru 1,000 Lives+	By March 2017

Action number	Action	Lead responsibility	Completed by end of year
1.3	Social service departments to retain/appoint a senior officer as a Welsh Language Champion and Health Boards and Trusts to protect and promote the post of Welsh Language Officer within their organisations.	Directors of Social Services NHS Wales Chief Executives	By March 2017
1.4	The provision of services in Welsh to be mainstreamed into the work of the National Leadership Group for Social Services. (Social Services Only)	Welsh Government	By March 2017
1.5	The National Independent Safeguarding Board, will recognise the need to provide care in the Welsh language and share best practice in its work to secure improvement and provide advice.	Welsh Government National Independent Safeguarding Board	By March 2017
1.6	NHS Wales organisations and ADSS Cymru to work to raise the profile of the importance of Welsh language service provision at national events.	Welsh Government NHS Wales Chief Executives ADSS Cymru	By March 2017
1.7	Community Health Councils to mainstream an assessment of Welsh language service provision within health services into their work.	Welsh Government Welsh Community Health Councils	By March 2018
1.8	Third and independent sector care organisations to promote awareness of people's Welsh language needs and share best practice and resources on providing care in Welsh to service providers.	All third and independent sector care organisations	By March 2017
1.9	The Active Offer and the need to provide services in Welsh to be incorporated into national guidance on assessment, both statutory and non-statutory. This includes professional clinical assessment in health and social care.	Welsh Government	By March 2018
1.10	The NHS Outcomes and Delivery Framework will explicitly recognise that the provision of services through the Welsh language is a relevant outcome in all domains within the framework.	Welsh Government	By March 2018

Objective 2

Mapping, Auditing, Data Collection and Research

What will this mean for people?

- People receive bilingual services that are based upon evidence and robust information about language need/choice
- People know that the health, social services and social care they receive reflect latest available evidence on the importance of meeting language need/choice
- People can be assured that electronic records and data systems are used to gather information on the Active Offer, which leads to positive outcomes for people receiving services.
- People have a voice and can influence the quality of the services that they receive.
- People receive services where the Welsh language capabilities and competence of staff are embedded in human resource and recruitment procedures.
- Through the provision of the Active Offer people are treated with respect and dignity.

By delivering these actions, you will be enabling your organisation to meet Service Delivery, Operational and Record Keeping Welsh Language Standards.

Action number	Action	Lead responsibility	Completed by end of year
2.1	NHS and social services should map current provision and capacity to provide an Active Offer across all services (including primary care).Where capacity is low, an action plan should be formulated to increase capacity. The capacity to deliver an Active Offer to people within the identified groups with greater need for Welsh language services should be viewed as a priority.	NHS Wales Chief Executives Directors of Social Services	By March 2017
2.2	Health, social services and social care services should have systems in place to record when an Active Offer has been made by recording language needs / choices in the individual's records. This action also applies to all secondary and primary care service providers.	NHS Wales Chief Executives Directors of Social Services	By March 2017

Action number	Action	Lead responsibility	Completed by end of year
2.3	Research in health, social services and social care to strengthen the evidence base which demonstrates the link between good-quality care outcomes and care which is sensitive to people's language needs. Research in partnership should also work to identify effective interventions for service delivery.	Welsh Government - Social Care and Health Research Wales Coleg Cymraeg Cenedlaethol	By March 2019
2.4	All registered care providers to include information on their level of Welsh language service provision to current and potential users of their services and their families in their published annual report.(Social Services Only)	Welsh Government Care and Social Services Inspectorate Wales	By March 2017
2.5	Data systems in health, social services and social care services should enable the service to operate bilingually to fulfil Welsh speakers' needs. For example: • the Welsh language skills of staff should be captured and recorded electronically (the NHS Wales Electronic Staff Record should be amended to ensure that all staff are obliged to record their Welsh language skills) • client and patient records to include sections to enable staff to record when an Active Offer is provided and to note the individual's language of choice for future reference	NHS Wales Chief Executives Directors of Social Services NWIS Welsh Government	By March 2017
2.6	The Welsh language skills of the workforce and Welsh language community profile should be included in the annual published report of social services departments and NHS IMTPs to demonstrate Welsh language needs.	NHS Wales Chief Executives Directors of Social Services	By March 2017
2.7	The provision of Welsh language/bilingual course components for students studying health, social services and social care programmes within the further education sector will be mapped and reviewed. This information will be shared with health boards, trusts, local authorities and the Welsh Government.	Further Education Institutions Coleg Cymraeg Cenedlaethol CollegesWales	By March 2017
2.8	The NHS Wales 111 service to ascertain people's language choice and record this to enable other service providers to make an Active Offer to people.	Welsh Government	By March 2018

Objective 3

Service Planning, Commissioning, Contracting and Workforce Planning

What will this mean for people?

- People are assured that their Welsh language needs and choices influence the planning, commissioning and contracting of health, social services and social care services.
- People receive services where the Welsh language is rooted in operational planning and service delivery.
- People are assured that services are regularly quality reviewed to ensure that Welsh language needs are met.
- Through the provision of the Active Offer Welsh-speaking people are treated with respect and dignity in Welsh.
- People receive services that anticipate and respond to the needs of people who want and need to communicate through the Welsh language.

By delivering these actions, you will be enabling your organisation to meet Policy Making and Service Delivery Welsh Language Standards.

Action number	Action	Lead responsibility	Completed by end of year
3.1	The need to make an Active Offer of Welsh language services to people will be communicated to all staff employed directly within NHS Wales, local authorities or within commissioned services (including primary care providers).	NHS Wales Chief Executives Directors of Social Services	By March 2018
3.2	NHS Wales and social services departments to establish their Welsh language community profile (informed by the Population Assessment Report produced under section 14 of the Social Services and Well-being (Wales) Act 2014) and use this information as a baseline for service planning to ensure that Welsh language speakers' needs can be met and to assess all posts for Welsh language skills needs before advertising.	NHS Wales Chief Executives Welsh Government Directors of Social Services	By March 2017

Action number	Action	Lead responsibility	Completed by end of year
3.3	NHS Wales and social services departments' planning and commissioning systems, such as published service plans, to take account of the Welsh language community profile (informed by the Population Assessment Report produced under section 14 of the Social Services and Well-being (Wales) Act 2014) and ensure that it is reflected in the planning, commissioning and delivery of services.	Directors of Social Services NHS Wales Chief Executives	By March 2017
3.4	The Welsh language needs of people to be met when commissioning or contracting services from the independent or third sector (e.g. residential or nursing care, advocacy, domiciliary care, out-of-hours services, GP services). Welsh language service provision to be included in contract specifications, service level agreements and grant funding processes.	NHS Wales Chief Executives Directors of Social Services NHS Shared Services	By March 2017
3.5	Welsh language service provision in primary care to be strengthened through including the Welsh language in the national GMS, Optician, Pharmacy and Dental Contracts. This will be done in line with the Welsh Language Commissioner's Inquiry into the Welsh language in Primary Care ***My Language, My Health.***	Welsh Government	By March 2017
3.6	Through the 64 primary care clusters, health boards to undertake an analysis of the current and future population Welsh language needs and the support required by the workforce to develop the skills within primary care to meet those needs. The Welsh Government to engage with education commissioners and providers to review current arrangements and identify what further steps are required to deliver training programmes which can reflect these needs.	Health Boards' primary care clusters Welsh Government	By March 2017
3.7	Heads of service to develop plans to maximise their ability to provide services in Welsh with their current Welsh-speaking staff. The required capacity will be informed by the Population Assessment Report produced under section 14 of the Social Services and Well-being (Wales) Act 2014. Where gaps in workforce capacity to deliver services in Welsh are identified these should be reflected in the organisation's Bilingual Skills Strategy.	NHS Wales Chief Executives Directors of Social Services	By March 2017
3.8	The published Annual Report of Health Boards, Trusts and of Directors of Social Services to: • include a commitment to providing and developing Welsh language services • reaffirm the importance of meeting Welsh language need as part of routine assessment and care. • provide detail on how services are currently meeting Welsh speakers' needs alongside targets which are identified by the Health Board, Trust or Social Service Department to ensure improvement.	NHS Wales Chief Executives Directors of Social Services	By March 2018

Objective 4

Promotion and Engagement

What will this mean for people?

- People are aware of the Active Offer and that there is a visible commitment to providing health, social services and social care bilingually in the communities in which they live
- People know who can provide services to them in Welsh and are comfortable about its use in their care and treatment.
- People can be assured that their Welsh language needs are anticipated and planned for by health, social service and social care providers.
- People have a voice and can influence the quality of the service they receive.
- Through the provision of the Active Offer, people are treated with respect and dignity.

By delivering these actions, you will be enabling your organisation to meet Policy Making and Service Delivery Welsh Language Standards.

Action number	Action	Lead responsibility	Completed by end of year
4.1	Best practice in providing Welsh language services to be shared to all staff involved in delivering health, social services and social care services to people (service heads and service managers in particular).	NHS Wales Chief Executives Directors of Social Services	By March 2018
4.2	An online information resource to be created to allow health, social services and social care staff to access guidance and training materials on providing Welsh language services to people.	Welsh Government Care Council for Wales (Social Care Wales)	By March 2017
4.3	The use of the 'Working Welsh' logo will be promoted amongst health, social services and social care staff to enable people to identify Welsh speakers.	NHS Wales Chief Executives Directors of Social Services Welsh Government	By March 2017

Action number	Action	Lead responsibility	Completed by end of year
4.4	The pre-stitched 'Working Welsh' logo on NHS Wales nurses' uniforms will be extended to other professions within NHS Wales.	NHS Wales Chief Executives Welsh Government	By March 2018
4.5	A logo similar to the 'Working Welsh' logo will be developed for Welsh learners. When developed, the use of the logo will be promoted amongst health, social services and social care staff who are learning Welsh to enable people to identify staff with Welsh language skills.	Welsh Government Welsh Language Commissioner	By March 2018
4.6	Welsh language interfaces and software (such as Cysgliad) to be available for health, social services and social care services staff to enable and help them to work bilingually. The adaption of current systems should be considered to meet this aim.	Welsh Government NHS Wales Chief Executives NWIS Directors of Social Services	By March 2018
4.7	All resources which have been developed by FEIs, HEIs and the Coleg Cymraeg Cenedlaethol which could help health, social services and social care services staff to provide Welsh language services to be made available to all staff, regardless of whether or not they are current students.	Higher Education Institutions Further Education Providers Coleg Cymraeg Cenedlaethol CollegesWales NWIS Welsh Government Care Council for Wales	By March 2019
4.8	Welsh Government to engage with Careers Wales concerning their information portal for careers to be amended to highlight the particular need for Welsh speakers within health, social services and social care services on the information pages for each specific profession (for example: nurses, doctors and carers).	Welsh Government Careers Wales Care Council for Wales (Social Care Wales)	By March 2017
4.9	Welsh Government to engage with the relevant professional bodies to work together in planning how Welsh language services can be delivered by their members.	Welsh Government	By March 2017

Objective 5

Professional Education

What will this mean for people?

- People can be assured that education and professional bodies understand the importance of and have the Welsh language needs of the population embedded in curriculums, training programmes and policies.
- Through the services received, people know that health, social services and social care training departments have mainstreamed the Active Offer throughout education programmes.

By delivering these actions, you will be enabling your organisation to meet Operational Welsh Language Standards.

Action number	Action	Lead responsibility	Completed by end of year
5.1	Education for healthcare professionals at pre-registration and post-registration levels to include language awareness training focusing particularly on legislation and policy that drives Welsh language service provision. This should include awareness of the principles, application and impact of the Active Offer and the exploration of amending the case studies used in teaching healthcare courses to include Welsh language issues.	Welsh Government Higher Education Institutions Care Council for Wales (Social Care Wales)	By March 2017
5.2	In partnership with the Welsh Government, health boards and social services departments to explore how both practising professionals and those undertaking education and training programmes in Wales might engage in the widening access agenda.	NHS Wales Chief Executives Directors of Social Services Welsh Government	By March 2018
5.3	The IMTPs of health boards and trusts should consider the current and future requirements for Welsh language service provision to inform NHS organisations' workforce strategy and education commissioning.	NHS Wales Chief Executives	By March 2017

Action number	Action	Lead responsibility	Completed by end of year
5.4	In commissioning education and training programme places in higher education across the range of healthcare workers, the Welsh Government should look to expand the opportunities for those to be delivered bilingually or in Welsh.	Welsh Government	By March 2018
5.5	The Welsh Government, together with higher education institutions and Coleg Cymraeg Cenedlaethol, to work together to improve the current provision of Welsh-medium courses in health, social services and social care, and identify additional opportunities to progress the agenda.	Welsh Government HEFCW Health Boards and Trusts Higher Education Institutions Coleg Cymraeg Cenedlaethol	By March 2017
5.6	Training and professional development programmes to include a module/strand on the impact of language sensitivity on the effectiveness of assessments and care, the Active offer; and the responsibility of public bodies to provide services in both English and Welsh.	Care Council for Wales (Social Care Wales) Health Boards and Trusts Higher Education Institutions Local Authorities	By March 2017
5.7	Social Work Degree Partnerships to set and review targets for recruiting students who have Welsh language skills. **(Social Services and Social Care Services Only)**	All partner agencies and HEIs Care Council for Wales (Social Care Wales)	By March 2017
5.8	To enable Welsh-speaking students to be paired with Welsh-speaking staff when on placement, the Welsh Government to work to enable education providers to access anonymised ESR data on the Welsh language skills of NHS Wales staff.	Welsh Government	By March 2018

Objective 6

Welsh in the workplace

What will this mean for people?

- People can access Welsh language services across health, social services and social care when they need it
- People receive services where Welsh language capabilities and competence of staff are rooted in the human resource and recruitment procedures.
- People can see through the services they receive that health, social services and social care services in their area reflect the Welsh language needs in the local population.

By delivering these actions, you will be enabling your organisation to meet Operational Welsh Language Standards.

Action number	Action	Lead responsibility	Completed by end of year
6.1	Staff training to deliver services in Welsh, focusing in particular on encouraging Welsh speakers to use their language skills in the workplace, will be supported. Language training opportunities and resources to increase the confidence of staff to deliver services in Welsh will also be promoted.	NHS Wales Chief Executives Directors of Social Services Care Council for Wales (Social Care Wales)	By March 2018
6.2	National leadership or senior management development programmes in health or social care to include an element on the significance of language to meeting people's needs, the Active Offer and effective language planning.	Welsh Government Care Council for Wales (Social Care Wales)	By March 2018

Action number	Action	Lead responsibility	Completed by end of year
6.3	HEIs, FEIs, social services and NHS organisations to work in partnership to ensure that the value and benefits to service providers and to Welsh-speaking people of having bilingual staff are reflected in their recruitment, commissioning and staff development processes. Careers Wales can help by assisting the organisations to accurately target their promotional work to Welsh speakers.	NHS Wales Chief Executives WEDS CollegesWales Careers Wales Directors of Social Services Higher Education Institutions Further Education Providers	By March 2018
6.4	Welsh Language Officers (within the NHS Wales) and Welsh Language Champions (within social services) to become Business Ambassadors with Careers Wales to promote the need for Welsh-speaking staff in the health, social services and social care sectors within schools and FEIs in Wales.	NHS Wales Chief Executives Directors of Social Services CollegesWales	By March 2017
6.5	An awareness of the link between linguistically-sensitive services and individuals' dignity, as well as awareness of the Active Offer to be delivered to all NHS Wales, social services and social care staff as part of routine induction sessions. NHS Wales staff should also complete the Welsh Language Awareness e-learning module as a priority.	NHS Wales Chief Executives Directors of Social Services Care Council for Wales (Social Care Wales)	By March 2017
6.6	NHS organisations should ensure that Welsh language skills are mainstreamed into the KSF (Knowledge and Skills Framework) as core competencies. **(NHS Wales only)**	NHS Wales Chief Executives	By March 2018
6.7	The Welsh Government to work with the National Centre for Learning Welsh to meet the need within the health, social services and social care sectors to develop the Welsh language skills of staff. This will include developing and promoting relevant resources and provision.	Welsh Government National Centre for Learning Welsh	By March 2018
6.8	All qualifications required by the social care workforce to be reviewed to ensure they adequately reflect the principles of language need and the Active offer.	Care Council for Wales (Social Care Wales)	By March 2018

Objective 7

Regulation and Inspection

What will this mean for people?

- People have a voice and can influence the quality of the Welsh language service they receive.
- People requiring a service through the Welsh language can be assured that health, social services and social care inspectorates will review and report on their experiences of services.
- Through the provision of the Active Offer, people are treated with respect and dignity.

By delivering these actions, you will be enabling your organisation to meet Operational Welsh Language Standards.

Action number	Action	Lead responsibility	Completed by end of year
7.1	All service audits should include questions relating to people's perception of the availability of Welsh language service provision from the service provider, alongside the Welsh speakers' experiences of those services. **(NHS Wales only)**	NHS Wales Chief Executives	By March 2018
7.2	Care and Social Services Inspectorate Wales to mainstream the inspection of planning, provision and experience of Welsh language services.	Care and Social Services Inspectorate Wales	By March 2019
7.3	Healthcare Inspectorate Wales inspectors to continue to inspect and report on whether Welsh speakers are offered services in Welsh as a natural part of their care, and whether Welsh speakers are able to use the Welsh language to express themselves when receiving care as per the Health and Care Standards.	Healthcare Inspectorate Wales	By March 2017

Annex 1

Examples of Good Practice in Health, Social Services and Social Care

Here are some examples of good practice within the Health, Social Services and Social Care sectors since the introduction of *More than just words*.… in 2012. A number of these initiatives have received recognition for the work done and are considered as examples that can be used more widely.

Delivering the Active offer

Ward B2 Ysbyty Cwm Rhondda

To answer the demand for Welsh services by patients, a ward was created in this hospital with delivering Welsh language services as its goal. The ward is staffed by clinical staff with Welsh language skills and 'Working Welsh' materials are used extensively. After a successful period as a pilot, this ward has since been made a permanent element of healthcare provision and hard work is being done to promote the ward.

'Your next patient is a Welsh speaker – make an Active offer, Aneurin Bevan University Health Board

This project ensures that all members of staff make an Active Offer. The health board developed a poster and information sheet for staff on the Active Offer supported by the 'patient's story', highlighting the positive difference which the Active Offer can make. Patients have described how receiving an Active Offer has made a world of difference to their stay in hospital. Staff ownership is recognised as being essential and evidence of the negative effect of failing to make an Active Offer is seen as being crucial and therefore using the 'patient's story' is so important.

The importance of the Welsh language in the provision of care – Intensive Care Unit, Morriston Hospital, Abertawe Bro Morgannwg University Health Board

The Intensive Care Unit nurse was asked to care for an older patient who had not fully regained consciousness nearly two weeks after sedation had been stopped. The nurse realised the patient had a traditional Welsh name and looked in the records for the patient's preferred language; no note had been taken by the admitting staff. Using her initiative she began speaking to the patient in Welsh. The patient's eyes immediately opened, as the patient understood her. The patient was suffering from confusion and disorientation and had lost the ability to understand or speak English. The relief and comfort of finding someone able to converse and explain the situation was immediately evident. Since this occurrence, the hospital has tailored the provision of care to the patient's needs, with the Welsh language helping nurses and medical staff to thoroughly assess the patient for the first time since admission.

Leadership

Language Champions Project, Bangor University

As leadership has such an important role in developing the provision of Welsh language services, this pioneering project's aim is to establish individuals as Champions for the Welsh language within the School of Healthcare Sciences in Bangor University. Once the Language Champions have received their training, they work to raise the profile of matters affecting the Welsh language within health services and local learning institutions.

Gwynedd Healthy Schools Scheme and Healthy and Sustainable Pre-School Scheme

The Senior Practitioner manages plans and implements all aspects of the Gwynedd Healthy Schools Scheme through the medium of Welsh. Although such a scheme isn't something new, what does break new ground is that the everyday work done ensures that users of these schemes obtain the service in the language of their choice. Collaborating with relevant networks on a daily basis can be challenging, for example the Healthy Schools network operates in English so they have to ensure that any new information is passed on in Welsh. By providing support, training, documents and resources in Welsh, the Schemes contribute towards promoting and safeguarding the health and welfare of children, young people, families and communities in schools and pre-school settings effectively and successfully.

Workforce planning

Teifi Surgery, Llandysul

After conducting a survey of the practice's patients, an action plan was created to increase the practice's provision of Welsh language services. Part of the plan included encouraging staff to use their Welsh or to learn Welsh, and a new computer system was developed to record patients' language choice and whether or not interpretation arrangements were needed for those patients' clinical referrals.

Foxtroy House Residential Home

As a result of reading *More than just words*.... this residential home for the elderly became aware of the need to make an action plan to deliver the Active Offer. Welsh language sessions called 'Gofalu yn Gymraeg – Caring in Welsh' were organised in the residence in answer to the residents' need for Welsh language services. The sessions include discussions about Welsh culture, Welsh bingo, singing Welsh hymns and many other activities including the Welsh language. After the residents' sessions, staff training sessions are held to ensure that staff can deliver Welsh language services.

Technology

Appointment Reminder Service, Betsi Cadwaladr University Health Board

This is a wholly bilingual service on a huge scale – 1.6 million appointments per annum, covering a population of 676,000 across north Wales. The text messages, the automated voicemails and the call centre all offer a bilingual service. The technology is proven, and what the health board has learned regarding effective language and communication through text and voice messages can be used by the rest of NHS Wales and the wider public sector in Wales. The project saved over 5,000 appointments during 2014. This will mean a considerable saving, while ensuring that patients are seen locally.

Gwynedd Healthy Schools Scheme, Public Health Wales

The Senior Practitioner of the Gwynedd Healthy Schools Scheme decided to create bilingual interactive resources entitled Tyfu i Fyny. The Tyfu i Fyny resources have been designed to respond to the sensitivity in the area of Sex and Relationships Education and as a result, teachers are now confident and comfortable in introducing the subject, and the pupils enjoy the teaching. As a result of creating these resources for Gwynedd schools, the Welsh Government requested that they be available for all schools in Wales.

An online bilingual cancer information resource developed by patients for patients – The North Wales Cancer Network Patient Forum

The North Wales Cancer Network Patient Forum is a voluntary group of people affected by cancer. The Forum, comprising cancer patients and carers, works in close partnership with the Cancer Network, the Betsi Cadwaladr University Health Board, local authorities and numerous third sector organisations. Forum members developed an innovative website specifically designed to signpost people affected by cancer in North Wales to the wide range of community based sources of information and support. From the outset, the Forum was committed to making the resource fully bilingual; promoting equality for the high proportion of people in the region whose first language is Welsh.

Education and training

May I Join You? – Derwen: Integrated Team for Disabled Children

This team created a resource to help parents of children with communication problems (such as autism) and non-specialist workers who care for these children. The resource includes a resource book to use with children during play, an information booklet, and a DVD. This innovative Welsh language resource demonstrates simple practical strategies that can be used to encourage young children to communicate.

Makaton Advisors on the innovative children's programme 'Dwylo'r Enfys'

Following the success of 'Dwylo'r Enfys', an S4C programme for children with additional educational needs, this group created resources and Makaton (sign language) workshops. Their work has meant that more and more use is being made of Makaton to help Welsh-speaking children with additional educational needs and those with Welsh as a second language.

A Welsh course to enhance the relationship between social care staff and the older service user – Learning and Development Department, Carmarthenshire County Council

A 'Welsh Course for Carers Working with the elderly' which aims to help care staff to use the Welsh language when caring for elderly Welsh speaking residents. The 5 week course focussing on Welsh for greetings and weather, care tasks, food choices, clothing and areas of the home has been tailored to the setting and client group and aims to enhance the relationship between social care staff and the older service users.

Annex 2

Index of Acronyms

Acronym	**In Full**
NHS Wales	National Health Service Wales
ADSS Cymru	Association of Directors of Social Services Cymru
NWIS	NHS Wales Informatics Service
IMTP	Integrated Medium Term Plan
HEFCW	Higher Education Funding Council for Wales
ESR	Electronic Staff Record
GP	General Practice
GMS	General Medical Services
Workforce and OD	Workforce and Organisational Development
FEI	Further Education Institution
HEI	Higher Education Institution
WEDS	Workforce, Education and Development Services
KSF	Knowledge and Skills Framework
COMEX	Council of Europe’s Committee of Experts
HIW	Healthcare Inspectorate Wales
CSSIW	Care and Social Services Inspectorate Wales

gwella ansawdd gofal

cefnogi

Fframwaith Strategol Olynol ar gyfer Gwasanaethau Cymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol

2016 – 2019

Llywodraeth Cymru
Welsh Government

cyflawni

gwasanaeth

parch ac urddas

Rheoleiddio ac Arolygu

Addysg Broffesiynol

dyfodol

Hyrwyddo ac Ymgysylltu

deall

Mwy na geiriau....

iaith

cefnogi

Mapio, Archwilio, Casglu Data ac Ymchwil

cynnal

arweinyddiaeth

diogelwch cleifion

cyflawni

cynllunio

proffesiynol

datblygu

cymuned

Arweinyddiaeth Genedlaethol a Lleol, a Pholisi Cenedlaethol

sgiliau

cefnogi

herio

gwasanaeth

dyfodol

Cynllunio Gwasanaethau, Comisiynu, Contractio a Chynllunio'r Gweithlu

ymarfer

iaith

bodloni anghenion

proffesiynol

arweinyddiaeth

Cynnig Rhagweithiol

Cymraeg yn y gweithle

cymuned

deall

herio

Manylion cyswllt:

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Cynnwys

TUDALEN

PENNOD

AMCANION

ATODIADAU

RHAGAIR Y GWEINIDOG

Mae sicrhau diogelwch, urddas a pharch siaradwyr Cymraeg yn hanfodol bwysig wrth ddarparu gwasanaethau iechyd a gwasanaethau cymdeithasol drwy gyfrwng y Gymraeg. Mae'n fwy na chydymffurfio â gofynion cyfreithiol a chynnal safonau proffesiynol yn unig; mae hefyd yn ymwneud â gwella ansawdd y gofal a diwallu anghenion ieithyddol pobl, a darparu gwasanaethau cyhoeddus da sy'n canolbwyntio ar yr unigolyn.

Mae *Mwy na Geiriau....*, fframwaith strategol gwreiddiol Llywodraeth Cymru ar gyfer gwasanaethau Cymraeg mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol a lansiwyd yn 2012, wedi arwain at nifer o welliannau gan helpu i sicrhau bod siaradwyr Cymraeg yn cael gwasanaethau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn eu mamiaith. Llwyddwyd i sicrhau hyn drwy wneud y defnydd gorau o sgiliau ac adnoddau a oedd eisoes yn bodoli ar draws ein GIG a'n gwasanaethau cymdeithasol.

Mae'r fframwaith strategol olynol hwn yn ceisio cynnal y momentwm. Ar ben hynny mae'n ceisio annog mwy o ddarparwyr gwasanaethau i gydnabod bod y defnydd o'r Gymraeg yn fwy na mater o ddewis yn unig, ei fod hefyd yn fater o angen. Mae'n arbennig o bwysig i nifer o bobl agored i niwed a'u teuluoedd gael mynediad at wasanaethau yn eu mamiaith, megis pobl hŷn sy'n dioddef o ddementia neu sydd wedi cael strôc ac sydd o bosib wedi colli eu hail iaith, neu blant ifanc iawn sydd efallai ond yn siarad Cymraeg.

Pan lansiwyd *Mwy na Geiriau....* yn 2012, roedd yn amlwg y byddai'n cymryd amser i gryfhau darpariaeth cyfrwng Cymraeg mewn iechyd a gwasanaethau cymdeithasol. Wrth ddathlu llwyddiant amrywiol fentrau yn seremoni flynyddol Gwobrau'r Gymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol, gwelwyd bod llawer o ymrwymiad i wireddu gweledigaeth *Mwy na Geiriau....* ond gellid gwneud mwy i sicrhau rhagor o gysondeb wrth ei weithredu ar draws Cymru.

Mae'r fframwaith olynol hwn hyn canolbwyntio ar ddarparu gofal sy'n diwallu anghenion yr unigolyn, yn hytrach na gweithdrefnau yn unig. Rydym hefyd wedi cymryd y cyfle i sicrhau bod y fframwaith yn adlewyrchu newidiadau yn y dirwedd wleidyddol a deddfwriaethol ers cyhoeddi'r *Mwy na Geiriau....* gwreiddiol. Felly bydd gweithredu'r fframwaith olynol hwn yn gosod sylfaen gref i sefydliadau ddarparu gwasanaethau sy'n cydymffurfio â Safonau'r Gymraeg a fydd yn dod i rym cyn hir.

Ni fydd yr amcanion a amlinellwyd yn y fframwaith olynol hwn yn cael eu cyflawni dros nos, ond rwy'n gwybod bod ymrwymiad clir i sicrhau newid. Rhaid i ni gofio gofyn i ddefnyddwyr ein gwasanaethau beth sy'n bwysig iddynt, nid dim ond beth sy'n bod arnynt. Byddwn wedyn ar y trywydd cywir i wireddu'r weledigaeth.

Mark Drakeford

Mark Drakeford AC
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

CYFLWYNIAD

Yr hyn sy'n ganolog i'r holl ddadleuon dros gryfhau'r ddarpariaeth Gymraeg mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yw diogelwch, urddas a pharch i gleifion. Mae gofal ac iaith yn mynd law yn llaw a gellir peryglu ansawdd y gofal drwy fethu â chyfathrebu â phobl yn eu hiaith gyntaf.

Mae yna lawer o bobl na allant gyfathrebu a chymryd rhan effeithiol yn eu gofal hwy eu hunain, fel partneriaid cyfartal, ond drwy gyfrwng y Gymraeg. Mae cyfrifoldeb felly ar ddarparwyr gwasanaethau i ateb yr anghenion gofal hyn. Gall iaith ymddangos yn fater ymylol i rai ond gall fod yn allweddol i ddefnyddwyr gwasanaeth.

Mae pobl yn dewis derbyn gwasanaethau iechyd a gofal cymdeithasol yn Gymraeg oherwydd mai dyna sydd orau ganddynt a dyna eu hawl. I eraill, fodd bynnag, mae'n fwy na mater o ddewis - mae'n fater o angen. Mae hyn yn arbennig o wir am yr henoed, pobl â dementia neu bobl sydd wedi cael strôc, neu blant bach nad ydynt yn siarad dim ond Cymraeg. Mae'n bwysig hefyd cydnabod nad yw'r unigolyn bob amser mewn sefyllfa i fynegi ei ddewis. Mae pobl yn aml yn agored i niwed, a heb hyder i ofyn am wasanaethau yn Gymraeg. Rhaid i iaith felly fod yn rhan annatod o'r gofal a ddarperir.

> “Drwy gydol fy ngyrfa, rydw i wedi gweld llawer o sefyllfaoedd lle roedd diffyg staff oedd yn siarad Cymraeg, a hynny wedi arwain at gamddehongli anghenion cleifion neu hyd yn oed ddiagnosis anghywir, oherwydd bod cleifion yn ddryslyd, mewn poen neu wedi colli'r gallu i ddeall a siarad Saesneg
>
> – Darparwr gwasanaeth

Gyda chyfran uchel o wasanaethau yn y GIG, gwasanaethau cymdeithasol a gofal cymdeithasol yn cael eu contractio i drydydd parti, mae'n hanfodol hefyd bod sensitifrwydd i'r iaith yn glir ac yn eglur bob amser wrth gomisiynu.

Mae yna ddealltwriaeth fod gwasanaethau cyhoeddus yn gweithredu o fewn cyfyngiadau ariannol tynn a heriol iawn ond nid yw sylweddoli'r weledigaeth yn y fframwaith strategol olynol hwn yn debygol o fod angen adnoddau ychwanegol. Fe fydd, fodd bynnag, yn golygu bod angen i sefydliadau weithredu'n wahanol.

Mae angen i sefydliadau brif ffrydio gwasanaethau Cymraeg fel rhan annatod o'r gwasanaeth a ddarperir ganddynt ac o gynllunio'r gweithlu. O ganlyniad i'r fframwaith strategol 'Mwy na geiriau ...' gwreiddiol, cafodd nifer o fentrau eu datblygu oedd yn dangos sut yr oedd modd sicrhau y gallai siaradwyr Cymraeg dderbyn gwasanaethau iechyd a gwasanaethau cymdeithasol yn eu hiaith gyntaf drwy wneud y defnydd gorau o'r sgiliau a'r adnoddau oedd yn bod eisoes.

Mae'r fframwaith strategol olynol hwn yn canolbwyntio ar ofal ac nid gweithdrefnau'n unig, ac felly mae angen i bawb sy'n gweithio mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol ofyn i'w defnyddwyr gwasanaeth nid yn unig beth sy'n bod arnynt ond beth sy'n bwysig iddynt.

Arfer da

Roedd nyrs mewn gofal dwys yn gofalu am glaf oedd heb adennill ymwybyddiaeth yn llawn bythefnos ar ôl peidio â chael tawelydd ac roedd hyn yn achosi pryder. Er nad oedd dewis iaith wedi ei nodi yng nghofnodion y claf, dechreuodd y nyrs siarad yn Gymraeg ac fe wnaeth y claf ei deall yn syth. Daethpwyd i weld bod y claf wedi colli ei allu i ddeall a siarad Saesneg.

PENNOD 1

Cyd-Destun Polisi ar Gyfer Darparu Gwasanaethau Cymraeg Mewn Iechyd a Gofal Cymdeithasol

(i) Trosolwg

1.1 Mae Llywodraeth Cymru wedi ymrwymo i ddarparu gwasanaethau iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol o safon uchel sy’n canolbwyntio ar ganlyniadau ac anghenion pobl. Mae gan sefydliadau ar draws y sector cyhoeddus gyfrifoldeb i gydymffurfio â Mesur y Gymraeg (Cymru) 2011 sy’n caniatau creu Safonau newydd er mwyn sicrhau y gall siaradwyr Cymraeg dderbyn gwasanaethau yn Gymraeg. Felly, mae gan Fyrddau Iechyd Lleol ac Adrannau Gwasanaethau Cymdeithasol yr Awdurdodau Lleol gyfrifoldeb statudol i sicrhau bod cefnogaeth i ganlyniadau llesiant pobl a bod eu hanghenion gofal a chymorth, gan gynnwys eu hangen o ran iaith, yn cael eu hasesu’n gywir a’u bodloni. Mae llawer o bobl na allant gyfathrebu a chymryd rhan yn eu gofal a’u cymorth eu hunain fel partneriaid cyfartal yn effeithiol ond drwy gyfrwng y Gymraeg ac felly mae cyfrifoldeb ar ddarparwyr gwasanaeth i gyfarfod â’r anghenion gofal hyn.

> Yn Gymraeg, rydw i’n medru siarad am brofiadau a phethau personol. Dydy’r sgwrs ddim yn llifo yr un fath yn Saesneg. Mae’n rhaid i chi gyfieithu, yn enwedig pan ydych chi’n siarad am rywbeth sydd mor bwysig.
>
> – Profiad defnyddiwr

1.2 Ers 2007 Mae Tasglu’r Gymraeg mewn Iechyd a Gwasanaethau Cymdeithasol wedi cyfarfod yn rheolaidd i drafod pryder ynghylch y gwasanaethau Cymraeg sydd ar gael. Daeth yn amlwg i’r Tasglu fod yna ymrwymiad ymhlith y staff oedd yn gweithio mewn iechyd a gwasanaethau cymdeithasol i ddarparu gwasanaethau yn Gymraeg. Roedd peth arfer da hefyd, ond roedd hyn, yn amlach na pheidio, yn ganlyniad i ymrwymiad unigolion, yn hytrach nag yn elfen gynlluniedig o’r gwasanaeth a ddarperid. Yn 2012, mynegodd adroddiad, a gyhoeddwyd gan Gyngor Gofal Cymru, bryder am y diffyg gwasanaethau oedd ar gael i gleifion a’u teuluoedd drwy gyfrwng y Gymraeg a dylanwadodd yr adroddiad hwn ar bolisi Llywodraeth Cymru ynglŷn â’r defnydd o’r Gymraeg mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol.

(ii) Y Fframwaith Strategol ar gyfer Gwasanaethau Cymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol, Mwy na geiriau....

1.3 Cyhoeddodd Llywodraeth Cymru *Mwy na geiriau....*, ei fframwaith strategol ar gyfer iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol, ym mis Tachwedd 2012 er mwyn mynd i'r afael â'r materion hyn mewn ffordd gynlluniedig a chydgysylltiedig. Roedd y fframwaith strategol yn cadarnhau ymrwymiad Llywodraeth Cymru i gryfhau'r gwasanaethau Cymraeg yn y meysydd hyn. Cyhoeddwyd dau gynllun gweithredu tair blynedd hefyd, y naill ar gyfer GIG Cymru a'r llall ar gyfer y gwasanaethau cymdeithasol, i ategu'r fframwaith strategol ac amlinellu'r camau ymarferol oedd eu hangen i wireddu'r weledigaeth. Bwriadwyd i'r fframwaith strategol gwmpasu'r cyfnod o fis Ebrill 2013 i fis Ebrill 2016, gydag adroddiadau blynyddol yn cael eu cyhoeddi i ddangos cynnydd.

1.4 Mae gallu cael mynediad at wasanaethau Cymraeg yn amlwg yn ddymuniad i rai, ond nid mater o ddewis yw defnyddio gwasanaethau drwy gyfrwng y Gymraeg bob tro; mae'n medru bod yn fater o angen hefyd ac yn elfen hollbwysig wrth sicrhau canlyniadau llesiant positif. Gall mynegi a chyfleu anghenion yn Gymraeg fod yn fwy cyfforddus ac effeithiol i'r rheiny sy'n meddwl ac yn byw eu bywydau drwy gyfrwng y Gymraeg. Gellir ystyried diffyg gwasanaethau yn Gymraeg felly yn fethiant i ddarparu'r gofynion sylfaenol. Mae llawer o siaradwyr Cymraeg yn teimlo'n fwy cyfforddus yn mynegi eu hunain ac yn cyfleu eu hanghenion yn Gymraeg, gan eu bod yn meddwl ac yn byw eu bywydau drwy gyfrwng y Gymraeg. Felly gellid dadlau, pan na fydd gwasanaethau ar gael yn Gymraeg, bod hyn yn fethiant i gyfarfod ag angen sylfaenol.

> Roedd hi (mam) yn arfer mynd i'r ysbyty ond roedd hi'n anodd iddi fynegi ei hun yn Saesneg. Felly, fe fyddai hi'n teimlo nad oedd pethau'n symud mor gyflym ag y dylen nhw. Fe fyddai hi'n teimlo eu bod nhw'n siarad uwch ei phen hi ac na allen nhw gael sgwrs gyda hi.
>
> – Profiad defnyddiwr

1.5 Mae yna resymau da pam y dylai gwasanaethau iechyd, gwasanaethau cymorth a gofal cymdeithasol fod ar gael yn Gymraeg:

- Gwella ansawdd gofal a rheidrwydd clinigol – mae'n bwysig cydnabod y cysyniad o angen iaith. Er bod yr iaith Gymraeg yn elfen annatod o ofal a chymorth llawer o siaradwyr Cymraeg mae mwy o angen ar rai grwpiau i dderbyn eu gwasanaethau yn Gymraeg. I'r grwpiau yma dylid ystyried y Gymraeg fel elfen fwy sylfaenol fyth o'r gwasanaeth a ddarperir.
  Y grwpiau yma yw:
    - o Plant a phobl ifanc
    - o Pobl hŷn
    - o Pobl ag anableddau dysgu
    - o Defnyddwyr gwasanaeth iechyd meddwl
    - o Gwasanaethau dementia
    - o Gwasanaethau strôc
    - o Gwasanaethau therapi lleferydd ac iaith
- Cynnal safonau proffesiynol – mae nifer o safonau proffesiynol mewn iechyd a gofal cymdeithasol yn rhestru cyfathrebu effeithiol fel un o'r gofynion allweddol ac yn tynnu sylw at yr angen i sicrhau bod pobl yn cael eu trin â pharch ac urddas.
- Cyfarfod ag angen ieithyddol pobl – mae gan sefydliadau gyfrifoldeb i gydnabod ac ymateb i angen ieithyddol fel elfen annatod o ofal. Mewn geiriau eraill i ddarparu Cynnig Rhagweithiol.
- Cydymffurfio â gofynion cyfreithiol a statudol – Mae cyfrifoldeb ar sefydliadau yn y sector cyhoeddus i gydymffurfio â'r mesur newydd, sef Mesur y Gymraeg (Cymru) 2011. Bydd hwn yn creu Safonau ar gyfer y Gymraeg, gyda'r canlyniad y bydd hawliau yn cael eu sefydlu, fydd yn sicrhau y gall siaradwyr Cymraeg dderbyn gwasanaethau yn Gymraeg.

(iii) Y Cynnig Rhagweithiol

> Roedd yna ddau o bobl yn siarad Cymraeg ar y ward a phan fyddai un o'r rhain yn digwydd bod ar ddyletswydd, fe fyddai e'n fwy tawel. Fe fyddai'n eistedd i lawr, ond fel arall fe fyddai'n crwydro o gwmpas. Mae methu â chyfathrebu yn eich iaith gyntaf yn gwneud y cyflwr yn waeth o lawer.
>
> – Profiad defnyddiwr

1.6 Un o egwyddorion allweddol *Mwy na geiriau....* yw'r Cynnig Rhagweithiol. Ystyr Cynnig Rhagweithiol yn syml yw darparu gwasanaeth yn Gymraeg heb i rywun orfod gofyn amdano. Mae'n golygu creu newid mewn diwylliant, sy'n cymryd y cyfrifoldeb oddi ar yr unigolyn ac yn ei osod ar ddarparwyr gwasanaethau, a heb gymryd yn ganiataol fod yr holl siaradwyr Cymraeg yn siarad Saesneg beth bynnag.

> Rydw i'n meddwl ei bod hi'n anodd gofyn am wasanaeth Cymraeg. Does arnoch chi ddim eisiau gwneud lle annifyr i'r bobl sy'n eich trin chi.
>
> – Profiad defnyddiwr

1.7 Yng nghyd-destun iechyd a gwasanaethau cymdeithasol, mae llawer o ddefnyddwyr gwasanaeth yn agored iawn i niwed neu yn teimlo'n bryderus ac felly mae'n annheg disgwyl iddynt hwy ofyn am gael eu gwasanaethau iechyd neu ofal cymdeithasol yn Gymraeg. Cyfrifoldeb GIG Cymru a'r gwasanaethau cymdeithasol yw darparu gwasanaethau addas, sy'n cynnwys cyfarfod ag anghenion ieithyddol pobl. Dim ond drwy wneud hyn y gallant ddarparu gwasanaeth sy'n ddiogel ac yn effeithiol.

1.8 Dros y 3 blynedd ddiwethaf cafwyd dealltwriaeth gynyddol o bwysigrwydd y Cynnig Rhagweithiol, sy'n parhau i fod yn elfen allweddol yn y fframwaith strategol *Mwy na geiriau....* Mae pecyn gwybodaeth a hyfforddiant a gyhoeddwyd yn ddiweddar, gyda'r bwriad o gynorthwyo pob aelod o staff ar draws GIG Cymru a'r gwasanaethau cymdeithasol i wneud Cynnig Rhagweithiol, wedi bod yn gyfrwng i godi proffil a dealltwriaeth o'r egwyddor. Fel rhan o'r fframwaith strategol olynol hwn, bydd Llywodraeth Cymru yn creu ac yn diweddaru adnodd gwybodaeth ar-lein ar gyfer yr holl staff iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol i gynorthwyo i ddarparu'r Cynnig Rhagweithiol yn fwy cyson.

> Os mai dim ond un iaith y mae'r plentyn yn ei siarad, yna fe ddylech chi gael cynnig y gwasanaeth yn Gymraeg heb orfod gofyn.
>
> – Profiad defnyddiwr

(iv) Safonau'r Gymraeg

1.9 Ers cyhoeddi *Mwy na geiriau....*, daeth Mesur y Gymraeg (Cymru) 2011 yn gyfraith. Mae'r Mesur yn darparu ar gyfer Safonau newydd, sy'n cael eu gosod ar amrywiaeth o sefydliadau ar draws y sector cyhoeddus a'r sector preifat ac yn rhoi statws swyddogol i'r Gymraeg yng Nghymru, sy'n golygu na ddylid ei thrin yn llai ffafriol na'r Saesneg.

1.10 Mae'r Cynlluniau Iaith Gymraeg wedi llwyddo i godi proffil gwasanaethau a ddylai fod ar gael yn Gymraeg yn ogystal â sicrhau bod llawer o'r gwasanaethau yn cael eu darparu'n ddwyieithog erbyn hyn. Mae'r Safonau'n cymryd lle'r Cynlluniau Iaith Gymraeg ac yn adeiladu arnynt, a byddant yn ei gwneud yn haws i bobl ddefnyddio'r Gymraeg yn eu bywydau bob dydd, tra'n sicrhau y darperir gwasanaethau yn ôl dewis iaith, yn ogystal ag yn ôl angen.

1.11 Ni ddylid gweld cyflwyno'r Safonau fel ychwanegiad at weithredu *Mwy na geiriau....* nac i'r gwrthwyneb. Dylid ystyried y Safonau yn hytrach fel cyfrwng i gryfhau'r ymrwymiadau a wnaed yn y fframwaith strategol dilynol hwn. Drwy gyflawni camau gweithredu y fframwaith strategol hwn, bydd cyrff cyhoeddus yr un pryd yn cyfarfod â rhai o'r Safonau.

1.12 Yn wahanol i'r Cynlluniau Iaith Gymraeg cyfredol, mae mwy o ddarpariaethau ar gyfer gorfodi yn Safonau'r Gymraeg er mwyn sicrhau cydymffurfiaeth. Pan fydd Comisiynydd y Gymraeg yn darganfod (drwy archwiliadau ar hap neu drwy gwynion a dderbyniwyd) bod corff heb weithredu'n unol â Safon, mae ganddi'r pwerau i ymchwilio i'r diffyg cydymffurfio posibl. Os bydd Comisiynydd y Gymraeg yn gweld nad yw corff wedi cydymffurfio â Safon, gall orfodi cosb ariannol sifil ar y corff sy'n tramgwyddo a rhoi cyhoeddusrwydd i'r diffyg cydymffurfio er mwyn gorfodi'r corff i gydymffurfio.

1.13 Bydd Safonau'r Gymraeg ar gyfer awdurdodau lleol (ac felly gwasanaethau cymdeithasol) yn dod i rym ar 30 Mawrth 2016 ac mae'r Rheoliadau sy'n creu'r Safonau ar gyfer GIG Cymru yn debygol o gael eu pasio gan Gynulliad Cenedlaethol Cymru ar ddiwedd 2016 / dechrau 2017. O'r pwynt hwnnw, bydd gan Comisiynydd y Gymraeg yr hawl i gyflwyno Hysbysiad Cydymffurfio i sefydliadau o fewn GIG Cymru. Bydd gan sefydliadau o leiaf 6 mis ar ôl y dyddiad y mae'r Hysbysiad Cydymffurfio yn cael ei gyflwyno i gydymffurfio â'r Safonau y mae'r Comisiynydd y Gymraeg yn dewis ar eu cyfer.

1.14 Gan fod y fframwaith strategol olynol wedi ei adeiladu ar y sylfeini a osodwyd gan y Safonau Iaith Gymraeg, os nad yw pobl yn gallu derbyn gwasanaethau yn eu hiaith o'u dewis, byddant yn gallu cwyno i'r Comisiynydd. Mae hyn fel arfer yn cynnwys cysylltu â'r sefydliad sydd wedi methu â darparu gwasanaethau yn y Gymraeg yn uniongyrchol ac yna aros am ymateb. Os nad yw'r unigolyn dan sylw yn teimlo bod yr ymateb yn ddigonol, gall yr unigolyn ddewis rhoi gwybod am y mater i'r Comisiynydd Iaith Gymraeg a all ymchwilio i'r drosedd honedig.

(v) Y Siarter Ewropeaidd ar gyfer Ieithoedd Rhanbarthol neu Leiafrifol

1.15 Mae deddfwriaeth Ewropeaidd a chydymffurfio â Siarter Ewrop ar gyfer Ieithoedd Rhanbarthol neu Leiafrifol yn sefydlu'r egwyddor bod: yr hawl i ddefnyddio iaith ranbarthol neu iaith leiafrifol yn breifat ac mewn bywyd cyhoeddus yn hawl ddiymwad.

1.16 Mae erthygl 13 y Siarter yn ymwneud â 'Bywyd Economaidd a Chymdeithasol' ac mae'n rhwymo Llywodraeth y DU (ac felly Llywodraeth Cymru):

> *'i sicrhau bod cyfleusterau gofal cymdeithasol megis ysbytai, cartrefi ymddeol a hosteli yn cynnig y posibilrwydd o dderbyn a thrin yn eu hiaith eu hunain bersonau sy'n defnyddio iaith ranbarthol neu leiafrifol ac sydd angen gofal oherwydd afiechyd, henaint neu am resymau eraill' (erthygl 13).*

1.17 Fodd bynnag, dangosodd yr adroddiad monitro diweddaraf gan COMEX[1] (Pwyllgor Arbenigwyr Cyngor Ewrop) yn 2010 fod llawer o waith eto i'w gyflawni. Gwnaeth yr argymhelliad a ganlyn:

> *'...bod awdurdodau y Deyrnas Unedig... yn cymryd camau pendant i sicrhau cynnydd pellach yn y defnydd o'r Gymraeg mewn iechyd a gofal cymdeithasol.'*

(vi) *Fy iaith, fy iechyd*: Ymchwiliad Comisiynydd y Gymraeg i'r Gymraeg mewn Gofal Sylfaenol

1.18 Cyhoeddwyd *Fy Iaith, fy Iechyd* gan Gomisiynydd y Gymraeg ar 10 Mehefin 2014. Cynhaliwyd yr ymchwiliad i'r sector gofal sylfaenol gan mai dyma'r pwynt cyswllt cyntaf i lawer o aelodau'r cyhoedd â'r system gofal iechyd. Felly, mae'n bwysig bod gwasanaethau Cymraeg digonol ar gael yn y sector hwn. Bydd angen i fyrddau iechyd sicrhau, wrth gomisiynu gwasanaethau, bod darpariaeth ddigonol ar gael a'u bod yr un pryd yn rhoi cyhoeddusrwydd i leoliad y gwasanaethau hyn.

Arfer Da

Er mwyn darparu gwasanaethau yn Gymraeg anogodd meddygfa Meddygon Teulu ei staff i ddysgu neu wella eu Cymraeg a datblygodd system gyfrifiadurol oedd yn cofnodi dewis iaith cleifion.

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1 COMEX (Pwyllgor Arbenigwyr Cyngor Ewrop) 2010

(vii) Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015

1.19 Ym mis Ebrill 2015 daeth Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn gyfraith yng Nghymru. Mae'r Ddeddf yn rhestru saith o nodau ar gyfer llesiant cenedlaethau'r dyfodol yng Nghymru. Mae un o'r nodau hyn yn anelu at sicrhau 'Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu'. Bydd cyrraedd y nodau a eglurwyd yn *Mwy na geiriau....* nid yn unig yn cyfrannu at y nod hon drwy sicrhau y bydd y Gymraeg yn cael ei defnyddio'n gynyddol ac yn ffynnu yn ein cymunedau ond bydd hefyd yn arwain at welliant mewn gofal.

(viii) Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

1.20 Mae'r Ddeddf yn gosod dyletswyddau i helpu pobl sydd angen gofal a chymorth a gofalwyr sydd angen cymorth. Mae ystyried nodweddion, diwylliant a chredoau unigolion yn hanfodol bwysig wrth helpu pobl i gael llesiant. I nifer o siaradwyr Cymraeg, mae iaith yn elfen greiddiol i'w gofal. Mae diffiniad y Ddeddf o lesiant yn cynnwys 'sicrhau hawliau a hawlogaethau'. I siaradwyr Cymraeg, bydd sicrhau hawliau a hawlogaethau yn golygu gallu defnyddio eu hiaith eu hunain i gyfathrebu a chyfrannu at eu gofal fel partneriaid cyfartal.

1.21 O ganlyniad i'r Ddeddf, disgwylir i Weinidogion Cymru gyhoeddi datganiad canlyniadau llesiant i'w cyflawni ar gyfer pobl sydd angen gofal a chymorth ac ar gyfer gofalwyr sydd angen cymorth, mae hyn yn cynnwys a yw pobl yn gallu derbyn gofal a chymorth yn yr iaith Gymraeg os mai dyna yw eu dewis.

1.22 Mae'r Codau Ymarfer a gynhyrchir o dan y Ddeddf yn ei gwneud yn ofynnol i awdurdodau lleol sicrhau bod gwasanaethau Cymraeg yn cael eu hymgorffori i fewn i gynllunio a darparu gwasanaethau, a bod gwasanaethau yn cael eu cynnig yn Gymraeg i siaradwyr Cymraeg heb iddynt orfod gofyn amdanynt (sef y Cynnig Rhagweithiol).

(ix) Gofal Iechyd Darbodus

1.23 Bydd cyflawni *Mwy na geiriau....* hefyd yn gymorth i newid y diwylliant fel sydd ei angen i ddarparu Gofal Iechyd Darbodus. Ar hyn o bryd, canlyniad darparu gwasanaethau Cymraeg yn anghyson yw bod gallu siaradwyr Cymraeg i gyfathrebu gyda darparwyr gwasanaeth yn eu hiaith eu hunain yn aml yn cael ei beryglu. Mae'r rhwystr iaith sy'n bodoli rhwng siaradwyr Cymraeg a darparwyr gwasanaethau yn achosi anawsterau clir wrth ddarganfod anghenion pobl. Wrth gyflawni *Mwy na geiriau....*, caiff y rhwystr iaith hwn ei ddileu. Bydd hyn yn helpu darparwyr gwasanaethau i fodloni egwyddorion Gofal Iechyd Darbodus, sef 'peidio â gwneud niwed' a 'chynnal yr ymyriad lleiaf sy'n ofynnol', gan y bydd pobl wedi gallu mynegi eu hanghenion, eu symptomau a'u problemau wrth ddarparwyr gwasanaethau yn eu hiaith ei hunain a bydd anghenion pobl yn cael eu deall yn gyfan gwbl.

> Rydym ni'n derbyn nifer o wasanaethau yn Gymraeg, er enghraifft, gan ein meddyg teulu, ein gweithiwr cymdeithasol a'r holl wasanaethau sy'n seiliedig ar addysg. Yn yr holl wasanaethau, mae modd cynnwys X ein mab yn llawn ym mhob trafodaeth; mae'n gallu dweud ei farn yn glir a gall y gweithiwr proffesiynol ddod i'w adnabod fel unigolyn
>
> – Profiad defnyddiwr

(x) Datganiad o Hawliau Pobl Hŷn yng Nghymru

1.24 Yn 2014, cyhoeddodd Llywodraeth Cymru ei Datganiad o Hawliau Pobl Hŷn yng Nghymru sy'n dod â'r hawliau sydd wedi eu cynnwys yn Neddf Cydraddoldeb 2010, a'r Confensiwn Ewropeaidd ar Hawliau Dynol yn fyw i bobl hŷn yng Nghymru. Yn y Datganiad, eglurir bod gan bobl hŷn yr hawl i ddefnyddio'r iaith sydd orau ganddynt i gyfathrebu. Pan fo siaradwyr Cymraeg yn dymuno ymgysylltu â gwasanaethau iechyd, gwasanaethau cymdeithasol neu'r gwasanaethau gofal cymdeithasol yn Gymraeg, dylent fod yn rhydd i wneud hynny.

(xi) Deddfwriaeth sy'n ymwneud â phlant

1.25 Mae yna nifer o ddarpariaethau deddfwriaethol megis Deddf Plant 1989 a 2004 yn diogelu hawliau plant. Mae hawliau ieithyddol plant yn cael eu cryfhau gan Fesur Hawliau Plant a Phobl Ifanc (Cymru) 2011 gan Gynulliad Cenedlaethol Cymru, sy'n rhoi effaith bellach yng Nghymru i Gonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn (CCUHP). Mae'r Confensiwn yn diogelu hawliau plant i ddefnyddio eu hiaith eu hunain. Gan mai dim ond Cymraeg mae llawer o blant Cymraeg eu hiaith yn gallu siarad (yn enwedig plant ifanc), mae'r fframwaith strategol hwn yn nodi plant a phobl ifanc fel grŵp sydd angen derrbyn gwasanaethau Cymraeg. Lle mae plant neu bobl ifanc eisiau neu angen eu gwasanaethau wedi'u darparu yn Gymraeg, dylid eu darparu.

PENNOD 2

Adeiladu Ar *Mwy na geiriau....*

2.1 Pan lansiwyd *Mwy na geiriau....* yn 2012, dywedai mai taith fyddai'r broses o gryfhau'r ddarpariaeth Gymraeg mewn iechyd a gwasanaethau cymdeithasol. Mae'n amlwg na chafodd pob un o'r camau yn y fframwaith strategol cyntaf eu gweithredu yn llwyddiannus bob amser, neu, os cawsant eu gweithredu, nad ydynt bob amser wedi'u gweithredu'n gyson ledled Cymru. O gofio bod y weledigaeth wreiddiol, oedd yn ffurfio sylfaen y fframwaith strategol cyntaf, yn dal yr un fath i raddau helaeth, mae'r camau hyn wedi cael eu cario ymlaen i gynllun gweithredu y fframwaith strategol olynol hwn.

2.2 Ochr yn ochr â'r angen i gario rhai o'r camau gweithredu ymlaen o'r strategaeth flaenorol, bu newidiadau hefyd yn y polisi a'r tirwedd deddfwriaethol, er enghraifft, Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, ymchwiliad *Fy Iaith, Fy Iechyd* i'r ddarpariaeth Gymraeg mewn Gofal Sylfaenol a Safonau'r Gymraeg. Mae'r rhain i gyd wedi gwneud fframwaith strategol olynol yn angenrheidiol. Mae'r fframwaith strategol olynol hefyd yn adlewyrchu'r angen i ganolbwyntio mwy ar ganlyniadau er mwyn sicrhau bod byrddau iechyd ac awdurdodau lleol yn parhau i ganolbwyntio ar *Mwy na geiriau....* a'u bod yn deall yn glir pa gamau sydd raid iddynt eu cymryd ac erbyn pryd.

2.3 Mae'n amlwg bod yna lawer o ymrwymiad i wireddu gweledigaeth Mwy na geiriau...., ond mae angen gwneud mwy i wneud y defnydd gorau o sgiliau Cymraeg presennol y gweithlu a buddsoddi yng ngweithlu'r dyfodol a throi egwyddor y Cynnig Rhagweithiol yn realiti. Gall mabwysiadu strategaeth gynllunio gweithlu dwyieithog fod o gymorth i ddileu unrhyw ansicrwydd ynghylch yr iaith Gymraeg mewn recriwtio, a galluogi sefydliad i ymdrin â sgiliau iaith yn gadarnhaol, yn wrthrychol ac yn gyfreithlon.[2] Yn dilyn y sylfaen a osodwyd gan y strategaeth *Mwy na geiriau....* gyntaf, mae cynllun gweithredu'r fframwaith strategol olynol hwn wedi'i atgyfnerthu â chamau newydd a diwygiedig er mwyn sicrhau bod pawb sy'n gyfrifol am ei weithredu, ar draws iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol, yn gallu deall yn glir beth sydd ei angen i wireddu gweledigaeth *Mwy na geiriau....*

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[2] Recriwtio: Ystyried y Gymraeg, Comisiynydd y Gymraeg.

2.4 Nod y fframwaith strategol olynol hwn yn y pen draw yw sicrhau ein bod yn cyrraedd pwynt lle rydym wedi prif ffrydio'r Gymraeg i bron bob agwedd ar fusnes GIG Cymru, gwasanaethau cymdeithasol a gofal cymdeithasol o ddydd i ddydd. Bydd hyn yn cynnwys cydnabod bod llawer o bobl sy'n agored i niwed, megis pobl hŷn sy'n dioddef o ddementia neu strôc, hefyd yn colli eu hail iaith, ac mai Cymraeg yw'r unig iaith y mae llawer o blant bach yn ei siarad.

> Roedd pawb yn siarad Cymraeg; roeddwn yn medru siarad â nhw fel pe bawn yn siarad â'm teulu adref... I mi, mae medru siarad Cymraeg yn fy helpu i wella.
>
> – Profiad defnyddiwr

Llywodraethu a Phartneriaeth

2.5 Yn ogystal â bod wedi cyflawni swyddogaeth gynghori hollbwysig wrth ddatblygu'r fframwaith strategol dilynol hwn, bydd Grŵp Gweithredu *Mwy na geiriau….* a Thasglu'r Gymraeg wrth fonitro a Gwasanaethau Cymdeithasol yn chwarae rhan allweddol mewn monitro sut y mae'n cael ei weithredu.

2.6 Bydd Grŵp Implementeiddio *Mwy na geiriau….*, fydd yn cynnwys cynrychiolwyr o bob un o'r sectorau fu'n ymwneud â gweithredu *Mwy na geiriau….*, yn fforwm i roi adborth i Lywodraeth Cymru ar y cynnydd sy'n cael ei wneud wrth weithredu'r fframwaith strategol. Bydd gan y grŵp hefyd, gyda chymorth rheolwr implementeiddio'r strategaeth, rôl allweddol mewn nodi meysydd o fewn y fframwaith strategol, fydd efallai yn fwy heriol i'w gweithredu, a cheisio gweithio drwyddynt. Rhan greiddiol hefyd o waith y grŵp fydd darparu adroddiadau cynnydd ar weithredu'r fframwaith strategol i Dasglu'r Gymraeg mewn Iechyd a Gwasanaethau Cymdeithasol.

2.7 Bydd Tasglu'r Gymraeg mewn Iechyd a Gwasanaethau Cymdeithasol yn goruchwylio gweithrediad y fframwaith strategol *Mwy na geiriau….* gan GIG Cymru, adrannau gwasanaethau cymdeithasol a sefydliadau eraill drwy ddadansoddi a chraffu ar adroddiadau cynnydd, a roddir iddo gan Grŵp Implementeiddio *Mwy na geiriau….*

PENNOD 3

Cyfrifoldeb ac Atebolrwydd

3.1 Mae cryfhau'r gwasanaethau Cymraeg mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn gyfrifoldeb llawer o sefydliadau. Mae gan Lywodraeth Cymru rôl ganolog o ran gosod y cyfeiriad strategol, ond sefydliadau GIG Cymru, adrannau gwasanaethau cymdeithasol a sefydliadau eraill (megis sefydliadau addysg bellach ac addysg uwch) fydd yn y pen draw yn atebol am eu cyfrifoldebau i gyflawni'r camau gweithredu yn y cynllun gweithredu sy'n berthnasol i'w sefydliad.

3.2 Mae Llywodraeth Cymru'n benderfynol o bwysleisio pwysigrwydd perchnogaeth, ymrwymiad ac atebolrwydd dros y rhaglen gan ei phrif randdeiliaid. I'r diben hwn, nod cynllun gweithredu'r fframwaith strategol hwn yw rhoi eglurder ynglŷn â'r hyn y mae'n ofynnol ei gyflawni, y corff sy'n gyfrifol am gyflawni'r cam gweithredu ac amserlen ar gyfer cyflawni.

3.3 Bydd Llywodraeth Cymru yn sicrhau ei bod yn cyflawni ei chyfrifoldebau i osod y cyfeiriad strategol drwy ddarparu cyfarwyddyd ar faterion Cymraeg i'r sectorau iechyd a gwasanaethau cymdeithasol mewn dogfennau polisi cenedlaethol. I'r diben hwnnw, bydd canllaw'r Cynllun Tymor Canol Integredig ar gyfer GIG Cymru yn rhoi cyfarwyddyd penodol i fyrddau iechyd ac ymddiriedolaethau ynghylch yr hyn y mae'n rhaid i Gynlluniau Tymor Canol Integredig ei gynnwys o ran yr iaith Gymraeg. Ar gyfer Cyfarwyddwyr Gwasanaethau Cymdeithasol, mae Cod Ymarfer Cyfarwyddwyr wrthi'n cael ei gyhoeddi. Bydd hwn yn ei gwneud yn ofynnol i Gyfarwyddwyr Gwasanaethau Cymdeithasol gynhyrchu adroddiadau blynyddol fydd yn rhoi diweddariad ar y gwasanaethau a ddarperir yn Gymraeg. At hynny, bydd amrywiol strategaethau gwahanol eraill gan y Llywodraeth, megis y Cynllun Ansawdd, yn ailddatgan pwysigrwydd darparu gwasanaeth yn Gymraeg.

3.4 Bydd rhaid i adrannau gwasanaethau cymdeithasol a sefydliadau GIG Cymru gynllunio a bod yn atebol am ddarparu gwasanaethau Cymraeg yn eu meysydd eu hunain, gan gynnwys gwasanaethau a ddarperir gan y sector annibynnol a'r trydydd sector. Mae'r fframwaith strategol hwn yn seiliedig ar wella ansawdd y gofal a ddarperir ac felly bydd hefyd yn arbennig o berthnasol i'r Colegau Brenhinol, cyrff proffesiynol a'r sectorau addysg bellach ac uwch.

3.5 Bydd y systemau monitro ar gyfer y fframwaith strategol yn seiliedig ar gasgliad o egwyddorion a fydd yn gwneud y canlynol:

- Canolbwyntio ar brofiadau pobl o wasanaethau a ddarperir yn y Gymraeg. Caiff yr adborth hwn ei goladu drwy ddefnyddio'r arolygon cleifion presennol
- Caiff ei brif ffrydio i systemau monitro sydd eisoes yn bodoli
- Bydd yn asio â mecanweithiau adrodd Comisiynydd y Gymraeg ar gyfer y Cynlluniau Iaith Gymraeg presennol a Safonau'r Gymraeg sydd i ddod.

(i) Y Cynnig Rhagweithiol

3.6 Mae'r Cynnig Rhagweithiol yn parhau i fod yn rhan annatod a chanolog o'r fframwaith strategol hwn. Mae gwneud Cynnig Rhagweithiol yn golygu ymddwyn mewn ffordd sy'n adlewyrchu gwerthoedd craidd GIG Cymru a'r gwasanaethau cymdeithasol, sef trin pawb ag urddas a pharch yn ogystal â darparu gwasanaeth diogel. Ystyr y term Cynnig Rhagweithiol yn syml yw'r canlynol:

- Darparu gwasanaeth yn Gymraeg heb i rywun orfod gofyn amdano a chreu newid mewn diwylliant, sy'n symud y cyfrifoldeb oddi ar yr unigolyn i ofyn am wasanaeth drwy gyfrwng y Gymraeg.
- Mae darparu gwasanaeth, sy'n canolbwyntio ar y claf, yn sylfaenol i'r Cynnig Rhagweithiol.
- Mae gwneud Cynnig Rhagweithiol yn golygu peidio â chymryd yn ganiataol bod pawb sy'n siaradwyr Cymraeg yn siarad Saesneg beth bynnag. Mae'n sicrhau bod pobl Cymraeg eu hiaith yn cael eu trin ag urddas a pharch drwy ofyn iddynt pa iaith ydy'r gorau ganddynt a gweithredu ar hynny.
- Mae gwneud Cynnig Rhagweithiol hefyd yn ymwneud â chreu'r amgylchedd cywir lle mae pobl yn teimlo wedi'u grymuso ac yn hyderus y bydd eu hanghenion yn cael eu bodloni.

3.7 Bydd rheolwyr, gweithwyr proffesiynol a staff eraill a gyflogir ym maes iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol, p'un a yw'r gwasanaeth yn cael ei ddarparu gan GIG Cymru neu awdurdodau lleol, neu yn cael ei gomisiynu ganddynt, yn darparu'r Cynnig Rhagweithiol o ofal yn Gymraeg i bobl. Prif Weithredwyr y Byrddau Iechyd a'r Ymddiriedolaethau a Chyfarwyddwyr Gwasanaethau Cymdeithasol fydd yn cymryd y cyfrifoldeb arweiniol am hyn.

> Rydw i wedi gwneud y pwynt o'r dechrau; gawn ni wasanaethau yn Gymraeg, os gwelwch yn dda? Wedi dweud hynny, rydym yn tueddu i orfod codi'r pwynt eto ar bob cam yn y broses.
>
> – Profiad defnyddiwr

(ii) Cyflawni amcanion y fframwaith strategol hwn

3.8 Er mwyn cyflawni camau gweithredu'r fframwaith strategol hwn, mae 7 o amcanion allweddol wedi'u nodi ar gyfer eu cyflawni. Mae pob amcan yn ymwneud â maes allweddol, lle mae angen cymryd camau er mwyn darparu'r gwasanaethau o safon uchel y mae siaradwyr Cymraeg yn eu haeddu. Mae'r fframwaith strategol olynol hwn yn ceisio sicrhau dull integredig o ddarparu iechyd a gwasanaethau cymdeithasol a gofal cymdeithasol. I'r diben hwn, datblygwyd un cynllun gweithredu sengl ar gyfer y ddau sector yn hytrach na dau fel gyda'r fframwaith strategol cyntaf. At hynny, i adlewyrchu'r meddylfryd presennol o integreiddio ym mholisi iechyd a gwasanaethau cymdeithasol, mae cynllun gweithredu'r fframwaith strategol olynol hwn yn cynnwys mwy o ffocws ar ganlyniadau i bobl er mwyn sicrhau y gall pobl Cymru ddeall yn glir yr hyn y bydd cyflawni'r fframwaith strategol hwn yn ei olygu iddynt.

Amcan 1: Arweinyddiaeth Leol, Genedlaethol a Pholisi Cenedlaethol

3.9 Er mwyn cyflawni'r amcanion a nodir yn y fframwaith hwn, rhaid dangos arweinyddiaeth ar draws pob lefel yn unrhyw sefydliad. Mae angen dull cyson gan bob haen o bob gwasanaeth i beri newid a gwelliant parhaus. Mae gan uwch aelodau o staff gyfrifoldeb i sefydlu diwylliant cefnogol, fydd yn sicrhau bod gwasanaethau ar gael i siaradwyr Cymraeg drwy gyfeiriad polisi, prosesau recriwtio, cynllunio'r gweithlu a rhaglenni hyfforddiant a datblygiad proffesiynol parhaus. *Mae Mwy na geiriau....* yn credu bod gan reolwyr gwasanaethau gyfrifoldeb i sicrhau y gweithredir hyn yn y gwasanaethau o ddydd i ddydd.

3.10 At hynny, bydd Llywodraeth Cymru yn sicrhau y bydd yr holl ddogfennau polisi a strategaeth cenedlaethol ym maes iechyd a gofal cymdeithasol yn gwneud cyfeiriadau penodol at y cyfrifoldeb i ddarparu gofal a chymorth yn Gymraeg. Bydd hyn yn cael ei wneud yn unol â Pholisi Comisiynydd y Gymraeg wrth greu'r Safonau Iaith Gymraeg. Bydd Llywodraeth Cymru hefyd yn sicrhau bod darparu gofal yn Gymraeg yn cael ei brif ffrydio i waith y gynghrair arweinyddiaeth genedlaethol sy'n darparu cyngor i Weinidogion ar weithredu'r ddeddfwriaeth.

3.11 Dylai fod gan gyrff proffesiynol swyddogaeth hefyd i hyrwyddo'r cyswllt rhwng gwasanaethau Cymraeg a chanlyniadau gofal o safon uchel.

Amcan 2: Mapio, Archwilio, Casglu Data ac Ymchwil

3.12 Heb broses effeithiol a gorfodol o gasglu data ystyrlon a chyfredol ar anghenion y gymuned y maent yn ei gwasanaethu ac ar sgiliau iaith y gweithlu, mae’n anodd iawn i sefydliadau gynllunio eu gweithlu mewn modd sy’n cyfarfod ag anghenion y bobl y maent yn eu gwasanaethu. Hefyd, mae diffyg data ynghylch siaradwyr Cymraeg o fewn y gweithlu nid yn unig yn rhwystro cynllunio gweithlu ond hefyd yn cyfyngu ar y broses o ddarparu hyfforddiant a chymorth addas i alluogi’r gweithlu i ddatblygu eu sgiliau Cymraeg. Mae angen i gynlluniau gweithlu fod yn seiliedig ar ddadansoddiad o anghenion iaith cymunedau a data ar sgiliau Cymraeg y gweithlu, er mwyn sicrhau bod darparwyr gwasanaeth yn ateb anghenion pobl Cymraeg eu hiaith.

3.13 Bydd Cyfarwyddwyr Gwasanaethau Cymdeithasol a Phrif Weithredwyr GIG Cymru yn ymwybodol bod rhaid i systemau data mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol alluogi’r gwasanaeth i weithredu’n ddwyieithog er mwyn cyfarfod ag anghenion siaradwyr Cymraeg. Rhoddir blaenoriaeth i’r tri maes canlynol

- Rhoddir system ar waith i gofnodi sgiliau Cymraeg staff a defnyddir y wybodaeth hon ar gyfer cynllunio’r gweithlu.
- Dylai cofnodion cleientiaid a chleifion ddangos yn glir beth yw dewis iaith y dinesydd
- Rhaid i gofnodion cleientiaid a chleifion gynnwys adrannau i alluogi staff i gofnodi pryd y bydd rhaid gwneud Cynnig Rhagweithiol

Amcan 3: Cynllunio Gwasanaethau, Comisiynu a Chontractio a Chynllunio’r Gweithlu

> Dydyn ni ddim am gael byd delfrydol lle mae pawb yn siarad Cymraeg ond os bydd gan y tîm meddygol rywun sy’n siarad Cymraeg bydd hynny’n gymorth.
>
> – Profiad defnyddiwr

3.14 Mae’r fframwaith strategol wedi nodi nifer o feysydd lle mae cryfhau’r gwasanaethau Cymraeg yn hanfodol er mwyn darparu gwasanaeth teg. Mae’r cyfrifoldeb am hyn yn gorffwys ar yr holl adrannau ar draws byrddau iechyd, ymddiriedolaethau a gwasanaethau cymdeithasol.

3.15 Mae gan gynllunio gweithlu a datblygu sefydliadol ran ganolog i’w chwarae o ran cyflawni'r fframwaith strategol hwn, er enghraifft:

- Darparu hyfforddiant i staff mewn perthynas â gwneud y Cynnig Rhagweithiol a phrif ffrydio hyn i raglenni ymsefydlu.
- Arwain ar ddatblygu Strategaeth Sgiliau Dwyieithog, fydd yn nodi anghenion iaith y sefydliad.
- Rhaglenni hyfforddiant i gael eu cynnig i staff er mwyn cynyddu gallu'r staff i ddarparu gwasanaethau drwy gyfrwng y Gymraeg.
- Rhaglenni hyfforddiant cychwynnol i ganolbwyntio ar annog staff i ddefnyddio'r sgiliau Cymraeg sydd ganddynt a chynyddu hyder y staff i ddefnyddio'r sgiliau hynny.
- Mae sgiliau Cymraeg wedi eu prif-ffrydio i gymwyseddau craidd y Fframwaith Gwybodaeth a Sgiliau a dylid adlewyrchu hyn mewn trafodaethau yn arfarniadau staff blynyddol.
- Mapio'r ddarpariaeth bresennol a'r gallu i wneud Cynnig Rhagweithiol o fewn y gwasanaethau.

Arfer Da

Er mwyn ateb y galw am wasanaethau Cymraeg gan gleifion, crëwyd ward i ddarparu gwasanaethau Cymraeg. Mae'r ward yn cael ei staffio gan staff clinigol sydd â sgiliau Cymraeg a defnyddir y logo 'Iaith Gwaith' i hybu'r gwasanaethau sydd ar gael.

Sylweddolodd cartref preswyl yr angen i ddarparu gweithgareddau yn Gymraeg a rhoddwyd cynllun at ei gilydd i sicrhau bod staff oedd yn siarad Cymraeg ar gael i ddarparu'r gweithgareddau hyn.

3.16 Bydd Prif Weithredwyr GIG Cymru a Chyfarwyddwyr Gwasanaethau Cymdeithasol yn sicrhau y caiff anghenion Cymraeg pobl eu hystyried yn benodol wrth gwblhau asesiad poblogaeth ar y cyd ac wrth gomisiynu neu gontractio gwasanaethau gan y sector annibynnol neu'r trydydd sector gan gynnwys modelau dielw. Mae enghreifftiau yn cynnwys gofal preswyl neu nyrsio, eiriolaeth, gofal cartref, gwasanaethau y tu allan i oriau, gwasanaethau meddygon teulu a gwasanaethau ymyrraeth gynnar / ataliol. Caiff y Gymraeg ei hystyried mewn manylebau contractau, cytundebau lefel gwasanaeth a phrosesau arian grant. Pan fydd gwasanaethau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn cael eu comisiynu ar sail genedlaethol e.e. Meddygon Teulu, Deintyddion, Optegwyr a Fferyllfeydd, bydd Llywodraeth Cymru yn darparu canllawiau ac enghreifftiau o arfer gorau ar y defnydd o'r Gymraeg mewn gofal i hwyluso'r broses hon.

Amcan 4: Hybu ac Ymgysylltu

3.17 Er mwyn galluogi pobl i wybod pwy sy'n gallu cyfathrebu yn Gymraeg, mae dynodwyr gweledol yn bwysig iawn. I'r diben hwn, bydd Llywodraeth Cymru yn gweithio gyda Chomisiynydd y Gymraeg i ddatblygu a dosbarthu dynodwyr, tebyg i'r logo 'Iaith gwaith' er mwyn galluogi defnyddwyr gwasanaeth i adnabod staff gofal sy'n dysgu Cymraeg. Yn ogystal â helpu pobl, bydd hyn yn annog y defnydd o'r Gymraeg yn y gweithle.

3.18 Bydd sefydliadau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol hefyd yn hyrwyddo defnydd o'r logo 'Iaith gwaith' ar wisgoedd staff, llinynnau gwddf a llofnodion e-bost i alluogi pobl i adnabod siaradwyr Cymraeg a dechrau cyfathrebu drwy gyfrwng y Gymraeg.

3.19 At hynny, bydd Llywodraeth Cymru yn gweithio gyda Chyngor Gofal Cymru (Gofal Cymdeithasol Cymru) i greu ac i ddiweddaru'n barhaus adnodd gwybodaeth ar-lein ar gyfer yr holl staff iechyd, gwasanaethau cymdeithasol a staff gofal cymdeithasol er mwyn eu cynorthwyo i wneud y Cynnig Rhagweithiol. Bydd yr adnodd hwn yn cynnwys deunyddiau hyfforddi ac yn cyfeirio staff at ffynonellau gwybodaeth ychwanegol.

3.20 Er mwyn cynorthwyo staff i gyflawni amcanion y fframwaith strategol hwn, mae'n bwysig bod gweithwyr iechyd proffesiynol yn gallu cyfathrebu a rhannu arfer da. Bydd Swyddogion / Hyrwyddwyr y Gymraeg yn GIG Cymru ac mewn awdurdodau lleol yn rhannu'r arferion gorau ar ddarparu gwasanaethau Cymraeg gyda'r holl staff sy'n ymwneud â darparu gwasanaethau gofal, yn enwedig penaethiaid gwasanaethau a rheolwyr gwasanaethau.

Amcan 5: Addysg Broffesiynol

3.21 Er mwyn i'r gweithlu iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol allu cyflawni'r Cynnig Rhagweithiol, mae'n hanfodol eu bod yn adlewyrchu lefelau digonol o sgiliau Cymraeg a sensitifrwydd. Bydd buddsoddi yng ngweithlu'r dyfodol drwy gynllunio strategol a dyrannu adnoddau'n ymatebol mewn addysg cyn-gofrestru yn sicrhau'r capasiti i ddarparu'r gwasanaethau lle mae fwyaf eu hangen.

3.22 A derbyn y ffordd y caiff addysg gofal iechyd ei chomisiynu ar hyn o bryd yng Nghymru, byddai partneriaeth gryfach rhwng rhanddeiliaid allweddol yn ei gwneud yn bosibl datblygu fframwaith mwy cydlynol er mwyn gwella'r gwasanaethau Cymraeg a ddarperir ar draws y sector. Mae sefydlu datblygiad sgiliau Cymraeg fel rhan o gynllunio strategol y gweithlu ac addysg ar gyfer gweithwyr Iechyd proffesiynol yn gam sylfaenol yn y cyfeiriad hwn. Bydd y cynlluniau tymor canol integredig a gynhyrchir gan y byrddau iechyd a'r ymddiriedolaethau yn ystyried eu gofynion presennol a'u hanghenion i'r dyfodol ar gyfer gweithlu sy'n siarad Cymraeg fel sail i'r broses gomisiynu addysgol.

3.23 Mae addysg gwaith cymdeithasol yng Nghymru yn ei gwneud yn ofynnol i gyflogwyr gweithwyr cymdeithasol fod wrth ganol yr hyfforddiant, a rhaid i'r cyflenwad hyfforddiant fod yn seiliedig ar gynllunio'r gweithlu. Darperir hyfforddiant drwy bartneriaethau rhwng Sefydliadau Addysg Uwch a chyflogwyr, gyda'r holl raglenni'n cael eu cymeradwyo gan y Cyngor Gofal. Gall y Cyngor Gofal ddefnyddio ei swyddogaeth yn rheoleiddio addysg gweithwyr cymdeithasol i sicrhau bod gan weithlu'r dyfodol y wybodaeth, y sgiliau a'r gwerthoedd sy'n berthnasol i ymarfer gwaith cymdeithasol effeithiol yng Nghymru. Mae hyn yn cynnwys:

- Ceisio cynyddu'r cyflenwad o siaradwyr Cymraeg i ateb anghenion penodol y gweithlu.
- Gwneud darpariaeth addysgol ar ymwybyddiaeth iaith yn ofynnol ynghyd â'r Cynnig Rhagweithiol a dealltwriaeth ehangach o'r cyd-destun Cymreig ymysg yr holl weithwyr cymdeithasol newydd.

Mae cyflawni hyn yn gofyn am strategaeth i:

- Ymestyn ymarfer addysg Gymraeg a dwyieithog mewn paratoad ar gyfer ymarfer mewn amgylchedd dwyieithog

3.24 Bydd Llywodraeth Cymru, byrddau iechyd, ymddiriedolaethau, Cyngor Gofal Cymru a Sefydliadau Addysg Uwch yn sicrhau bod addysg ar lefel cyn-cofrestru i weithwyr proffesiynol mewn iechyd a gofal cymdeithasol yn cynnwys hyfforddiant ymwybyddiaeth iaith ac yn ffocysu yn benodol ar y ddeddfwriaeth a'r polisi sydd wrth gefn darparu gwasanaethau Cymraeg ynghyd ag egwyddor, defnydd ac effaith y Cynnig Rhagweithiol. Dylai amodau cytundebau gyda Sefydliadau Addysg Uwch ddangos ymgysylltiad â byrddau iechyd ac ymddiriedolaethau ar gynllunio gweithlu ar gyfer darparu gwasanaethau Cymraeg yn lleol. Dylai'r rhain gynnwys darpariaeth addysgol ar ymwybyddiaeth iaith a'r cynnig rhagweithiol, recriwtio siaradwyr Cymraeg i ateb anghenion penodol y gweithlu, ac ymrwymiad i ymestyn addysg gyfrwng-Cymraeg / dwyieithog mewn paratoad ar gyfer ymarfer mewn amgylchedd dwyieithog. Gall pobl wedyn fod yn dawel eu meddwl bod cyrff addysg a chyrff proffesiynol yn sefydlu anghenion Cymraeg y boblogaeth yn y gwaith o gynllunio a darparu'r cwricwlwm.

> Rydw i'n meddwl yn Gymraeg ac wedyn yn siarad yn Saesneg. Pan fyddwch chi mewn cymaint o boen, mae arnoch chi eisiau dweud yr hyn sy'n dod yn naturiol i chi.
>
> – Profiad defnyddiwr

Amcan 6: Y Gymraeg yn y gweithle

3.25 Mae'r fframwaith strategol yn sicrhau bod pobl yn derbyn gwasanaethau lle mae galluoedd a chymwyseddau Cymraeg y staff wedi eu sefydlu yng ngweithdrefnau adnoddau dynol a recriwtio pob sefydliad. Bydd GIG Cymru ac adrannau Gwasanaethau Cymdeithasol yn datblygu strategaeth recriwtio a dargadw effeithiol i sicrhau bod gan dimau staff y gallu i ddarparu gwasanaethau drwy gyfrwng y Gymraeg. Bydd cyflogwyr y sector gofal cymdeithasol yn cynllunio anghenion dyfodol eu gweithlu. Bydd Cyngor Gofal Cymru yn sicrhau bod y Gymraeg yn bresennol wrth gynllunio'r gweithlu ar lefel strategol. Yn ogystal, bydd Cyngor Gofal Cymru yn sicrhau bod y data a gasglir ar weithlu y sector gofal cymdeithasol yn cynnwys sgiliau Cymraeg y staff er mwyn bwydo'r wybodaeth yma i fewn i gynllunio'r gweithlu.

3.26 Bydd adrannau gwasanaethau cymdeithasol yn asesu swyddi gweigion ar gyfer yr angen am sgiliau Cymraeg, gan gymryd anghenion y boblogaeth a wasanaethir, y sefydliad a'r tîm gwasanaeth i ystyriaeth. Bydd yr Adroddiad Asesiad Poblogaeth a gynhyrchir o ganlyniad i adran 14 y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn dylanwadu ar y broses hon. O ganlyniad i hyn, bydd awdurdodau lleol a Byrddau

Iechyd Lleol yn cynnal asesiad ar y cyd o anghenion gofal a chymorth, gan gynnwys adnabod y gwaith sydd angen ei wneud i ddarparu'r amrediad a lefel y gwasanaethau sydd eu hangen er mwyn ateb anghenion gofal a chymorth drwy gyfrwng y Gymraeg. Caiff swyddi mewn gwasanaethau cymdeithasol a gofal cymdeithasol eu hysbysebu a'u llenwi yn unol â chanllawiau recriwtio Comisiynydd y Gymraeg.

3.27 Bydd byrddau iechyd ac ymddiriedolaethau'r GIG yn asesu swyddi gweigion ar gyfer yr angen am sgiliau Cymraeg, gan gymryd anghenion y boblogaeth a wasanaethir, y sefydliad a'r tîm gwasanaeth i ystyriaeth. Bydd Llywodraeth Cymru hefyd yn prif ffrydio'r angen i ystyried y sgiliau Cymraeg sy'n ofynnol gan staff i mewn i brosesau recriwtio GIG Cymru.

3.28 Bydd datblygu sgiliau Cymraeg o fewn y gweithlu yn elfen bwysig yn llwyddiant darparu'r Cynnig Rhagweithiol. Bydd Swyddogion a Hyrwyddwyr y Gymraeg yn GIG Cymru ac yn y gwasanaethau cymdeithasol yn gweithio i gynyddu hyder y gweithlu a'u gallu i ddarparu gofal yn Gymraeg. Gwneir hyn drwy ddarparu cyfleoedd hyfforddiant iaith ac adnoddau eraill i wella hyder y staff wrth ddarparu gofal yn Gymraeg. Caiff hyn ei hybu ymhlith y staff gan Brif Weithredwyr a Byrddau byrddau iechyd ac ymddiriedolaethau'r GIG a Chyfarwyddwyr Gwasanaethau Cymdeithasol. Bydd hyfforddiant staff hefyd yn cefnogi datblygiad y staff i ddarparu gofal yn Gymraeg, gan ganolbwyntio'n arbennig ar annog siaradwyr Cymraeg i ddefnyddio eu sgiliau iaith yn y gweithle.

> "Pan oedd rhai nyrsys yn gofalu amdano fe fydden nhw'n aml yn dweud na allen nhw siarad llawer o Gymraeg neu nad oedd eu Cymraeg yn dda iawn. Ond nid lefel eu sgil a'u hyder sy'n dod gyntaf yn fy marn i. Fe fyddwn i'n eu hannog i ddefnyddio hynny o Gymraeg sydd ganddyn nhw a gwybod ei fod yn mynd i fod yn ddigon da i wneud i fy hogyn bach i deimlo'n fwy cartrefol yn yr ysbyty.
>
> – Profiad defnyddiwr

Arfer da

Mae gan un awdurdod lleol gwrs Cymraeg wedi ei sefydlu ar gyfer gofalwyr sy'n gweithio gyda'r henoed. Nod y cwrs hwn yw galluogi'r staff i gynnal sgwrs gyffredinol yn Gymraeg gyda phobl.

Amcan 7: Rheoleiddio ac Arolygu

3.29 Mae swyddogaeth yr arolygiaethau yn hanfodol os yw angen iaith a newid diwylliannol tuag at y Cynnig Rhagweithiol yn mynd i gael eu gwireddu. Drwy eu gwaith byddant yn asesu profiad pobl ac yn canfod p'un a gawsant ofal ieithyddol addas neu beidio. Bydd hyn o gymorth i Lywodraeth Cymru fonitro'r modd y mae'r cynllun gweithredu yn cael ei gyflawni gan y sectorau iechyd a gwasanaethau cymdeithasol, a bydd yn gallu mesur y gwahaniaeth yn y ddarpariaeth uniongyrchol i ddefnyddiwr y gwasanaeth.

3.30 Mae rôl benodol gan Arolygiaeth Gofal Iechyd Cymru (AGIC) ac Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru (AGGCC) i sicrhau y darperir gwasanaethau Cymraeg fel rhan o'u trefn arolygu bresennol. Bydd yn hanfodol iddynt adrodd ar wasanaethau Cymraeg er mwyn darparu gwybodaeth sylfaenol a fydd yn sail i waith yn y dyfodol. Mae gan bawb ohonom gyfrifoldeb i wneud i hyn ddigwydd, a sicrhau bod pobl ar draws Cymru yn derbyn gwasanaethau o ansawdd sy'n cyfarfod â'u hanghenion.

(iii) Arolygiaethau

Arolygiaeth Gofal Iechyd Cymru (AGIC)

3.31 Mae AGIC yn arolygu GIG Cymru a sefydliadau gofal iechyd annibynnol yng Nghymru yn erbyn amrywiaeth o safonau, polisïau, canllawiau a rheoliadau. Maent yn canolbwyntio ar ba mor dda y mae'r rheiny a all fod mewn sefyllfaoedd agored i niwed yn cael eu diogelu ac yn nodi'r mannau lle mae gwasanaethau yn gwneud yn dda. Yn ogystal maent yn tynnu sylw at y meysydd lle mae angen gwella gwasanaethau. Bydd AGIC yn sicrhau bod y rhaglen arolygu yn prif ffrydio cyfrifoldebau sefydliadau i gynllunio a darparu gwasanaethau drwy gyfrwng y Gymraeg a'r Saesneg a bydd egwyddor y Cynnig Rhagweithiol hefyd yn rhan o'r arolygiadau.

3.32 Mae'r cwestiynau canlynol wedi'u cynnwys yn yr holiaduron ar gyfer Arolygiadau Urddas a Hanfodion Gofal:

- A ofynnwyd ichi ym mha iaith y byddai orau gennych gael cyfathrebu?
- Pa un yw eich dewis iaith?
- Ydy eich anghenion iaith wedi cael eu hateb?

Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru (AGGCC)

3.33 Mae AGGCC yn rheoleiddio dros 6000 o wasanaethau a lleoliadau, o warchodwyr plant i gartrefi ar gyfer pobl hŷn. Maent hefyd yn arolygu gwasanaethau cymdeithasol awdurdodau lleol ac yn cynnal adolygiadau cenedlaethol. Bydd AGGCC yn cynnwys amcanion y fframwaith strategol wrth iddi ddatblygu methodolegau arolygu, prosesau ac adroddiadau newydd. Bydd yn buddsoddi mewn systemau TG, fydd yn casglu data am iaith, a bydd yn sicrhau y caiff nodau cynllun gweithredu'r fframwaith strategol olynol eu hadeiladu i mewn i'r fframwaith newydd ar gyfer arolygiadau awdurdodau lleol.

3.34 Bydd AGIC, gan weithio gydag AGGCC lle bo'n briodol, yn cynnal adolygiad thematig o'r ddarpariaeth Gymraeg yn erbyn yr amcanion strategol. Bydd hyn yn rhoi man cychwyn ar gyfer datblygu a gwella'r ddarpariaeth Gymraeg.

Cyngor Gofal Cymru

3.35 Mae Cyngor Gofal Cymru, fel y rheoleiddiwr, yn gosod disgwyliadau ar ddarparwyr cyrsiau hyfforddiant gwaith cymdeithasol proffesiynol a bydd yn disgwyl i'r holl raglenni gynnwys hyfforddiant ar ddimensiwn yr iaith Gymraeg. Yn ogystal, disgwylir i ddarparwyr adrodd yn flynyddol ar sgiliau iaith eu myfyrwyr.

3.36 Mae'r Cyngor Gofal yn sicrhau bod yr hyfforddiant proffesiynol a roddir i broffesiynau unigol eraill a reoleiddir yn cynnwys hyfforddiant ar ddeall anghenion Cymraeg a darparu'r Cynnig Rhagweithiol.

3.37 Yn ystod oes y fframwaith strategol hwn bydd Cyngor Gofal Cymru yn esblygu yn gorff newydd fydd â phwerau a chyfrifoldebau helaethach, fydd yn cynnwys rheoleiddio hyfforddiant gofal cymdeithasol. Bydd y pwerau hyn yn sicrhau hefyd bod y Gymraeg a'i phwysigrwydd mewn gofal cymdeithasol yn cael ei hintegreiddio'n llawn i hyfforddiant o'r fath.

> "Gwelsom fod rhai o'r preswylwyr sydd â dementia, pan oeddent wedi blino ac wrth i'w symptomau ddatblygu, yn newid yn ôl i Gymraeg ac weithiau byddai'r staff yn cael trafferth i ateb eu hanghenion.
>
> – Darparwr gwasanaeth

(iv) Monitro gweithrediad y fframwaith strategol

3.38 Pan gyhoeddwyd y fframwaith strategol tair blynedd cyntaf yn 2012, fe sefydlodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol Grŵp Implementeiddio, oedd yn gyfrifol am ddarparu sylwadau ar y ffordd yr oedd yr amcanion yn cael eu cyflawni. Mae'r grŵp yma wedi darparu cyngor ar gynnwys y fframwaith strategol hwn a bydd yn parhau i fonitro cynnydd drwy gydol y cyfnod y bydd yn cael ei gyflawni.

3.39 Byddwn hefyd yn defnyddio amrywiaeth o fesurau eraill i asesu effaith *Mwy na geiriau....* ac, ymhen amser, Safonau'r Gymraeg. Bydd y rhain yn cynnwys asesiadau a gynhelir gan Gynghorau Iechyd Cymunedol o'r ddarpariaeth Gymraeg mewn gwasanaethau iechyd; manylion sut y mae'r gwasanaethau ar hyn o bryd yn ateb anghenion siaradwyr Cymraeg fel y nodir yn adroddiadau blynyddol byrddau iechyd, ymddiriedolaethau a chyfarwyddwyr gwasanaethau cymdeithasol; archwiliadau gwasanaethau yn y GIG gan gynnwys cwestiynau ynghylch yr hyn y mae pobl yn ei feddwl o'r gwasanaethau Cymraeg sy'n cael eu darparu; ac fel rhan o waith arolygu AGGCC ac AGIC.

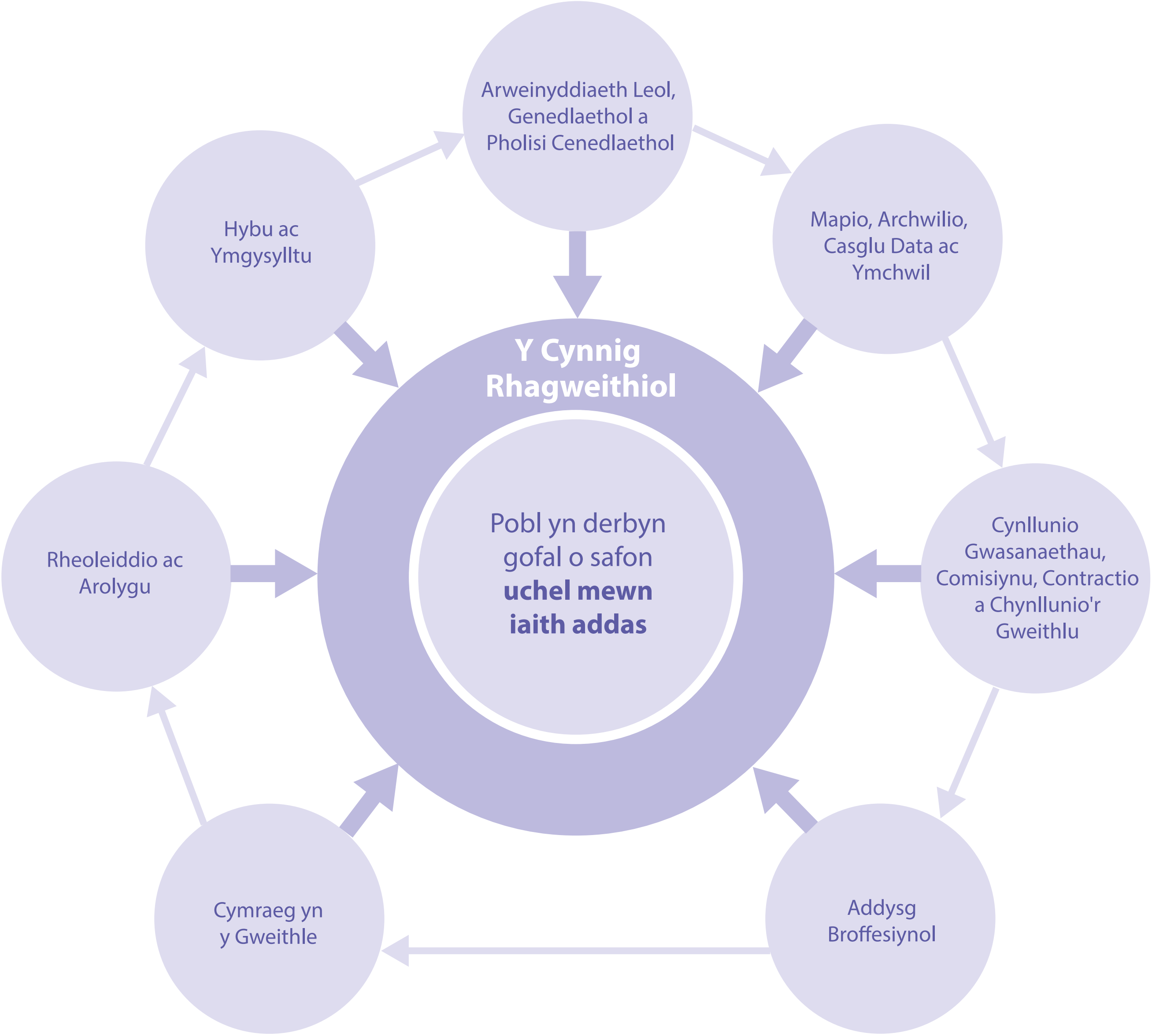
3.40 Disgwylir i Brif Weithredwyr a Chadeiryddion sefydliadau GIG Cymru a Chyfarwyddwyr Gwasanaethau Cymdeithasol ddangos ymrwymiad cadarn i wella gwasanaethau a sicrhau bod angen y Gymraeg yn elfen allweddol o ofal.

3.41 Caiff cynnydd ei adolygu hefyd gan Bwyllgor Arbenigwyr Cyngor Ewrop (COMEX) o dan y Siarter Ewropeaidd ar gyfer Ieithoedd Rhanbarthol a Lleiafrifol.

3.42 Mae'r fframwaith strategol hwn yn egluro'r camau sydd eu hangen i sicrhau cydraddoldeb i bobl sy'n defnyddio gwasanaethau iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol yng Nghymru, gan roi llais cryfach o lawer iddynt a gwasanaeth sy'n canolbwyntio ar y dinesydd.

3.43 Bydd y systemau monitro ar gyfer y fframwaith strategol hwn yn seiliedig ar gasgliad o egwyddorion a fydd yn:

- canolbwyntio ar brofiad defnyddwyr o'r gwasanaeth;
- cael eu prif ffrydio i'r systemau monitro sydd eisoes yn bodoli;
- adrodd yn flynyddol ar gyflawni'r camau gweithredu yn y Cynllun Gweithredu
- adrodd ar gynnydd i Dasglu'r Gweinidog ar y Gymraeg mewn Iechyd a Gwasanaethau Cymdeithasol.


Arweinyddiaeth Leol, Genedlaethol a Pholisi Cenedlaethol
Mapio, Archwilio, Casglu Data ac Ymchwil
Cynllunio Gwasanaethau, Comisiynu, Contractio a Chynllunio'r Gweithlu
Addysg Broffesiynol
Cymraeg yn y Gweithle
Rheoleiddio ac Arolygu
Hybu ac Ymgysylltu
Y Cynnig Rhagweithiol
Pobl yn derbyn gofal o safon **uchel mewn iaith addas**

Amcan 1

Arweinyddiaeth Leol, Genedlaethol a Pholisi Cenedlaethol

Beth fydd hyn yn ei olygu i bobl?

- Bydd pobl yn derbyn gwasanaethau lle mae'n amlwg bod y Gymraeg wedi ei sefydlu mewn polisi cenedlaethol a chynllunio strategol.
- Bydd pobl yn glir ynghylch ymrwymiad pawb sydd mewn swyddi arweiniol ar draws iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol i ddarparu gwasanaethau yn ôl angen a dewis iaith.
- Gall pobl fod yn sicr y bydd darparwyr gofal yn y trydydd sector a'r sector annibynnol yn hybu'r Gymraeg a'r diwylliant Cymreig, gan sicrhau eu bod yn cael eu hadlewyrchu drwy ddigwyddiadau diwylliannol.
- Gall pobl fod yn sicr bod arweinwyr iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn deall pwysigrwydd y Cynnig Rhagweithiol ac yn sicrhau ei fod yn cael ei estyn i bawb, yn enwedig i'r grwpiau a adnabuwyd sydd â'r angen mwyaf am wasanaethau Cymraeg.

Drwy gyflawni'r camau hyn, byddwch yn galluogi eich sefydliad i gyrraedd Safonau'r Gymraeg o ran Cyflenwi Gwasanaethau, Llunio Polisïau ac o ran Gweithredu.

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
1.1	Yr holl ddogfennau polisi a strategaeth ym maes iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol (yn cynnwys Papurau Gwyn a Gwyrdd yn amlinellu cynigion deddfwriaethol) i gyfeirio'n benodol at y cyfrifoldeb i ddarparu iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn Gymraeg.	Llywodraeth Cymru	Erbyn Mawrth 2017
1.2	Rhaglenni gwaith cenedlaethol sy'n cefnogi gwelliant, trawsnewid a rhannu arfer gorau i gynnwys yr angen i ddarparu gwasanaethau yn Gymraeg.	Llywodraeth Cymru Asiantaeth Gwella Gwasanaethau Cymdeithasol Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru) Gofal Cymdeithasol mewn Partneriaeth Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol (ADSS) Cymru 1,000 o Fywydau a Mwy	Erbyn Mawrth 2017

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
1.3	Adrannau Gwasanaethau Cymdeithasol i gadw/penodi uwch swyddog fel Hyrwyddwr y Gymraeg, a Byrddau Iechyd ac Ymddiriedolaethau i amddiffyn a hybu swydd y Swyddog Iaith Gymraeg o fewn eu sefydliadau.	Cyfarwyddwyr Gwasanaethau Cymdeithasol Prif Weithredwyr GIG Cymru	Erbyn Mawrth 2017
1.4	Darparu gwasanaethau yn Gymraeg i gael ei brif ffrydio i waith y Grŵp Arweinyddiaeth Cenedlaethol ar gyfer y Gwasanaethau Cymdeithasol (Gwasanaethau Cymdeithasol yn unig)	Llywodraeth Cymru	Erbyn Mawrth 2017
1.5	Bydd y Bwrdd Diogelu Annibynnol Cenedlaethol, yn cydnabod yr angen i ddarparu gofal yn Gymraeg ac yn rhannu arfer gorau wrth wneud ei waith o sicrhau gwelliannau a darparu cyngor.	Llywodraeth Cymru Y Bwrdd Diogelu Annibynnol Cenedlaethol	Erbyn Mawrth 2017
1.6	Sefydliadau GIG Cymru ac ADSS Cymru i weithio i godi proffil pwysigrwydd darparu gwasanaethau yn Gymraeg mewn digwyddiadau cenedlaethol.	Llywodraeth Cymru Prif Weithredwyr GIG Cymru Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol (ADSS) Cymru	Erbyn Mawrth 2017
1.7	Cynghorau Iechyd Cymunedol i brif ffrydio asesiad o'r gwasanaethau Cymraeg a ddarperir yn y gwasanaethau iechyd i mewn i'w gwaith.	Llywodraeth Cymru Cynghorau Iechyd Cymuned Cymru	Erbyn Mawrth 2018
1.8	Sefydliadau'r trydydd sector a'r sector annibynnol i hybu ymwybyddiaeth o anghenion Cymraeg pobl a rhannu arfer gorau ac adnoddau ar ddarparu gofal yn Gymraeg ymhlith darparwyr gofal.	Holl sefydliadau'r trydydd sector a'r sector annibynnol	Erbyn Mawrth 2017
1.9	Y Cynnig Rhagweithiol a'r angen i ddarparu gwasanaethau yn Gymraeg i'w gynnwys mewn arweiniad cenedlaethol ar asesiad, statudol ac anstatudol hefyd. Mae hyn yn cynnwys asesiad clinigol proffesiynol mewn iechyd a gofal cymdeithasol.	Llywodraeth Cymru	Erbyn Mawrth 2018
1.10	Bydd Fframwaith Cyflawni a Deilliannau'r GIG yn cydnabod yn glir bod darparu gwasanaethau drwy gyfrwng y Gymraeg yn ddeilliant perthnasol i bob parth o fewn y fframwaith.	Llywodraeth Cymru	Erbyn Mawrth 2018

Amcan 2

Mapio, Archwilio, Casglu Data ac Ymchwil

Beth fydd hyn yn ei olygu i bobl?

- Bydd pobl yn derbyn gwasanaethau dwyieithog sy’n seiliedig ar dystiolaeth a gwybodaeth gadarn am angen/dewis iaith.
- Bydd pobl yn gwybod bod y gwasanaethau iechyd, y gwasanaethau cymdeithasol a’r gofal cymdeithasol y maent yn ei dderbyn yn adlewyrchu’r dystiolaeth ddiweddaraf sydd ar gael ynghylch pwysigrwydd bodloni angen/ dewis iaith.
- Gall pobl fod yn sicr y defnyddir cofnodion a systemau data electronig i gasglu gwybodaeth ynglŷn â’r Cynnig Rhagweithiol, sy’n arwain at ganlyniadau cadarnhaol i bobl sy’n derbyn gwasanaethau.
- Bydd gan bobl lais a gallant ddylanwadu ar ansawdd y gwasanaethau y maent yn eu derbyn.
- Bydd pobl yn derbyn gwasanaethau lle mae galluoedd a chymhwysedd Cymraeg y staff wedi eu sefydlu yn y gweithdrefnau adnoddau dynol a recriwtio.
- Drwy ddarparu’r Cynnig Rhagweithiol bydd pobl yn cael eu trin â pharch ac urddas.

Drwy gyflawni’r camau hyn, byddwch yn galluogi eich sefydliad i gyrraedd Safonau’r Gymraeg o ran Cyflenwi Gwasanaethau, o ran Gweithredu a Chadw Cofnodion.

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I’w gwblhau erbyn diwedd blwyddyn
2.1	Dylai'r GIG a'r gwasanaethau cymdeithasol fapio'r ddarpariaeth a'r gallu presennol i ddarparu 'Cynnig Rhagweithiol' ar draws yr holl wasanaethau (gan gynnwys gofal sylfaenol). Lle mae'r gallu yn isel, dylid llunio cynllun gweithredu ar gyfer cynyddu'r gallu. Dylid blaenoriaethu’r gallu i ddarparu Cynnig Rhagweithiol i bobl o fewn y grwpiau a adanbuwyd fel y rhai â’r angen mwyaf am wasanaethau Cymraeg.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2017
2.2	Dylai fod gan y gwasanaeth iechyd, y gwasanaethau cymdeithasol a'r gwasanaethau gofal cymdeithasol systemau wedi eu sefydlu i gofnodi pan fydd Cynnig Rhagweithiol wedi cael ei wneud drwy gofnodi anghenion/dewisiadau iaith yng nghofnodion yr unigolyn. Mae'r cam gweithredu hwn hefyd yn berthnasol i holl ddarparwyr gwasanaethau gofal eilaidd a sylfaenol.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2017

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
2.3	Ymchwil mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol i gryfhau'r sylfaen o dystiolaeth, sy'n dangos y cysylltiad rhwng canlyniadau gofal o safon uchel a gofal sy'n sensitif i anghenion iaith pobl. Dylai ymchwil mewn partneriaeth hefyd weithio i nodi ymyriadau effeithiol ar gyfer darparu gwasanaethau.	Llywodraeth Cymru - Ymchwil i Ofal Cymdeithasol ac Iechyd yng Nghymru Y Coleg Cymraeg Cenedlaethol	Erbyn Mawrth 2019
2.4	Yr holl ddarparwyr gofal cofrestredig i gynnwys gwybodaeth yn yr adroddiad blynyddol y byddant yn ei gyhoeddi am lefel y gwasanaethau Cymraeg y maent yn eu darparu i ddefnyddwyr presennol a darpar ddefnyddwyr eu gwasanaethau a'u teuluoedd. (Gwasanaethau Cymdeithasol yn unig)	Llywodraeth Cymru Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru	Erbyn Mawrth 2017
2.5	Dylai'r systemau data mewn iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol alluogi'r gwasanaeth i weithredu'n ddwyieithog i gyflawni anghenion siaradwyr Cymraeg. Er enghraifft: • Dylid casglu a chofnodi sgiliau Cymraeg staff yn electronig (dylid diwygio Cofnod Staff Electronig GIG Cymru i sicrhau bod rhaid i'r holl staff gofnodi eu sgiliau Cymraeg) • Cofnodion cleientiaid a chleifion i gynnwys adrannau sy'n galluogi'r staff i gofnodi pan fydd 'Cynnig Rhagweithiol' yn cael ei wneud a nodi dewis iaith yr unigolyn fel y gellir cyfeirio ato yn y dyfodol.	Prif Weithredwyr GIG Cymru a Chyfarwyddwyr Gwasanaethau Cymdeithasol NWIS Llywodraeth Cymru	Erbyn Mawrth 2017
2.6	Dylid cynnwys sgiliau Cymraeg y gweithlu a phroffil Cymraeg y gymuned yn yr adroddiad blynyddol a gyhoeddir gan bob adran o'r gwasanaethau cymdeithasol ac IMTP y GIG i ddangos anghenion Cymraeg.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2017
2.7	Caiff cydrannau cyrsiau Cymraeg/dwyieithog a ddarperir ar gyfer myfyrwyr sy'n astudio rhaglenni iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn y sector addysg bellach eu mapio a'u hadolygu. Rhennir y wybodaeth hon gyda byrddau iechyd, ymddiriedolaethau, awdurdodau lleol a Llywodraeth Cymru.	Sefydliadau Addysg Bellach Y Coleg Cymraeg Cenedlaethol Colegau Cymru	Erbyn Mawrth 2017
2.8	Gwasanaeth 111 GIG Cymru i ganfod beth yw dewis iaith pobl a chofnodi hyn i alluogi darparwyr gwasanaethau eraill i wneud 'Cynnig Rhagweithiol' i bobl.	Llywodraeth Cymru	Erbyn Mawrth 2018

Amcan 3

Cynllunio Gwasanaethau, Comisiynu a Chontractio a Chynllunio'r Gweithlu

Beth fydd hyn yn ei olygu i bobl?

- Bydd pobl yn sicr bod eu hanghenion a'u dewisiadau iaith yn dylanwadu ar gynllunio, comisiynu a chontractio gwasanaethau iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol
- Bydd pobl yn derbyn gwasanaethau lle mae'r Gymraeg wedi ei sefydlu mewn cynllunio gweithredol a darparu gwasanaethau.
- Bydd pobl yn sicr bod ansawdd y gwasanaethau yn cael ei adolygu'n rheolaidd i sicrhau bod anghenion Cymraeg yn cael eu bodloni.
- Drwy ddarparu'r Cynnig Rhagweithiol bydd pobl sy'n siarad Cymraeg yn cael eu trin â pharch ac urddas yn Gymraeg.
- Bydd pobl yn derbyn gwasanaethau sy'n rhagweld ac yn ymateb i anghenion y bobl sydd eisiau ac sydd angen cyfathrebu yn Gymraeg

Drwy gyflawni'r camau hyn, byddwch yn galluogi eich sefydliad i gyrraedd Safonau'r Gymraeg o ran Llunio Polisïau a Chyflenwi Gwasanaethau.

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd y flwyddyn
3.1	Caiff yr angen i wneud 'Cynnig Rhagweithiol' o wasanaethau Cymraeg i bobl ei gyfleu i'r holl staff sy'n cael eu cyflogi'n uniongyrchol yn GIG Cymru, mewn awdurdodau lleol neu mewn gwasanaethau a gomisiynir (gan gynnwys darparwyr gofal sylfaenol).	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2018
3.2	GIG Cymru ac adrannau gwasanaethau cymdeithasol i sefydlu proffil Cymraeg eu cymuned (yn seiliedig ar Adroddiad Asesiad y Boblogaeth a gynhyrchir o ganlyniad i adran 14 Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014) a defnyddio'r wybodaeth hon fel man cychwyn ar gyfer cynllunio gwasanaethau er mwyn sicrhau y gellir ateb anghenion siaradwyr Cymraeg ac i asesu bob swydd ar gyfer anghenion sgiliau Cymraeg cyn eu hysbysebu.	Prif Weithredwyr GIG Cymru Llywodraeth Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2017
3.3	Systemau cynllunio a chomisiynu GIG Cymru ac adrannau gwasanaethau cymdeithasol, megis cynlluniau gwasanaeth sy'n cael eu cyhoeddi, i gymryd proffil Cymraeg y gymuned (yn seiliedig ar Adroddiad Asesiad y Boblogaeth a gynhyrchir o ganlyniad i adran 14 y Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014) i ystyriaeth a sicrhau ei fod wedi ei adlewyrchu wrth gynllunio, comisiynu a darparu gwasanaethau.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2017

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd y flwyddyn
3.4	Anghenion Cymraeg pobl i gael eu bodloni wrth gomisiynu neu gontractio gwasanaethau gan y sector annibynnol neu'r trydydd sector (e.e. gofal preswyl neu nyrsio, eiriolaeth, gofal cartref, gwasanaethau y tu allan i oriau, gwasanaethau meddygon teulu). Darparu gwasanaethau Cymraeg i'w gynnwys mewn manylebau contractau, cytundebau lefel gwasanaeth a phrosesau arian grant.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol Cydwasanaethau'r GIG	Erbyn Mawrth 2017
3.5	Y gwasanaethau Cymraeg a ddarperir mewn gofal sylfaenol i gael eu cryfhau drwy gynnwys y Gymraeg yng nghontractau'r Gwasanaethau Meddygol Cyffredinol cenedlaethol, Optegwyr, Fferyllwyr a Deintyddion. Gwneir hyn yn unol ag Ymchwiliad Comisiynydd y Gymraeg i'r Gymraeg mewn Gofal Sylfaenol, *Fy Iaith, Fy Iechyd.*	Llywodraeth Cymru	Erbyn Mawrth 2017
3.6	Drwy'r 64 clwstwr gofal sylfaenol, y byrddau iechyd i gynnal dadansoddiad o anghenion Cymraeg y boblogaeth ar hyn o bryd ac yn y dyfodol a'r cymorth sydd ei angen ar y gweithlu i ddatblygu'r sgiliau o fewn gofal sylfaenol i ateb yr anghenion hynny. Llywodraeth Cymru i ymgysylltu â chomisiynwyr a darparwyr addysg i adolygu'r trefniadau presennol a nodi pa gamau pellach sydd eu hangen i ddarparu rhaglenni hyfforddiant a all adlewyrchu'r anghenion hyn.	Clystyrau gofal sylfaenol y Byrddau Iechyd Llywodraeth Cymru	Erbyn Mawrth 2017
3.7	Penaethiaid gwasanaethau i ddatblygu cynlluniau i gynyddu eu gallu i ddarparu gwasanaethau yn Gymraeg drwy'r staff presennol sy'n siarad Cymraeg. Bydd gwybodaeth am y gallu sydd ei angen yn deillio o Adroddiad Asesiad y Boblogaeth a gynhyrchir o dan adran 14 Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014). Lle y canfyddir bylchau yng ngallu'r gweithlu i ddarparu gwasanaethau yn Gymraeg dylai'r rhain fod wedi eu hadlewyrchu yn Strategaeth Sgiliau Dwyieithog y sefydliad.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2017
3.8	Yr Adroddiadau Blynyddol a gyhoeddir gan Fyrddau Iechyd, Ymddiriedolaethau a Chyfarwyddwyr y Gwasanaethau Cymdeithasol i wneud y canlynol: • cynnwys ymrwymiad i ddarparu a datblygu gwasanaethau Cymraeg • ail-gadarnhau pwysigrwydd cyfarfod ag angen Cymraeg fel rhan o asesiad a gofal arferol. • rhoi manylion sut y mae gwasanaethau cyfredol yn cyfarfod ag anghenion siaradwyr Cymraeg ochr yn ochr â chyrraedd targedau a nodir gan y Bwrdd Iechyd, yr Ymddiriedolaeth neu'r Adran Gwasanaethau Cymdeithasol i sicrhau gwelliant.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2018

Amcan 4

Hybu ac Ymgysylltu

Beth fydd hyn yn ei olygu i bobl?

- Bydd pobl yn ymwybodol o'r Cynnig Rhagweithiol a bod yna ymrwymiad gweladwy i ddarparu gwasanaethau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn ddwyieithog yn y cymunedau y maent yn byw ynddynt.
- Bydd pobl yn gwybod pwy sy'n medru darparu gwasanaethau ar eu cyfer yn Gymraeg ac sy'n gyfforddus ynglŷn â defnyddio'r Gymraeg wrth ofalu a darparu triniaeth.
- Bydd pobl yn gallu bod yn sicr y bydd darparwyr gwasanaethau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol wedi rhagweld a chynllunio ar gyfer eu hanghenion Cymraeg.
- Bydd gan bobl lais a gallant ddylanwadu ar ansawdd y gwasanaethau y maent yn eu derbyn.
- Drwy ddarparu'r Cynnig Rhagweithiol bydd pobl yn cael eu trin â pharch ac urddas.

Drwy gyflawni'r camau hyn, byddwch yn galluogi eich sefydliad i gyrraedd Safonau'r Gymraeg o ran Cyflenwi Gwasanaethau ac o ran Gweithredu.

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
4.1	Arferion gorau mewn darparu gwasanaethau Cymraeg i gael eu rhannu ymhlith yr holl staff sydd â rhan mewn darparu gwasanaethau iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol i bobl (penaethiaid a rheolwyr gwasanaethau yn arbennig).	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2018
4.2	Adnodd gwybodaeth ar-lein i gael ei greu i alluogi staff iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol i gael mynediad at ganllawiau a deunyddiau hyfforddi ar ddarparu gwasanaethau Cymraeg i bobl.	Llywodraeth Cymru Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru)	Erbyn Mawrth 2017
4.3	Caiff defnydd o'r logo 'iaith gwaith' ei hybu ymhlith staff iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol i alluogi pobl i adnabod siaradwyr Cymraeg.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol Llywodraeth Cymru	Erbyn Mawrth 2017

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
4.4	Caiff y logo 'Iaith Gwaith', sydd wedi ei wnio'n barod ar wisgoedd swyddogol nyrsys, ei ymestyn i broffesiynau eraill o fewn GIG Cymru.	Prif Weithredwyr GIG Cymru Llywodraeth Cymru	Erbyn Mawrth 2018
4.5	Caiff logo tebyg i'r logo 'Iaith Gwaith' ei ddatblygu ar gyfer dysgwyr Cymraeg. Pan fydd wedi cael ei ddatblygu, caiff y logo ei hybu ymhlith staff iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol sy'n dysgu Cymraeg i alluogi pobl i adnabod staff sydd â sgiliau Cymraeg.	Llywodraeth Cymru Comisiynydd y Gymraeg	Erbyn Mawrth 2018
4.6	Rhyngwynebau a meddalwedd Cymraeg (megis Cysgliad) i fod ar gael i staff iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol i'w galluogi a'u cynorthwyo i weithio'n ddwyieithog.[3] Dylid ystyried addasu'r systemau presennol i gyrraedd y nod hwn.	Llywodraeth Cymru Prif Weithredwyr GIG Cymru NWIS Cyfarwyddwyr Gwasanaethau Cymdeithasol	Erbyn Mawrth 2018
4.7	Yr holl adnoddau sydd wedi cael eu datblygu gan Sefydliadau Addysg Bellach, Sefydliadau Addysg Uwch a'r Coleg Cymraeg Cenedlaethol, a allai fod o gymorth i staff iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol i ddarparu gwasanaethau Cymraeg, i fod ar gael i'r staff i gyd, p'un a ydynt yn fyfyrwyr cyfredol neu beidio.	Sefydliadau Addysg Uwch Darparwyr Addysg Bellach Y Coleg Cymraeg Cenedlaethol Colegau Cymru NWIS Llywodraeth Cymru a Chyngor Gofal Cymru	Erbyn Mawrth 2019
4.8	Llywodraeth Cymru i ymgysylltu â Gyrfa Cymru ynglŷn â diwygio eu porth gwybodaeth ar gyfer gyrfaoedd er mwyn tynnu sylw at yr angen arbennig am siaradwyr Cymraeg mewn gwasanaethau iechyd, gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol ar y tudalennau gwybodaeth ar gyfer pob proffesiwn yn benodol (er enghraifft: nyrsys, meddygon a gofalwyr).	Llywodraeth Cymru Gyrfa Cymru Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru)	Erbyn Mawrth 2017
4.9	Llywodraeth Cymru i ymgysylltu â'r cyrff proffesiynol perthnasol er mwyn cydweithio i gynllunio sut y dylai eu haelodau ddarparu gwasanaethau Cymraeg.	Llywodraeth Cymru	Erbyn Mawrth 2017

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3 Am ragor o enghreifftiau, dylid cyfeirio at Ganllawiau Technoleg, Gwefan a Meddalwedd Comisiynydd y Gymraeg

Amcan 5

Addysg Broffesiynol

Beth fydd hyn yn ei olygu i bobl?

- Gall pobl fod yn sicr bod cyrff addysg a chyrff proffesiynol yn deall pwysigrwydd anghenion Cymraeg y boblogaeth a'u bod wedi sefydlu'r rhain yn eu cwricwlwm, eu rhaglenni hyfforddi a'u polisïau.
- Drwy'r gwasanaethau a dderbynnir, bydd pobl yn gwybod bod adrannau hyfforddi iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol wedi prif ffrydio'r Cynnig Rhagweithiol drwy'r holl raglenni addysg.

Drwy gyflawni'r camau hyn, byddwch yn galluogi eich sefydliad i gyrraedd Safonau'r Gymraeg o ran Gweithredu.

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
5.1	Addysg ar gyfer gweithwyr gofal iechyd proffesiynol ar lefel cyn cofrestru ac ôl-gofrestru i gynnwys hyfforddiant ymwybyddiaeth iaith, gan ganolbwyntio'n benodol ar y ddeddfwriaeth a'r polisi sydd wrth gefn darparu gwasanaethau Cymraeg. Dylai hyn gynnwys ymwybyddiaeth o egwyddorion, defnydd ac effaith y Cynnig Rhagweithiol ynghyd ag ystyriaeth o o ddiwygio'r astudiaethau achos a ddefnyddir wrth addysgu cyrsiau gofal iechyd i gynnwys materion sy'n ymwneud â'r iaith Gymraeg.	Llywodraeth Cymru Sefydliadau Addysg Uwch Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru)	Erbyn Mawrth 2017
5.2	Mewn partneriaeth gyda Llywodraeth Cymru, y byrddau iechyd ac adrannau gwasanaethau cymdeithasol i archwilio sut y gallai gweithwyr proffesiynol wrth eu gwaith a'r rheiny sy'n dilyn rhaglenni addysg a hyfforddiant yng Nghymru ymgysylltu â'r agenda ehangu mynediad.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol Llywodraeth Cymru	Erbyn Mawrth 2018
5.3	Dylai Cynlluniau Tymor Canol Integredig (IMTP) y byrddau iechyd a'r ymddiriedolaethau ystyried y gofynion ar gyfer darparu gwasanaethau yn Gymraeg ar hyn o bryd ac yn y dyfodol fel sail i strategaeth gweithlu sefydliadau'r GIG a chomisiynu addysg.	Prif Weithredwyr GIG Cymru	Erbyn Mawrth 2017

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
5.4	Wrth gomisiynu lleoedd ar raglenni addysg a hyfforddiant mewn addysg uwch ar draws yr amrywiaeth o weithwyr gofal iechyd, dylai Llywodraeth Cymru ystyried ehangu'r cyfleoedd i'r rhain gael eu darparu yn ddwyieithog neu yn Gymraeg.	Llywodraeth Cymru	Erbyn Mawrth 2018
5.5	Llywodraeth Cymru, ynghyd â sefydliadau addysg uwch a'r Coleg Cymraeg Cenedlaethol, i weithio gyda'i gilydd i wella darpariaeth y cyrsiau cyfrwng Cymraeg presennol mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol, a nodi cyfleoedd ychwanegol i symud yr agenda yn ei blaen.	Llywodraeth Cymru CCAUC Byrddau Iechyd ac Ymddiriedolaethau Sefydliadau Addysg Uwch Y Coleg Cymraeg Cenedlaethol	Erbyn Mawrth 2017
5.6	Rhaglenni hyfforddiant a datblygiad proffesiynol i gynnwys modiwl/elfen ar effaith sensitifrwydd i iaith ar effeithiolrwydd asesiadau a gofal; y 'Cynnig Rhagweithiol' a chyfrifoldeb cyrff cyhoeddus i ddarparu gwasanaethau yn Gymraeg ac yn Saesneg hefyd.	Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru) Byrddau Iechyd ac Ymddiriedolaethau Sefydliadau Addysg Uwch Awdurdodau Lleol	Erbyn Mawrth 2017
5.7	Partneriaethau Gradd mewn Gwaith Cymdeithasol i osod ac adolygu targedau ar gyfer recriwtio myfyrwyr sydd â sgiliau Cymraeg. **(Gwasanaethau Cymdeithasol a Gwasanaethau Gofal Cymdeithasol yn unig)**	Yr holl asiantaethau sy'n bartneriaid a'r Sefydliadau Addysg Uwch	Erbyn Mawrth 2017
5.8	Galluogi myfyrwyr sy'n siarad Cymraeg i gael eu paru gyda staff sy'n siarad Cymraeg pan fyddant ar leoliad. Llywodraeth Cymru i weithio i alluogi darparwyr addysg i gael mynediad at ddata ESR dienw ar sgiliau Cymraeg staff GIG Cymru.	Llywodraeth Cymru	Erbyn Mawrth 2018

Amcan 6

Y Gymraeg yn y gweithle

Beth fydd hyn yn ei olygu i bobl?

- Bydd pobl yn gallu cael mynediad at wasanaethau Cymraeg ar draws iechyd, y gwasanaethau cymdeithasol a gofal cymdeithasol pan fydd arnynt eu hangen.
- Bydd pobl yn derbyn gwasanaethau lle mae galluoedd a chymhwysedd Cymraeg y staff wedi ei sefydlu yn y gweithdrefnau adnoddau dynol a recriwtio.
- Bydd pobl yn gallu gweld – drwy'r gwasanaethau y maent yn eu derbyn bod y gwasanaethau iechyd, y gwasanaethau cymdeithasol a gwasanaethau gofal cymdeithasol yn eu hardal yn adlewyrchu anghenion Cymraeg y boblogaeth leol.

Drwy gyflawni'r camau hyn, byddwch yn galluogi eich sefydliad i gyrraedd Safonau'r Gymraeg o ran Llunio Polisïau ac o ran Gweithredu.

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
6.1	Cefnogir hyfforddiant i staff ar gyfer darparu gwasanaethau yn Gymraeg, gan ganolbwyntio'n arbennig ar annog siaradwyr Cymraeg i ddefnyddio eu sgiliau iaith yn y gweithle. Caiff cyfleoedd hyfforddi ac adnoddau iaith i gynyddu hyder staff i ddarparu gwasanaethau yn Gymraeg hefyd eu hybu.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru)	Erbyn Mawrth 2018
6.2	Rhaglenni datblygu arweinwyr neu uwch reolwyr cenedlaethol mewn iechyd neu ofal cymdeithasol i gynnwys elfen ar arwyddocâd iaith o ran ateb anghenion pobl, y 'Cynnig Rhagweithiol' a chynllunio iaith effeithiol.	Llywodraeth Cymru Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru)	Erbyn Mawrth 2018

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I'w gwblhau erbyn diwedd blwyddyn
6.3	Sefydliadau Addysg Uwch, Sefydliadau Addysg Bellach, y gwasanaethau cymdeithasol a sefydliadau'r GIG i weithio mewn partneriaeth er mwyn sicrhau bod y gwerth a'r manteision i ddarparwyr gwasanaethau ac i bobl sy'n siarad Cymraeg o gael staff dwyieithog yn cael eu hadlewyrchu yn eu prosesau recriwtio, comisiynu a datblygu staff. Gall Gyrfa Cymru fod o gymorth drwy gynorthwyo'r sefydliadau i dargedu eu gwaith hysbysebu yn gywir tuag at siaradwyr Cymraeg.	Prif Weithredwyr GIG Cymru Gwasanaethau Datblygu Addysg y Gweithlu (WEDs) Colegau Cymru Gyrfa Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol Sefydliadau Addysg Uwch Darparwyr Addysg Bellach	Erbyn Mawrth 2018
6.4	Swyddogion Cymraeg (yn GIG Cymru) a Hyrwyddwyr y Gymraeg (yn y gwasanaethau cymdeithasol) i ddod yn Llysgenhadon Busnes gyda Gyrfa Cymru er mwyn hybu'r angen am staff sy'n siarad Cymraeg yn y sectorau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol mewn ysgolion a Sefydliadau Addysg Bellach yng Nghymru.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol Colegau Cymru	Erbyn Mawrth 2017
6.5	Ymwybyddiaeth o'r cyswllt rhwng gwasanaethau sy'n sensitif i iaith ac urddas yr unigolyn, yn ogystal ag ymwybyddiaeth o'r Cynnig Rhagweithiol, i gael ei gyflwyno i holl staff GIG Cymru, y gwasanaethau cymdeithasol a gofal cymdeithasol fel rhan o'r sesiynau ymsefydlu arferol. Dylai staff GIG Cymru hefyd gwblhau'r modiwl e-ddysgu ar Ymwybyddiaeth o'r Gymraeg fel blaenoriaeth.	Prif Weithredwyr GIG Cymru Cyfarwyddwyr Gwasanaethau Cymdeithasol Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru)	Erbyn Mawrth 2017
6.6	Dylai sefydliadau'r GIG sicrhau y caiff sgiliau Cymraeg eu prif ffrydio fel cymwyseddau craidd yn y Fframwaith Sgiliau a Gwybodaeth. (GIG Cymru yn unig)	Prif Weithredwyr GIG Cymru	Erbyn Mawrth 2018
6.7	Llywodraeth Cymru i weithio gyda'r Ganolfan Genedlaethol ar gyfer Dysgu Cymraeg i ateb yr angen yn y sectorau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol er mwyn datblygu sgiliau Cymraeg y staff. Bydd hyn yn cynnwys datblygu a hybu adnoddau a darpariaeth berthnasol.	Llywodraeth Cymru Y Ganolfan Genedlaethol ar gyfer Dysgu Cymraeg	Erbyn Mawrth 2018
6.8	Yr holl gymwysterau sydd eu hangen ar weithlu gofal cymdeithasol i gael eu hadolygu er mwyn sicrhau eu bod yn adlewyrchu egwyddorion angen iaith a'rCynnig Rhagweithiol yn ddigonol.	Cyngor Gofal Cymru (Gofal Cymdeithasol Cymru)	Erbyn Mawrth 2018

Amcan 7

Rheoleiddio ac Arolygu

Beth fydd hyn yn ei olygu i bobl?

- Bydd gan bobl lais a gallant ddylanwadu ar ansawdd y gwasanaeth Cymraeg y maent yn ei dderbyn.
- Gall pobl sydd angen gwasanaeth yn Gymraeg fod yn sicr y bydd arolygiaethau iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol yn adolygu ac yn adrodd am eu profiadau o’r gwasanaethau.
- Drwy ddarparu’r Cynnig Rhagweithiol bydd pobl yn cael eu trin â pharch ac urddas.

Drwy gyflawni’r camau hyn, byddwch yn galluogi eich sefydliad i gyrraedd Safonau’r Gymraeg o ran Cyflenwi Gwasanaethau a Llunio Polisïau.

Rhif y cam gweithredu	Cam gweithredu	Prif Gyfrifoldeb	I’w gwblhau erbyn diwedd blwyddyn
7.1	Dylai'r holl archwiliadau ar wasanaethau gynnwys cwestiynau yn ymwneud â chanfyddiad y dinesydd o'r gwasanaethau Cymraeg sydd ar gael gan ddarparwr y gwasanaeth, ochr yn ochr â phrofiadau'r siaradwyr Cymraeg o'r gwasanaethau hynny. **(GIG Cymru yn unig)**	Prif Weithredwyr GIG Cymru	Erbyn Mawrth 2018
7.2	Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru i brif ffrydio’r gwaith o arolygu cynllunio, darparu a phrofiad o wasanaethau Cymraeg.	Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru (AGGCC)	Erbyn Mawrth 2019
7.3	Arolygwyr Arolygiaeth Gofal Iechyd Cymru i barhau i arolygu ac adrodd ar p'un a yw siaradwyr Cymraeg yn cael cynnig gwasanaethau yn Gymraeg fel rhan naturiol o'u gofal neu beidio, ac a yw siaradwyr Cymraeg yn medru defnyddio'r Gymraeg i fynegi eu hunain pan fyddant yn derbyn gofal yn unol â'r Safonau Iechyd a Gofal.	Arolygiaeth Gofal Iechyd Cymru (AGIC)	Erbyn Mawrth 2017

Atodiad 1

Enghreifftiau o arfer Da Mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol

Dyma rai enghreifftiau o arfer da o fewn y sectorau Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol ers cyflwyno *Mwy na geiriau....* yn 2012. Mae nifer o'r mentrau hyn wedi derbyn cydnabyddiaeth am y gwaith a wnaed ac fe'u hystyrir yn enghreifftiau y gellir eu defnyddio yn fwy eang.

Darparu'r Cynnig Rhagweithiol

Ward B2 Ysbyty Cwm Rhondda

Er mwyn ateb y galw am wasanaethau Cymraeg gan gleifion, crëwyd ward yn yr ysbyty hwn gyda'r nod o ddarparu gwasanaethau Cymraeg. Mae'r ward yn cael ei staffio gan staff clinigol sydd â sgiliau Cymraeg a defnyddir y deunyddiau 'Iaith Gwaith' yn helaeth. Ar ôl cyfnod llwyddiannus fel cynllun peilot, mae'r ward hon erbyn hyn wedi ei gwneud yn elfen barhaol o'r ddarpariaeth gofal iechyd ac mae gwaith caled yn cael ei wneud i hyrwyddo'r ward.

Mae eich claf nesaf yn siaradwr Cymraeg – gwnewch Gynnig Rhagweithiol, Bwrdd Iechyd Prifysgol Aneurin Bevan

Mae'r prosiect hwn yn sicrhau bod pob aelod o staff yn gwneud Cynnig Rhagweithiol. Datblygodd y bwrdd iechyd boster a thaflen wybodaeth ar gyfer y staff ar y Cynnig Rhagweithiol yn cael ei hategu gan 'stori'r claf', sy'n tynnu sylw at y gwahaniaeth cadarnhaol y gall y Cynnig Rhagweithiol ei wneud. Mae cleifion wedi disgrifio sut mae derbyn Cynnig Rhagweithiol wedi gwneud byd o wahaniaeth i'w harhosiad yn yr ysbyty. Mae perchnogaeth y staff yn cael ei gydnabod fel rhywbeth hanfodol a gwelir tystiolaeth o effaith negyddol methu â gwneud Cynnig Rhagweithiol yn allweddol ac felly mae defnyddio 'stori'r claf' yn bwysig dros ben.

Pwysigrwydd yr iaith Gymraeg wrth ddarparu gofal – Uned Gofal Dwys, Ysbyty Treforys, Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg

Gofynnwyd i'r nyrs yn yr Uned Gofal Dwys ofalu am glaf hŷn, oedd heb adennill ymwybyddiaeth yn llawn bron bythefnos ar ôl rhoi'r gorau i'r tawelydd. Sylweddolodd y nyrs fod gan y claf enw Cymraeg traddodiadol ac edrychodd yn y cofnodion am ddewis iaith y claf; nid oedd unrhyw nodyn wedi ei wneud gan y staff derbyn. Ar ei liwt ei hun, dechreuodd siarad â'r claf yn Gymraeg. Agorodd llygaid y claf yn syth, gan fod y claf yn ei deall hi. Roedd y claf yn ddryslyd ac heb wybod ble roedd, ac roedd wedi colli'r gallu i ddeall a siarad Saesneg. Roedd y rhyddhad a'r cysur o ddod o hyd i rywun oedd yn gallu sgwrsio ac egluro'r sefyllfa yn amlwg ar unwaith. Ers y digwyddiad hwn, mae'r ysbyty wedi teilwra'r gofal sy'n cael ei ddarparu yn ôl anghenion y claf, gyda'r iaith Gymraeg yn helpu nyrsys a staff meddygol i asesu'r claf yn drwyadl am y tro cyntaf ers iddo gael ei dderbyn.

Arweinyddiaeth

Prosiect Hyrwyddwyr Iaith, Prifysgol Bangor

Gan fod arweinyddiaeth mor bwysig wrth ddatblygu'r gwasanaethau Cymraeg a ddarperir, nod y prosiect arloesol hwn yw sefydlu unigolion fel Hyrwyddwyr y Gymraeg yn yr Ysgol Gwyddorau Gofal Iechyd ym Mhrifysgol Bangor. Unwaith y bydd yr Hyrwyddwyr Iaith wedi derbyn eu hyfforddiant, byddant yn gweithio i godi proffil materion sy'n effeithio ar y Gymraeg o fewn y gwasanaethau iechyd a sefydliadau dysg lleol.

Cynllun Ysgolion Iach Gwynedd a'r Cynllun Cyn-Ysgol Iach a Chynaliadwy

Mae'r Uwch Ymarferydd yn rheoli cynlluniau ac yn gweithredu pob agwedd ar Gynllun Ysgolion Iach Gwynedd drwy gyfrwng y Gymraeg. Er nad yw cynllun o'r fath yn rhywbeth newydd, beth sydd yn torri tir newydd yw bod y gwaith bob dydd yn sicrhau bod defnyddwyr y cynlluniau hyn yn cael y gwasanaeth yn eu dewis iaith. Gall cydweithio â rhwydweithiau perthnasol ar sail ddyddiol fod yn heriol. Er enghraifft, yn Saesneg mae'r rhwydwaith Ysgolion Iach yn gweithredu ac felly mae'n rhaid sicrhau bod unrhyw wybodaeth newydd yn cael ei throsglwyddo yn Gymraeg. Drwy ddarparu cymorth, hyfforddiant, dogfennau ac adnoddau yn Gymraeg, mae'r Cynlluniau yn cyfrannu tuag at hyrwyddo a diogelu iechyd a lles plant, pobl ifanc, teuluoedd a chymunedau mewn ysgolion a lleoliadau cyn-ysgol yn effeithiol ac yn llwyddiannus.

Cynllunio gweithlu

Meddygfa Teifi, Llandysul

Ar ôl cynnal arolwg o gleifion y practis, lluniwyd cynllun gweithredu i gynyddu'r gwasanaethau Cymraeg a ddarperid gan y practis. Roedd rhan o'r cynllun yn cynnwys annog staff i ddefnyddio eu Cymraeg neu ddysgu Cymraeg, a datblygwyd system gyfrifiadurol newydd i gofnodi dewis iaith cleifion ac a oedd angen trefniadau cyfieithu ar y pryd ai peidio ar gyfer atgyfeiriadau clinigol y cleifion hynny.

Cartref Preswyl Tŷ Foxtroy

O ganlyniad i ddarllen *Mwy na geiriau....* daeth y cartref preswyl hwn i'r henoed yn ymwybodol o'r angen i lunio cynllun gweithredu i gyflawni'r Cynnig Rhagweithiol. Trefnwyd sesiynau Cymraeg o'r enw 'Gofalu yn Gymraeg – Caring in Welsh' yn y cartref mewn ymateb i angen y preswylwyr am wasanaethau yn Gymraeg. Mae'r sesiynau wedi cynnwys trafodaethau am ddiwylliant Cymru, bingo Cymraeg, canu emynau Cymraeg a llawer o weithgareddau eraill yn Gymraeg. Ar ôl sesiynau'r preswylwyr, cynhelir sesiynau hyfforddiant i'r staff i sicrhau y gall y staff ddarparu gwasanaethau yn Gymraeg.

Technoleg

Gwasanaeth Atgoffa am Apwyntiadau, Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Mae hwn yn wasanaeth cwbl ddwyieithog ar raddfa enfawr – 1.6 miliwn o apwyntiadau'r flwyddyn, sy'n cwmpasu poblogaeth o 676,000 ar draws Gogledd Cymru. Mae'r negeseuon testun, y neges llais awtomatig a'r ganolfan alwadau i gyd yn cynnig gwasanaeth dwyieithog. Mae'r dechnoleg wedi cael ei phrofi, a gall yr hyn y mae'r bwrdd iechyd wedi ei ddysgu o ran iaith a chyfathrebu effeithiol, drwy negeseuon testun a llais, gael ei ddefnyddio gan weddill GIG Cymru a'r sector cyhoeddus ehangach yng Nghymru. Mae'r prosiect wedi arbed dros 5,000 o apwyntiadau. Bydd hyn yn golygu arbediad sylweddol, tra'n sicrhau bod cleifion yn cael eu gweld yn lleol.

Cynllun Ysgolion Iach Gwynedd, Iechyd Cyhoeddus Cymru

Penderfynodd Uwch Ymarferydd Cynllun Ysgolion Iach Gwynedd greu adnoddau rhyngweithiol dwyieithog yn dwyn y teitl 'Tyfu i fyny'. Mae adnoddau 'Tyfu i Fyny' wedi eu bwriadu i ymateb i'r sensitifrwydd ym maes Addysg Rhyw a Pherthynas ac, o ganlyniad, erbyn hyn, mae athrawon yn hyderus ac yn gyfforddus yn cyflwyno'r pwnc, ac mae'r disgyblion yn mwynhau'r addysg. Ar ôl i'r adnoddau hyn gael eu creu ar gyfer ysgolion Gwynedd, gofynnodd Llywodraeth Cymru iddynt fod ar gael ar gyfer yr holl ysgolion yng Nghymru.

Adnodd gwybodaeth ddwyieithog am ganser ar-lein a ddatblygwyd gan gleifion ar gyfer cleifion – Fforwm Cleifion Rhwydwaith Canser Gogledd Cymru

Grŵp gwirfoddol o bobl, y mae canser wedi effeithio arnynt, yw Fforwm Cleifion Rhwydwaith Canser Gogledd Cymru. Mae'r Fforwm, sy'n cynnwys cleifion canser a gofalwyr, yn gweithio mewn partneriaeth agos gyda'r Rhwydwaith Canser, Bwrdd Iechyd Prifysgol Betsi Cadwaladr, awdurdodau lleol a nifer o sefydliadau yn y trydydd sector. Datblygodd aelodau'r Fforwm wefan arloesol a gynlluniwyd yn benodol i gyfeirio pobl yng Ngogledd Cymru, y mae canser wedi effeithio arnynt, at yr ystod eang o ffynonellau gwybodaeth a chymorth sydd ar gael yn seiliedig yn y gymuned. O’r cychwyn cyntaf, roedd y Fforwm wedi ymrwymo i wneud yr adnodd yn gwbl ddwyieithog, gan hyrwyddo cydraddoldeb ar gyfer y gyfran uchel o bobl yn y rhanbarth y mae’r Gymraeg yn iaith gyntaf iddynt.

Addysg a hyfforddiant

Gaf i ymuno â chi? – Derwen: Tîm Integredig ar gyfer Plant Anabl

Fe wnaeth y tîm hwn greu adnodd i helpu rhieni plant sydd â phroblemau cyfathrebu (megis awtistiaeth) a gweithwyr anarbenigol sy’n gofalu am y plant hyn. Mae’r adnodd yn cynnwys llyfr adnoddau i’w ddefnyddio gyda phlant yn ystod amser chwarae, llyfryn gwybodaeth a DVD. Mae’r adnodd Cymraeg arloesol hwn yn dangos strategaethau ymarferol syml y gellir eu defnyddio i annog plant ifanc i gyfathrebu.

Cynghorwyr Makaton ar y rhaglen arloesol i blant, ‘Dwylo’r Enfys’

Yn dilyn llwyddiant ‘Dwylo’r Enfys’, rhaglen S4C ar gyfer plant ag anghenion addysgol ychwanegol, creodd y grŵp hwn adnoddau a gweithdai Makaton (iaith arwyddion). Mae eu gwaith wedi golygu y defnyddir Makaton fwyfwy i helpu plant ag anghenion addysgol ychwanegol sy’n siarad Cymraeg a’r rheiny y mae’r Gymraeg yn ail iaith iddynt.

Cwrs Cymraeg i wella’r berthynas rhwng staff gofal cymdeithasol a’r defnyddiwr gwasanaeth hŷn – Adran Dysgu a Datblygu, Cyngor Sir Caerfyrddin

‘Cwrs Cymraeg ar gyfer Gofalwyr sy’n Gweithio gyda’r Henoed’ sy’n anelu at helpu staff gofal i ddefnyddio’r Gymraeg pan fyddant yn gofalu am breswylwyr oedrannus sy’n siarad Cymraeg. Mae’r cwrs 5 wythnos, sy’n canolbwyntio ar y Gymraeg ar gyfer cyfarchion a’r tywydd, tasgau gofal, dewisiadau bwyd, dillad a rhannau o’r cartref, wedi’i deilwra i’r lleoliad a’r grŵp cleientiaid a’i nod yw gwella’r berthynas rhwng staff gofal cymdeithasol a’r defnyddwyr gwasanaeth hŷn.

Atodiad 2

Rhestr o Acronymau

Acronym	Enw Llawn
GIG Cymru	Gwasanaeth Iechyd Gwladol Cymru
ADSS Cymru	Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru
NWIS	Gwasanaeth Gwybodeg GIG Cymru
IMTP	Cynllun Tymor Canol Integredig
CCAUC	Cyngor Cyllido Addysg Uwch Cymru
ESR	Cofnod Staff Electronig
GP	Meddyg Teulu / Practis Cyffredinol
GMS	Gwasanaethau Meddygol Cyffredinol
SAB	Sefydliad Addysg Bellach
SAU	Sefydliad Addysg Uwch
WEDs	Y Gweithlu, Addysg a Gwasanaethau Datblygu
KSF	Fframwaith Sgiliau a Gwybodaeth
COMEX	Pwyllgor Arbenigwyr Cyngor Ewrop
AGIC	Arolygiaeth Gofal Iechyd Cymru
AGGCC	Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Healthcare Services in Ceredigion: Into the Future
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)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The previous Ceredigion report gave a comprehensive update on service developments across Ceredigion and how services in Ceredigion and mid-Wales are moving to a concept of “care” as traditional boundaries between professions become less well defined to reflect the needs of an ageing population.

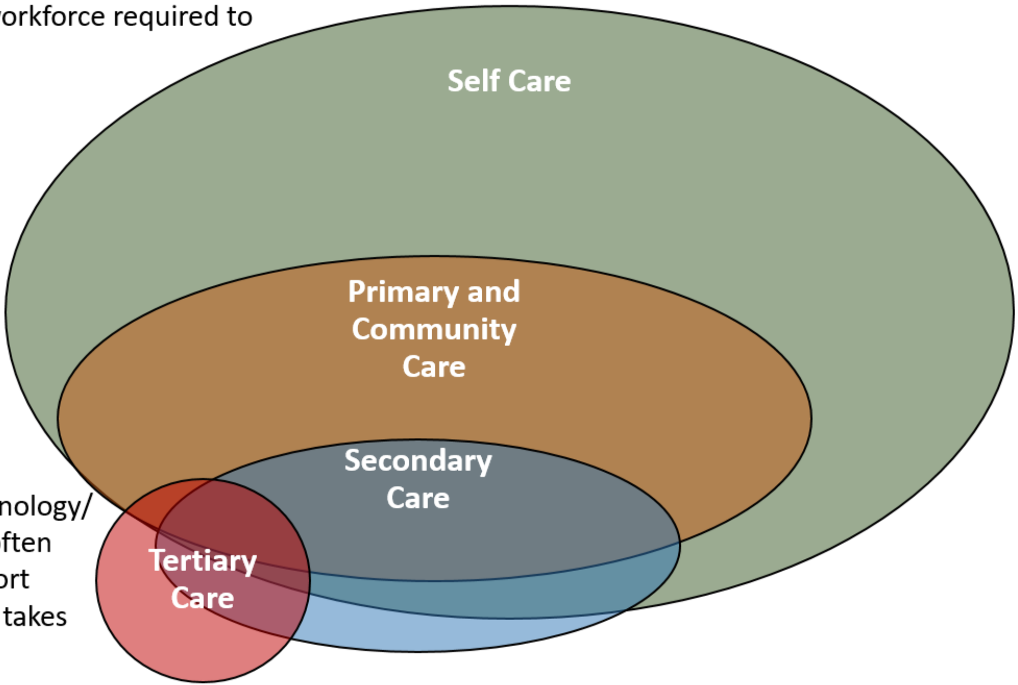
In this report, we focus on some example case studies based upon residents of North Ceredigion with similar characteristics to the Transforming Clinical Services’ “Teulu Jones”, to set out how the future services in Ceredigion will meet some common conditions that require a response across the whole care system.

Cefndir / Background

As has been affirmed in previous reports, the development of integrated, safe and responsive services across Ceredigion is a key strategic objective which is essential to enabling delivery of care closer to home.

The objective of care closer to home does not, however, exist in isolation and it is essential to understand the needs of the patient within the entire care system especially where admission for acute/secondary care can lead to significant disruption for patients and their families’ lives.

The need to ensure smooth transition between the various parts of the care service is ever present and amplified by the frailty of an elderly population which risks increasing at a greater rate than services can adapt and evolve to meet this need.



Primary and Community Care: Faces challenge from lack of self care and societal changes in population regarding increasing expectations and from new generations. Expectation that Primary Care will take on low-tech “secondary care” procedures, but workforce required to deliver.

Self Care/Assessment: Should be default, but people’s ability to self care will vary. Challenge is to upskill and inform people to make appropriate choices.

Secondary Care: Emergency services dominate; how much of this could be better managed in community and what would that leave? Is shift to primary care real? What will shift from tertiary? Access within “golden hour”.

Tertiary Care: New technology/ new treatments; costs often outweigh benefits in short term. De-specialisation takes longer than patient expectations take to increase.

The appropriate infrastructure is required to appropriately meet the population’s health need and 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 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 the long term sustainability of our services.

Asesiad / Assessment

- Whole system integration is key to providing care closer to home.
- Increasing frailty of an aging population requires seamless “care” that reduces disruption to the individual’s way of life.
- The development of Ceredigion’s Integrated Care Centres is underway and will provide a foundation for the provision of care closer to home.
- The services Ceredigion provides, and will provide, are key to the attainment of the Health Board’s strategic vision of a true shift in care.
- The innovative development of schemes to address nursing workforce requirements and develop a rural medical workforce will have benefits in stabilising care in Ceredigion and mid-Wales.

Argymhelliad / Recommendation

The Board is asked to note the report.

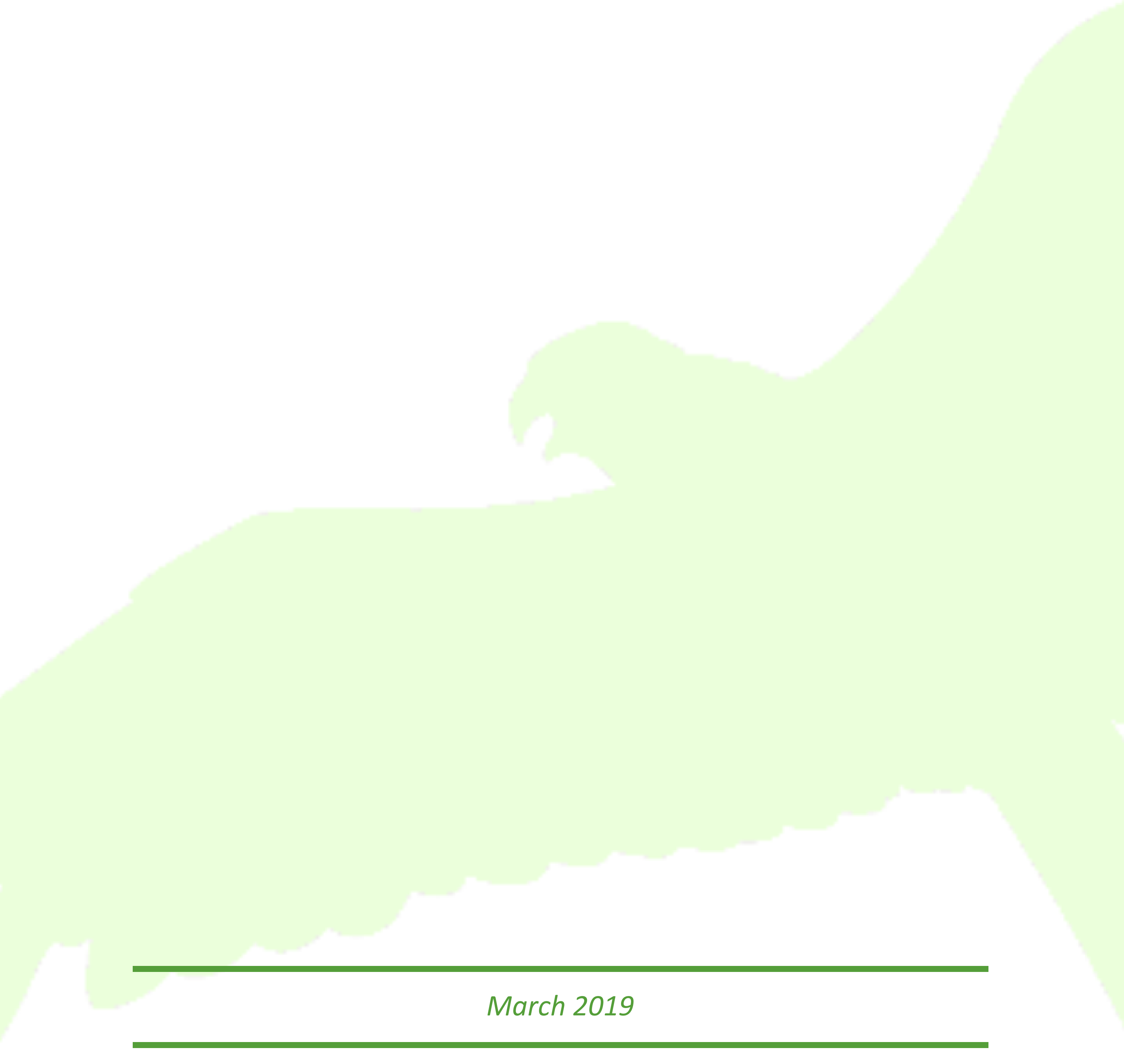
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1, 3, 4, 5, 7, 11,12,13,16,17,19, 20, 23, 26, 28, 30
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2. Safe Care 3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 5. Timely Care
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
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 Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each scheme is underpinned by specific evidence bases.
Rhestr Termau: Glossary of Terms:	Contained within body of 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:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.
Gweithlu: Workforce:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.
Risg: Risk:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.
Cyfreithiol: Legal:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.
Enw Da: Reputational:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.
Gyfrinachedd: Privacy:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.
Cydraddoldeb: Equality:	This is a multiagency / professional report and therefore each section has its own financial, quality, workforce, risk legal, reputation and equality registers.

HEALTH SERVICES IN CEREDIGION

INTO THE FUTURE

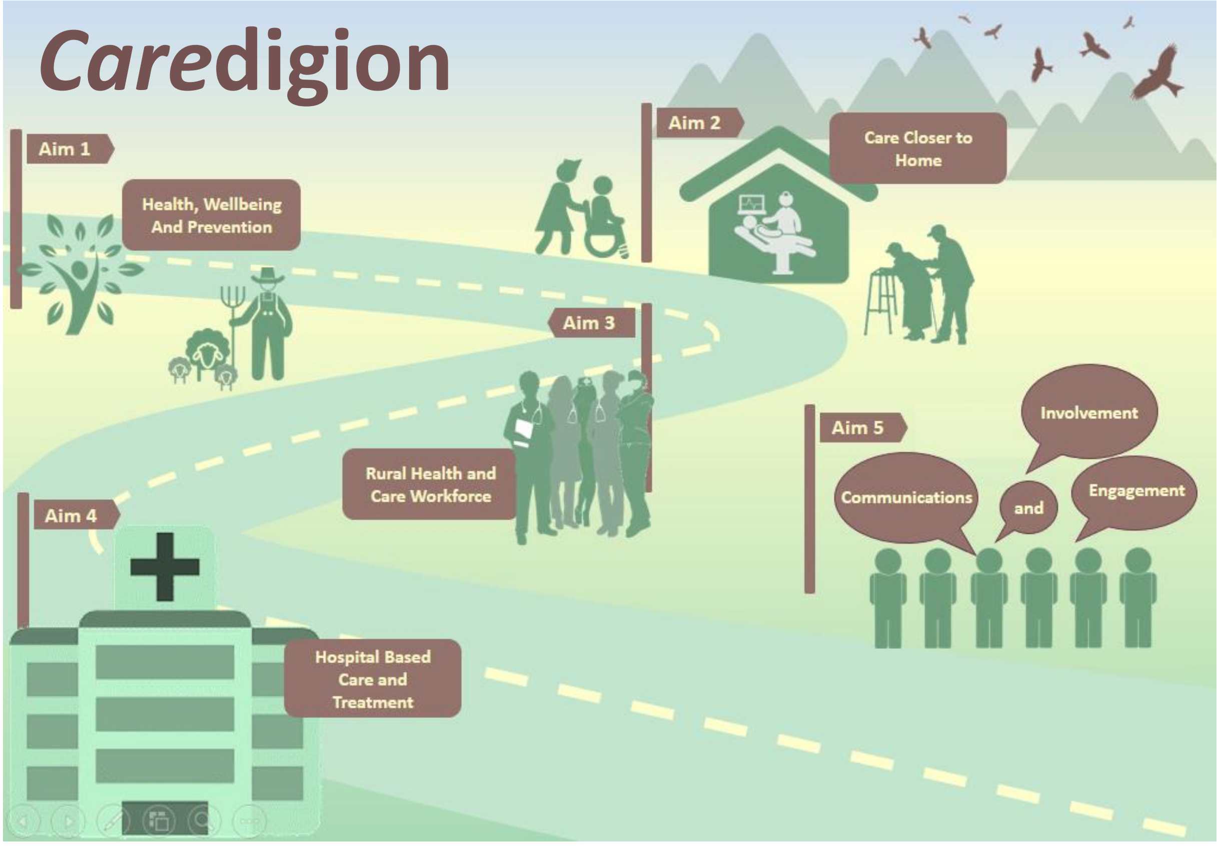


March 2019

In the last Ceredigion update report, we set out how the ambition described for the future of Hywel Dda Health Services was being delivered in Ceredigion.

In this report, we test how the service model will meet the needs of people similar to Hywel Dda's "Teulu Jones", but who live in North Ceredigion and attempt to take the theory from the laboratory and into the real world.

The services' key delivery aims are set out in the five strategic objectives for "Caredigion", which are fully aligned with Hywel Dda's Transforming Clinical Services programme and those of the Mid Wales Joint Committee for Health and Care.


Caredigion
Aim 1
Health, Wellbeing And Prevention
Aim 2
Care Closer to Home
Aim 3
Rural Health and Care Workforce
Aim 4
Hospital Based Care and Treatment
Aim 5
Communications
and
Involvement
Engagement

To illustrate the future, we take 3 example pathways and explore how the services being developed now will meet the future needs of the local population.

The examples are deliberately focussed and do not consider some of the broader challenges in the supply of some services in the area, particularly those associated with 3rd sector nursing home provision and it must be acknowledged that, in some cases, the "home first" principle set out below is not an option either in the short or longer term.

Elective Orthopaedic Patient

A young person in their late 50s is experiencing increasing pain in their hip together with some back pain that he associates from his days on the rugby field years ago. A consultation with his GP results in a referral to the Aberystwyth Integrated Care Centre for physiotherapy input. A six week programme resulted in a slight improvement, although this did not allow return to full functioning without pain and he is now reporting difficulty in performing tasks required by his employer.

The physiotherapist requested a Magnetic Resonance Imaging (MRI) scan to eliminate spinal cause, plain x-ray of hip and refers the patient for consultant orthopaedic opinion at Bronglais General Hospital.

CEREDIGION ORTHOPAEDIC WAITS

End February 2019	
26 Weeks	82.5%
36 Weeks	92.0%
52 Weeks	96.9%

The MRI unit at Bronglais General Hospital is out of service for maintenance and a scan has been arranged at Glangwili General Hospital, the digital x-ray system allowing reporting by Bronglais General Hospital consultants. The patient's transport costs are reimbursed by the Health Board to reflect the additional cost incurred by the patient.

MRI

The new MRI at Bronglais is now in the construction phase with the service becoming operational by December 2019

The patient was seen by the consultant in their "new" outpatient clinic at Bronglais General Hospital two weeks after x-ray scans and following consultation with the patient about their preferred outcome, it was agreed that the optimal treatment, from the various options, was to replace the hip. Initial pre-operative questions excluded any red-flag/critical conditions that would need action to be taken before surgery and the patient agreed and was consented.

During the initial pre-operative assessment, it was identified that recovery would be quickest if the patient modified some of his lifestyle behaviours and an optimisation plan was agreed with patient that addressed his levels of smoking and drinking with support provided in the community via the Integrated Care Centre. As part of this assessment, the patient was also referred to the National

Exercise Referral Scheme (NERS) for six weeks where he obtained the confidence to join a regular swimming group.

The operation was carried out within 8 weeks of being placed on the list (week 16 of the pathway).

The Enhanced Recovery after Surgery (ERAS) protocol ensured the patient mobilised on the same day as surgery, thereby aiding recovery and enabling the patient to be discharged on the third day after the procedure.

The joint equipment store has delivered a raised toilet seat and chair raisers which are installed and ready for his return. Because his family work are unable to take time off due to seasonal pressures, they will not be home until 17:30 that day. A 3rd sector domiciliary care worker collects the patient from the hospital at 10:00, takes them home and stays with them until the family return to ensure that they are safe and settled at home for the immediate period after discharge and are able to use the aids provided.

Physiotherapy is provided on an outpatient basis at the Aberystwyth Integrated Care Centre with consultant follow-up provided at Bronglais' Outpatient Department where there is access to the x-ray equipment required.

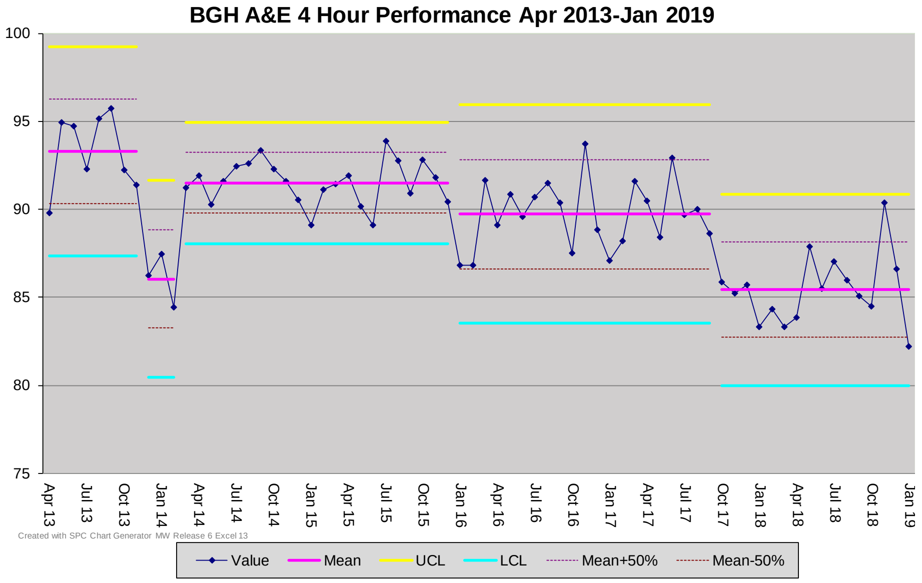
Key Points:

- Rapid access to non-medical intervention is essential to establish if this will address the condition.
- Direct access from that service to both diagnostics and consultant referral without having to return to the GP promotes rapid access to secondary care services and an appropriate agreement to further treatment being made at the first consultant outpatient appointment.
- Initial pre-assessment red-flag review at the first outpatient appointment can reduce the risk of delay of treatment.
- Pre-operative lifestyle interventions can help reduce recovery period.
- Promoting mobility after surgery reduces length of stay.
- Proactive equipping of home environment together with provision of limited support upon discharge to help bridge the return home can promote early-day discharge.

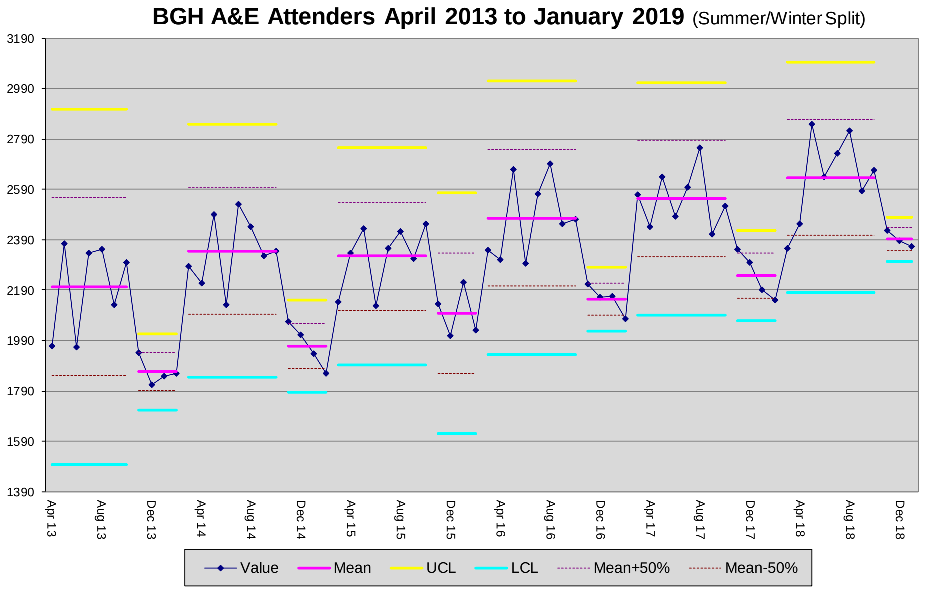
Emergency Colorectal Patient

A female patient in her early 80s complains of acute abdominal pain. Her husband, who is also her principal carer due to her early stage dementia, calls her GP who, in light of the symptoms, tells him to call 999.

Paramedics arrive, carry out assessment and transport patient to Bronglais General Hospital's A&E department.



The surgical team are present when the patient arrives, a full history and clinical examination are performed. The presenting condition requires a Computed Tomography (CT) scan of the abdomen which is requested and performed within 30 minutes. The images are reviewed by the senior surgical doctor and indicate a mass and that the bowel has been perforated which requires immediate surgery.



The patient and her husband are informed of the diagnosis and consent is taken following which an anaesthetic review is carried out.

The patient is transferred across the site to the emergency theatre where the surgery is performed in the dedicated emergency theatre.

Following the operation, the patient is transferred to a High Dependency Unit bed in the unit directly below the theatre suite where they receive appropriate post-operative care relevant to their age and comorbidities.

After 24 hours, the patient has stabilised and is ready for transfer to the ward for further care.

FRONT OF HOUSE THEATRES

Final commissioning to commence at beginning of April 2019 with theatres becoming operational during the second week that month at which point Bronglais will have four of the most modern operating theatres in Wales and a fifth dedicated ophthalmology/ head and neck theatre

Upon resection, it is clear to the surgical team that the mass is highly likely to be malignant. It is sent to histopathology for examination and the results confirm malignancy and suggest the disease is at stage 3 and would appear to be fully resected.

COLORECTAL SURGEONS

New substantive colorectal surgeon started in January 2019

Locum consultant colorectal surgeon start date to be confirmed

The patient and her husband are informed of the histopathology results by the senior surgeon who tells them that the colorectal multi-disciplinary team (MDT) will review the case at their next Wednesday meeting.

Because of the patient’s age and dementia, a request for social services review is made and this is achieved within 7-days. A discussion with the patient and her husband indicate that discharge home is optimal, which would be assisted by some short-term support by domiciliary care and the district nursing service whilst the patient continues to recover which would best reduce the chance of readmission.

At the colorectal MDT, the cancer is agreed as being at Stage 3 and it is suggested that the appropriate next step is for the patient to be offered a consultation with the Oncologist at Bronglais General Hospital to discuss options for appropriate adjuvant chemotherapy.

The patient is medically fit for discharge 14 days after admission and the support required is obtained 2 days later. A discharge summary is prepared and sent to her GP and District Nurse team on the day of discharge and the patient is collected by her husband who is over the moon to be able to drive her back home.

When she gets home, the carers providing the support package meet her and explain what they will be doing for her. The district nurse also calls in to see her later that day to ensure that care and support is coordinated across the care system and responds in a timely way to changes in the patient's needs.

CHEMOTHERAPY DAY UNIT

Plans for development of new Chemotherapy Day Unit are well developed and will be submitted to the Capital, Estates and IM&T Sub-Committee

An appointment with the Oncologist at the new Bronglais Hospital Chemotherapy Day Unit is arranged 4 weeks after surgery where options for treatment appropriate to her condition are discussed with the patient and her husband. An appropriate regimen is available that will help the patient achieve their life goals.

She has recovered well since the surgery and it is agreed that it would be appropriate to commence this treatment from the 6th week after surgery. A key worker is identified and the Macmillan Information Service provides her husband with information and support to assist him with his increased caring role. A referral to the Palliative Care Team is made so that a broader range of care and professional support is available to the patient and her husband when required.

After 6 weeks the oncological treatment is complete and the patient is "discharged" to oncological and surgical follow-up.

Key Points:

- Not all presenting conditions can be "stabilised" and rapid skilled surgical intervention is required to ensure a timely response.
- Multiple moves for patients with dementia can become increasingly disruptive and disturbing for them.
- Designated emergency theatres are essential to the provision of a modern emergency surgical service.
- Rapid social care assessment is required to ensure the delivery of support for discharge.
- The role of the closest relative/next of kin as a carer and their information needs must be recognised and supported.
- Timely information promotes timely treatment and ability to care.
- A nominated Key Worker is essential to ensuring cancer patients receive the best possible care.
- Palliative care is the active holistic care of patients with advanced progressive illness and aims to ensure the person does not get lost in the middle of a disease and continues to be a person. It is not just about death and dying, but about living well, enablement and independence.
- The patient's desired outcomes *"what matters to me"* take precedence.

Cardiac Care and Dementia Wrap Around

The husband of an elderly couple in their 80s, who is the main carer for his wife who has dementia has lately been feeling short of breath and has experienced increased sensations of heartburn.

He sees his GP who carries out an electrocardiogram (ECG) which identifies concern of arterial stenosis (narrowing of the arteries).

His GP refers him to the consultant Cardiologist at Bronglais General Hospital along with request for CT Angiogram.

CEREDIGION CARDIOLOGY WAITS

End February 2019

26 Weeks	94.2%
36 Weeks	97.3%
52 Weeks	99.2%

CARDIAC PACING

Pacing starting at Bronglais Hospital as part of Hywel Dda Cardiac Plan in May 2019 (currently at Glangwili Hospital) reduced pressure and travel and improved recruitment and retention at Bronglais

The CT Angiogram performed within 2 weeks with appointment with consultant 2 weeks later. The results show narrowing of the arteries requiring angioplasty.

An appointment made for angioplasty at Regional Cardiac Unit (Morriston Hospital) to be performed by the Bronglais General Hospital consultant working alongside his tertiary centre colleague. Due to issues with bleeding at the site and the patient feeling unwell after the procedure, an overnight stay was required in Morriston for observation.

Because his wife needed support while her husband was away, a carer had been arranged to ensure she could remain safe within her own home. As soon as the extended stay became necessary, a close relative arranged to stay with his wife overnight and the carer was booked to return the next day.

COLLABORATIVE OLDER PERSONS UNIT

The development of a state of the art National Institute of Clinical Excellence compliant shared mental health and acute care unit for patients with comorbidities associated with dementia who also have acute care needs. The ward will be staffed with a mix of general and mental health nurse which will also provide the benefit of outreach to other wards.

Plans will be complete by April 2019 for consideration of approval.

The patient was discharged from Morriston the day after the procedure and returned home with the relevant medications to manage risks associated with the procedure and his condition.

He was also able to take part in a remote telemetry pilot to monitor the elevated cardiac risk in the seven days immediately post the procedure.

DOMICILLARY CARE FOR CARERS

Ceredigion County Council has introduced a pilot scheme which commenced in January 2019 which delivers short term domiciliary at a point of crisis for carers

During her time at their home, the carer noticed that the wife was exhibiting some behaviour and dependency that she was concerned might be putting too much stress on the husband. She discussed this with the GP who was able to discuss with the patient when he next visited the surgery and which triggered a GP MDT and a subsequent referral to Porth Gofal for assessment of needs and response to ensure that they could live for as long as possible together in their home.

Key Points:

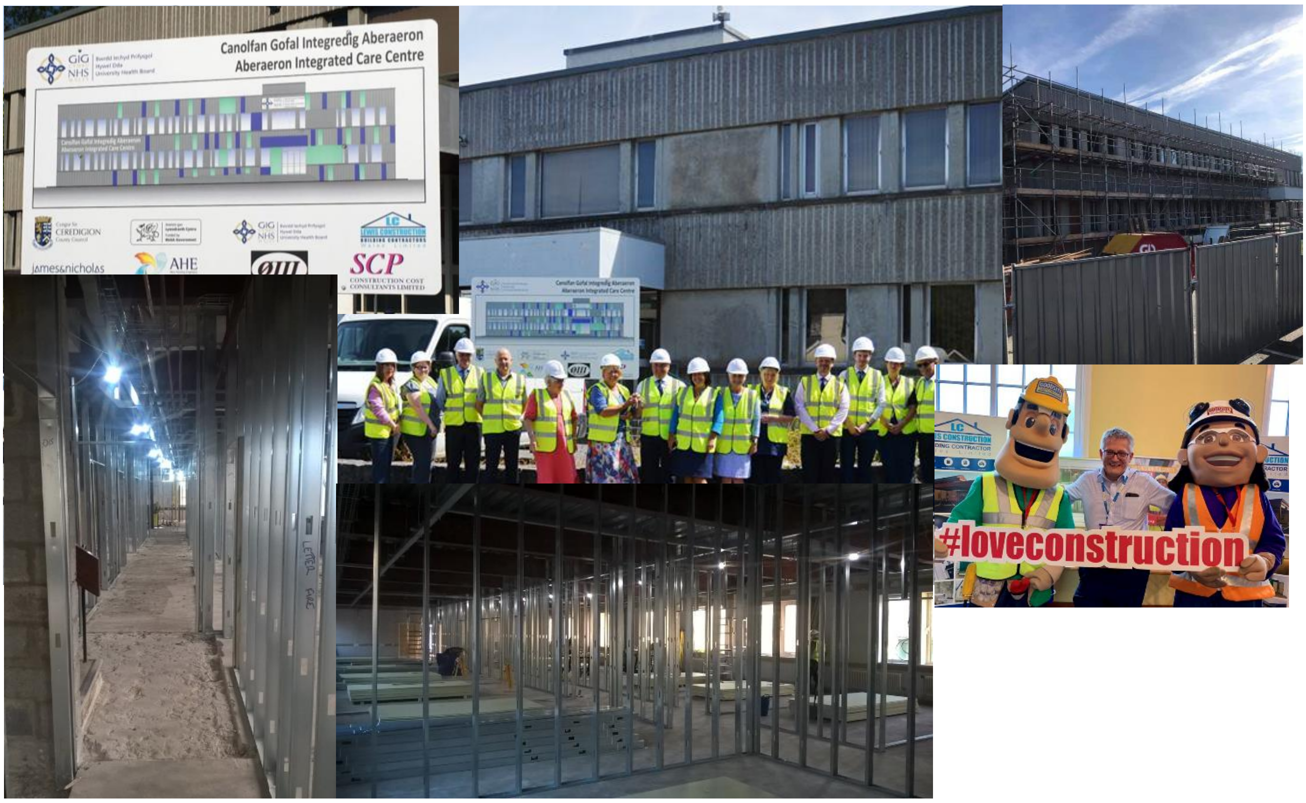
- Primary care diagnostics can promote appropriate access to secondary care diagnostic and consultant services.
- Diagnostic tests being available at the first outpatient appointment speeds up access to treatment.
- Services needs to be flexible to meet the carer’s responsibilities when they are unable to do so and agile to respond to unexpected situations.
- Links between regional and local centres are essential to ensure that patients receive timely treatment and clinicians are not isolated and are able to maintain and develop their skill-set.
- Technology will allow patients to be monitored at home to help manage know risks associated with procedures.
- Mechanisms to flag up concerns regarding a family unit’s ability to cope will allow services to offer increased support in a coordinated way to reduce the likelihood of a crisis arising.

Integrated Care Centre Development

Updates on the development of Ceredigion’s Integrated Care Centres are set out below.

Aberaeron

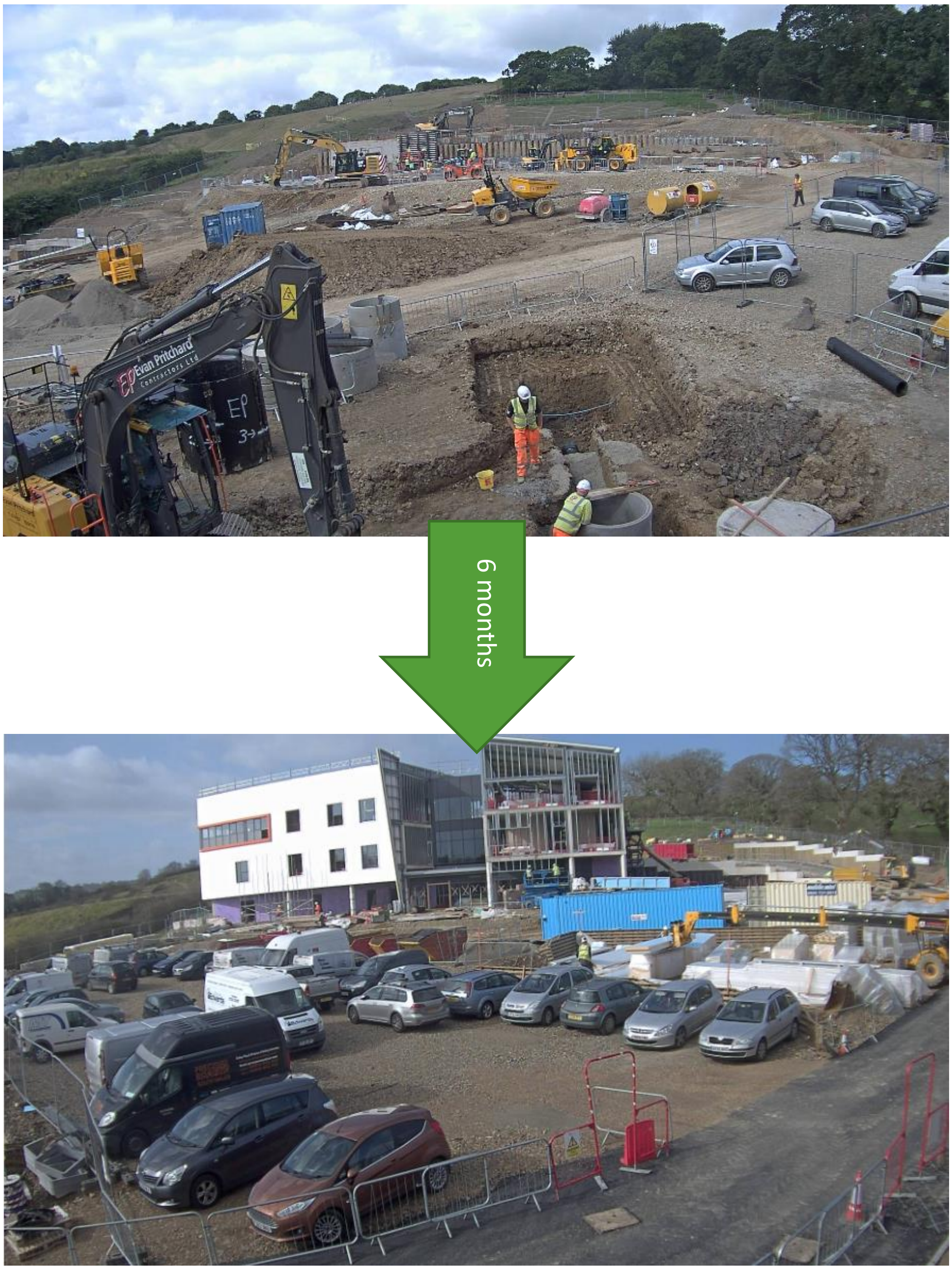
Building works commenced in July 2018 and internal works are progressing well with external works due to commence in spring 2019 and completion scheduled for late summer 2019.



Teams are already planning for occupation and new working methodologies utilising mobile technology are being implemented to facilitate a 21st Century workforce which is agile and adaptable, delivering 21st Century care to meet both the needs of a population who grew up in the 20th Century and their descendants.

Cardigan

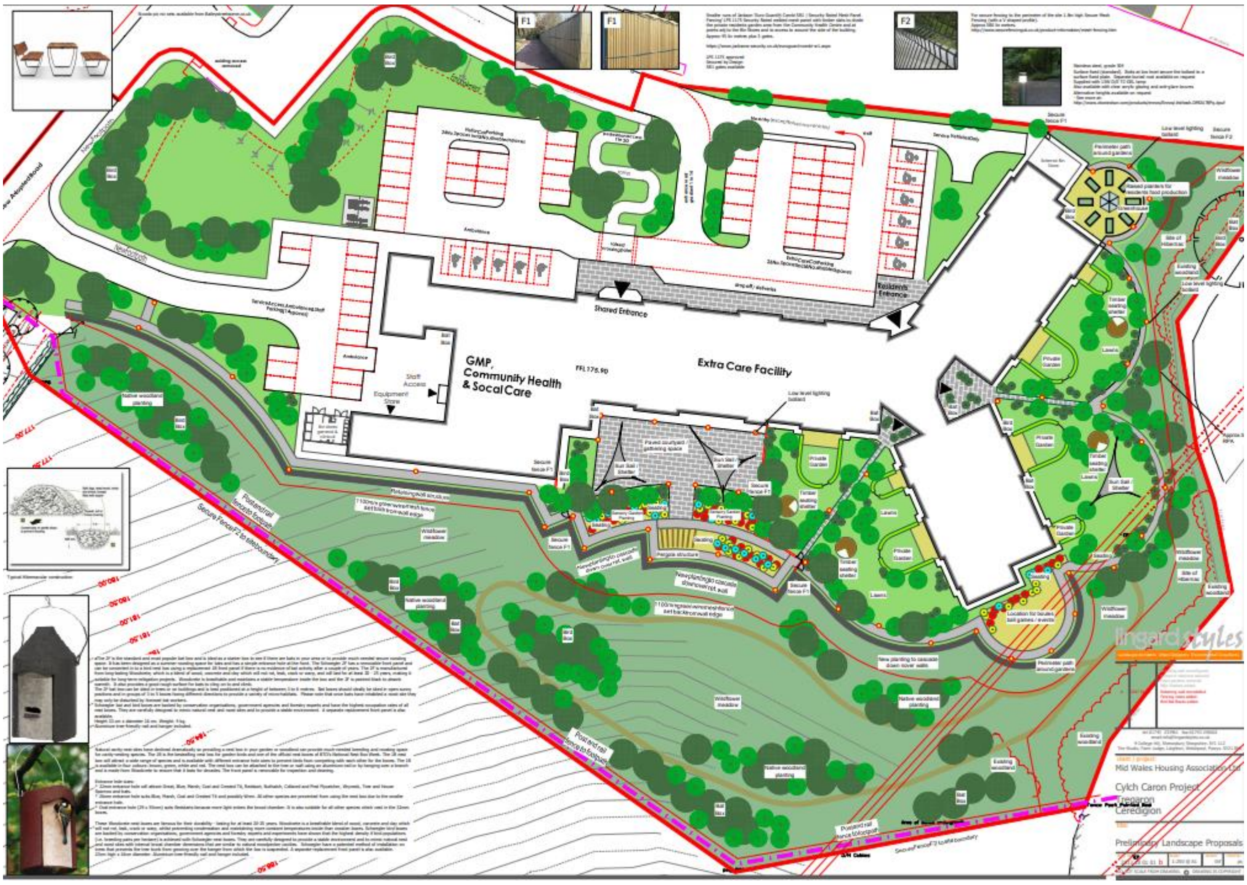
Ground works were well underway at the time of the previous report. Since then, significant progress has been achieved with the building now clearly discernible in the environment.



The scheme is on course to complete by December 2019 some 60 years after the first meeting took place to discuss the building of a new facility for Cardigan. The innovative mobile working model that is being developed in Aberaeron will be adopted in Cardigan.

Cylch Caron

A partnership development agreement to develop the Cylch Caron Integrated Care and Resource Centre in Tregaron has been signed and sealed.



The next stage of the project is to develop the Final Business Case which is in final stages of development prior to submission to the Welsh Government, later in 2019, for consideration of approval following which construction can commence.

Once complete, the facility will consist of a GP surgery, community pharmacy, outpatient clinics, community nursing and social care facilities, together with 34 extra care flats and six integrated health and social care flats.

This landmark development will provide Tregaron and its surrounding communities with state of the art facilities for the future and will utilise the latest technology, such as telehealth and telemetry to provide as much care as close to and in home as possible.

Schemes in Initiation Phase

Two schemes to address service delivery in relatively isolated rural communities are currently in the early stages of development:

Lampeter

The multi-disciplinary, multi-agency Lampeter Integrated Care Hub Project Group has met twice and is currently scoping the population health need in the area in order to shape service development and design accordingly.

Options for location are being explored in conjunction with all partners and it is anticipated that the Hub will be operational from late 2020/early 2021.

Llandysul

Following the integration of Teifi and Llynyfran GP practices in January 2019, an opportunity was presented to relocate the community resource team. In line with the strategic objectives set out in Hywel Dda Health Board's Transforming Clinical Services Programme, it was, however, decided that the preferred option was to create an integrated community hub to bring all the key partners in the delivery of a total integrated care system together under one roof.

To facilitate this, a temporary agreement is in place to utilise the vacated Teifi building while plans are being developed and implemented for a permanent accommodation solution.

It is intended that a permanent solution will be in place by late 2019.

In addition, the Health Board's Transforming Clinical Services Programme has approved the establishment of an Integrated Care Centre in:

Aberystwyth

The opportunity to develop a community hub for outpatients, diagnostics, therapies and a range of other services across the primary/secondary care interface will be explored over the next year. It is anticipated that plans will be finalised by the end of 2019/20 with the potential for the unit to be operational by the end of 2020/21.

Developing the Nursing Workforce

In order to ensure the successful development and long term sustainability of services in Ceredigion and mid-Wales, it is essential that action is taken to address workforce challenges in the area.

A 5 year working partnership linking Ceredigion and Powys Health Services with Aberystwyth, Swansea and Trinity St David Universities has resulted in a proposal for a local school of health sciences with an associated faculty of nursing based at Aberystwyth University.

The first stage is to seek ratification of the course for nurse training through the Nursing and Midwifery Council (NMC) with the aim of having the faculty functioning from September 2020 and the first cohort of 20 nurses trained by 2022/23. The nurses will support recruitment to acute facilities across mid-Wales as well as community, primary care and 3rd sector.

There is, however, an immediate need to stabilise the nursing position at Bronglais until the above takes effect. To do this, an innovative “Agency Consortium” has been established to provide a minimum of 50 whole time equivalent nurses to join the ward rotas at Bronglais and work as part of the ward teams (although they will continue to be contractually employed by their agencies).

The return of Nurse Training to the mid-Wales area in a significantly enhanced form is a key foundation to ensure the future of health service provision enhancing the opportunities for local people to take up nursing as a career.

Delivering the Medical Workforce

It is becoming increasingly recognised that where someone trains is a factor in where a person chooses to live and develop their career. It is also recognised that the needs of a rural workforce are different in some ways to that of a more urban workforce and that exposure to rural medicine is important in the development of a future rural medical workforce.

To respond to this need, Cardiff University established the Community and Rural Education Route (*CARER)* project for rural GP training. Seven students started with the *CARER* programme in Aberystwyth in September 2018 and a second cohort of seven students has enrolled for 2019.

Furthermore, Swansea and Aberystwyth Universities are in discussion to develop a proposal for a Primary Care Academy to support rural GP postgraduate training.

There has been considerable success in recruiting to vacancies within the Bronglais Medical Workforce.

The Unscheduled Care consultant workforce will have increased from 7 to 12 by the summer with recent consultant appointments in Cardiology, Diabetes/Endocrinology and Care of the Elderly. Further appointments are underway and interest has been shown by other potential candidates for posts at Bronglais including in Gastroenterology which is a key post needed to eradicate single handed services.

In scheduled care, a substantive consultant colorectal surgeon has joined the team and a locum consultant colorectal surgeon is in the process of being appointed. Two new consultant Obstetrician/Gynaecology Consultants have also joined the Bronglais team. Discussion are underway regarding the provision of consultant led urological services at Bronglais.

CAREDIGION

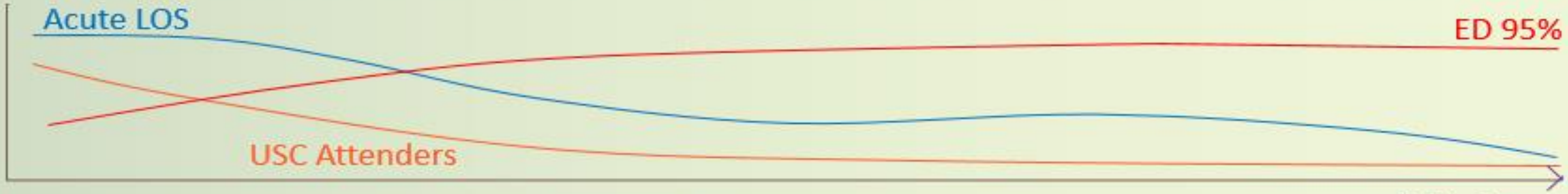
Where Care Comes First

Integrated and seamless high quality care
Improved access to services close to home
Meeting Patient and Public Expectations
Becoming a learning and training service

to

Ceredigion Residents
People of mid-Wales
Tourists and Students
Staff and Future Staff

- ✓ Approved/Funded
- C Capital Required
- R Revenue Required
- 🤝 Partnership Funding
- O Zero Cost



WELSH COMMUNITY CARE INFORMATION SYSTEM (WCCIS)

Providing Integrated Health and Social Care Integration to make Deliver "Care Traffic Control"

	2018/19	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21	2021/22
North Locality	CRT Part in place ✓	**North CRT to Full Capacity** R Improved Discharge Reduced Admissions	**Increased Commissioned Bed Capacity** R Improved Discharge Reduced Admissions	Aberaeron ICC Open ✓ Care Closer to Home "Porth Gofal" is "Care Traffic Control" O	Medical and Surgical Outreach To ICCs ✓ Care Closer to Home	**Lampeter ICC Open** 🤝 Care Closer to Home	Cylch Caron ICC Open 🤝 ✓ (resource released for North CRT) **Aberystwyth ICC** Open C Care Closer to Home
South Locality	CRT In place ✓	Check CRT capacity O		Cardigan ICC Open ✓ Care Closer to Home		**Llandysul ICC Open** 🤝 Care Closer to Home	**CUCHWB @ Cardi-ICC** R Attender and Admission Avoidance
Bronglais District General Hospital	CT Angio 🤝 Theatres Fire Lift ✓ Y Banwy Annex	**Shared Care Ward (MH)** C Integrated Care for Older People	Paediatric Dentistry @ BGH ✓ Care Closer to Home	Protected Elective Surgical Beds ✓ Reduced WLI, attain RTT Increase cases from Powys/ Gwynedd	**CUCHWB @ BGH** R Primary Care at Acute Front Door Attender and Admission Avoidance	MRI Upgrade Complete ✓ Reducing Patient Travel **Diagnostic Hub** C Improved Patient Experience **Chemotherapy Unit** C **Service Repatriation and Improved Patient Experience**	**4 Bed Stroke Rehab Unit** C Improved Outcomes **Ambulatory Care Unit** C Reduced Admissions
Mid Wales	Physician's Associates 🤝 Green Health Recruitment Rural Health & Care Wales 🤝 Joint Dental Pathways 🤝		**Tywyn Cataract Clinic** R Care Closer to Home	Medical and Surgical Outreach To Gwynedd/ Powys ✓ Care Closer to Home and Repatriation	**Community Based GA Dentistry** R Care Closer to Home	Bro Dyfi ICC ✓ Care Closer to Home **Swansea Medical School @ Aber Uni** 🤝 **Sustainable Future Workforce** **Mid Wales CRT** 🤝 Care at Home	**Mid-Wales School of Nursing and Health Science Opens** 🤝 **Sustainable Future Workforce**

Consultant and Nurse Recruitment

Transport: Emergency and Non-Emergency

New Ways of Working and Rural Care Workforce

Telemedicine/Telehealth/Telecare

Green & Social Prescribing

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 24th January 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

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.

This report summarises the work of the Finance Committee at its meeting held on 24th January 2019, with the following highlighted:

- **Finance Report Month 9** – the Committee was advised that the year to date variance to plan was £0.5m; this was after a number of non-recurring adjustments. There was an improvement in the position in month of £0.3m. The delivery of the year end position continues to be a challenge.

- **Financial Projections** – the report was presented to the Committee. The year-end projected deficit was £36.4m, within the balance of £0.9m required to deliver the Health Board's required forecast of £35.5m saving allocated to directorates with monthly Control Totals implemented. The Committee was advised that Finance Business Partners are working with the directorates to support achievement of the Monthly Control.

- **Turnaround Report Month 9** –the report was presented to the Committee. The Committee heard that a review has been undertaken as part of the Control Total setting process to challenge delivery in 2018/19. As a result of the review, the savings forecast has been reduced to £26.7m and this is reflected in the Financial Projection for the year.

- **Referral to Treatment Time (RTT) Financial Plan & Trajectory 2018/19 Month 09 update** – an updated report was presented. The Committee was advised that the target of zero breaches by the end of March 2019 is achievable.

- **Establishment Control** – a verbal updated was provided to the Committee. The Committee was advised that a paper and action plan will be presented at the next meeting.

- **Draft Financial Plan** – the draft Financial Plan was presented to the Committee. The Committee was advised that discussions are on-going with Welsh Government.

- **Finance Enabling Plan** – the report was presented to the Committee. A presentation will be made at the next Finance Committee meeting.

- **Savings Opportunities Report** – a report was presented to the Committee outlining opportunities for efficiencies.

- **Laundry Briefing Paper** – the Committee received a briefing paper prepared by NHS Wales Shared Services on their review of laundry services within the Health Board.

- **NHS Funding** – the Committee received the NHS Funding report for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- Concerns around the ability of the Health Board to deliver the forecast deficit of £35.5m.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- The risk in delivering the Health Board's financial forecast position.

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

Adrodd yn y Dyfodol / Future Reporting:

- The next Committee meeting will include the same standard reports.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25th February 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 25th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

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.

This report summarises the work of the Finance Committee at its meeting held on 25th February 2019, with the following highlighted:

- **Finance Report Month 10** – the Committee was advised that the year to date variance to plan was £0.3m; this was after a number of non-recurring adjustments. There was an improvement in the position in month of £0.2m. The risk of delivery of the year end position has been reduced to medium.

- **Financial Projections** – the report was presented to the Committee. The year-end projected deficit is £35.5m; this is after accounting for all quantifiable risks and opportunities. The Committee was advised that Finance Business Partners are working with the directorates to achieve the Monthly Control.

- **Turnaround Report Month 10** – the report was presented to the Committee. The Committee was advised that the focus is on delivery of the revised £26.7m savings level, as factored into the Financial Projections for the year. The Holding to Account (HTA) process continues to monitor progress against these revised savings levels.

- **Referral to Treatment Time (RTT) Financial Plan & Trajectory 2018/19 Month 10 update** – an updated report was presented. The Committee was advised that the end of year risk is low. The main risk in the plan relates to patient breaches and cancellations.

- **Finance Enabling Plan** – the draft plan was presented to the Committee. The Committee was advised that submission would be at the end of March 2019.

- **Finance Improvement Update** – the update was presented to the Committee. The Committee was advised that the Finance Team made the presentation to Mr Hearty and Mrs Rebecca Richards, Director of Finance, Finance Academy at the end of January 2019.

- **Capital Financial Management** – the report was presented to the Committee.

- **Establishment Control** – The report was presented to the Committee. The report includes details of the roll-out plan.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- Concerns around the ability of the Health Board to deliver the forecast deficit of £35.5m; risk has been reduced to medium.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- The risk in delivering the Health Board’s financial forecast position has been reduced to medium.

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

Adrodd yn y Dyfodol / Future Reporting:

- The next Committee meeting will include the same standard reports.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25th March 2019

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance and Turnaround Update – Month 11 2018/19
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Fiona Powell, 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

1. The Health Board has a statutory duty to breakeven over a three-year rolling basis. This report updates the Board on the Health Board's current financial position.

Cefndir / Background

2. The Health Board agreed an interim Annual Plan on 29th March 2018, which included a deficit budget of £62.5m. The Health Board has received additional funding of £27m in relation to the Zero Based Review, giving a revised forecast deficit of £35.5m.

This requires the achievement of £26.4m of savings schemes to be delivered in-year; which need to be recurrent in order to sustain an improvement in the underlying financial position. In addition to this, individual budget managers need to ensure that they operate within their delegated limit as outlined in the Accountability Agreement Letters which have been distributed for 2018/19.

Control totals have been implemented for months 9 – 12 to provide greater assurance over the financial outturn. Directorates are being held to account against their monthly control totals.

Asesiad / Assessment

The Health Board's financial position at the end of Month 11 represented an adverse variance against plan of £0.1m (YTD). However, the Health Board has achieved an under-spend position of £0.2m in-month.

Performance against key financial targets is summarised in the table below.

Key target		**Annual limit**	**YTD limit**	**Actual delivery**	**Forecast Risk**
Revenue	**£'m**	35.5	32.6	32.7	**Medium**
Savings	**£'m**	26.4	24.0	24.0	**Low**
Capital	**£'m**	29.4	18.8	18.8	**Medium**
Non-NHS PSPP	**%**	95	95	97.0	**Low**
Period end cash	**£'m**	4.0	4.0	1.8	**Medium**

While the Health Board has robust measures in place to monitor and deliver its CRL over a number of years, the uncertainty arising from the continued Brexit negotiations could result in unexpected disruption to supply chain partners. This could impact on the Health Board's ability to deliver its CRL.

Argymhelliad / Recommendation

The Board is asked to note and discuss the financial position for Month 11.

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
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	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	Improve efficiency and quality of services through collaboration with people, communities and partners

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 CRL – Capital Resource Limit

	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 LoS – Length of Stay 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 Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Health Board's Finance Team Health Board's Management Team Executive Team Finance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care is assessed within the savings schemes.
Gweithlu: Workforce:	The report considers the financial implications of our workforce.
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

1. Summary

1.1 Purpose

- The purpose of this report is to outline the Health Board's financial position to date against our Annual Plan; and assess the key financial projections and risks for the financial year.

1.2 Key messages

- The Health Board's financial position at the end of Month 11 represented an adverse variance against plan of £0.1m (YTD). However, the Health Board has achieved an under-spend position of £0.2m in-month.

- This position has been delivered through the use of non-recurring and one off adjustments totalling £8.6m in the year to date and £0.8m in month.

- Our current best estimate of the Health Board's projected deficit is £35.55m, acknowledging that there will always be an operational risk that needs to be managed. Directorates are being held to account against their monthly Control Totals to provide assurance that the planned end of year deficit will be delivered.

- £2.2m of Savings schemes were delivered in Month 11. The total forecast savings is £26.4m, which is slightly lower than that at Month 10. Total forecast savings is quantified by detailed review of the delivery trend of schemes, including only those schemes with high certainty of delivery in the remainder of the financial year. The reduction in Month 11 is driven by Oncology schemes due to the continued closure of local Aseptic services.

- Operational savings are expected to fall short of the original target of £30.7m, however this is offset by the identification of an additional £4.9m of accountancy gains and £6.0m of corporate recovery actions.

1.3 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**	35.5	32.6	32.7	**Medium**
Savings	**£'m**	26.4	24.0	24.0	**Low**
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While the Health Board has robust measures in place to monitor and deliver its CRL over a number of years, the uncertainty arising from the continued Brexit negotiations could result in unexpected disruption to supply chain partners. This could impact on the Health Board's ability to deliver its CRL.

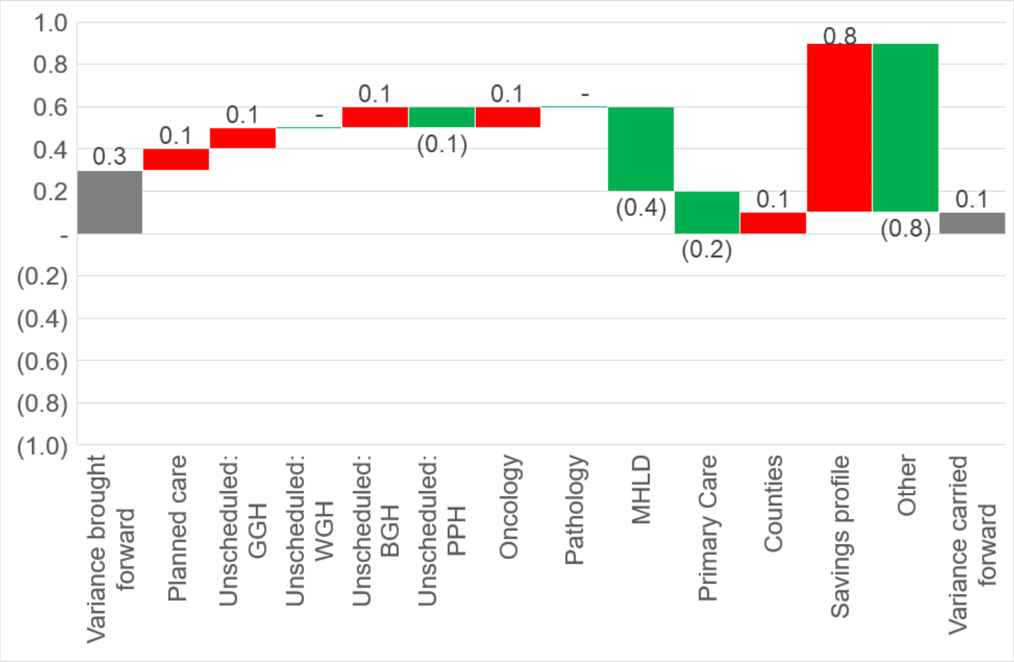
2. Directorate revenue position

2.1 Directorate financial performance

Year to date

	Cered	Carms		Pembs
		PPH	GGH	
Planned	3.2			
Unscheduled	1.7	0.8	1.8	0.8
Radiology	(0.2)			
Pathology	0.9			
Women’s and Children’s	0.0			
Cancer	0.3			
County Teams	(0.3)	0.3		0.4
MHLD	0.3			
Facilities	1.1			
Medicines Management	0.6			
Primary Care	(0.3)			
Corporate	0.0			
Commissioning	(3.0)			
Other	(7.9)			
Bottom line Savings profile	(0.4)			
Variance against plan	**0.1**			

In-month change

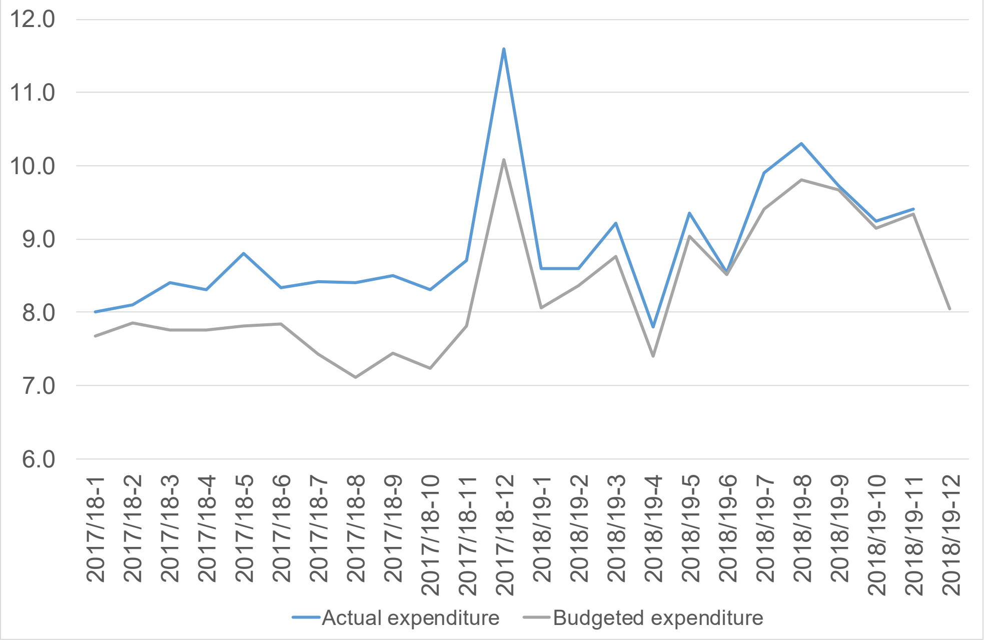


- The Health Board’s reported bottom line variance has improved over the last four months. An under-spend was achieved in the current month, leading to a cumulative position of £0.1m to Month 11.
- The year to date pressure has been particularly pronounced in Unscheduled Care (£5.1m, driven by bed capacity), Planned Care (£3.2m, driven by non-delivery of savings) and Facilities (£1.1m, driven by utility costs).
- Material positions are reported in Section 2.2.

2. Directorate revenue position

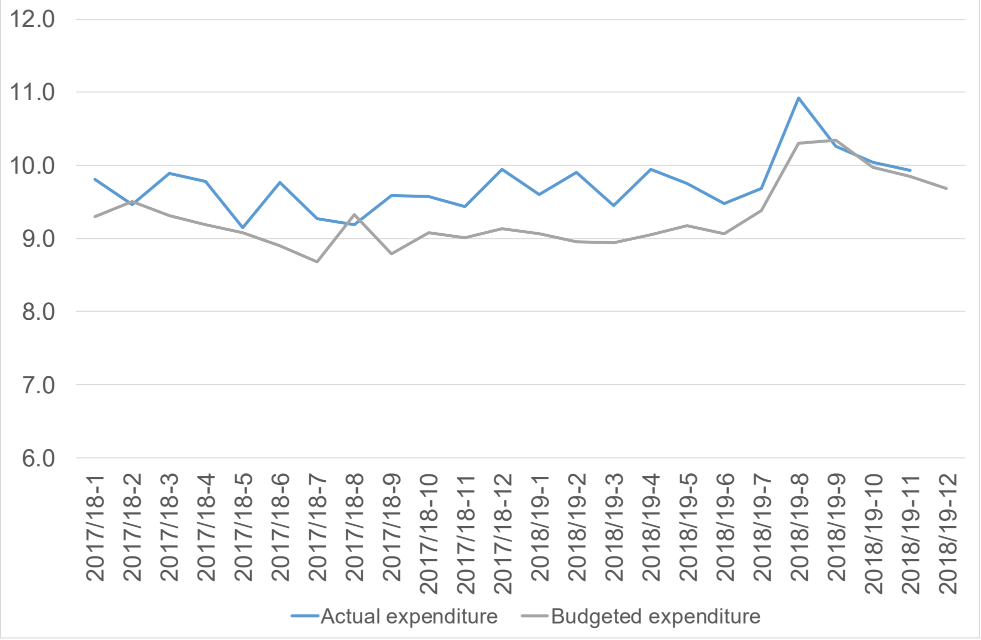
2.2 Material directorate area deficits

2.2.1 Planned care expenditure



- The in-month position showed a slight improvement on Month 10, with over-spends in Medical and Nursing variable Pay due to excess surge in Critical Care being partly offset by additional Ophthalmology income.
- The Directorate is expecting a significant benefit in efficiency and productivity over the remainder of the year.

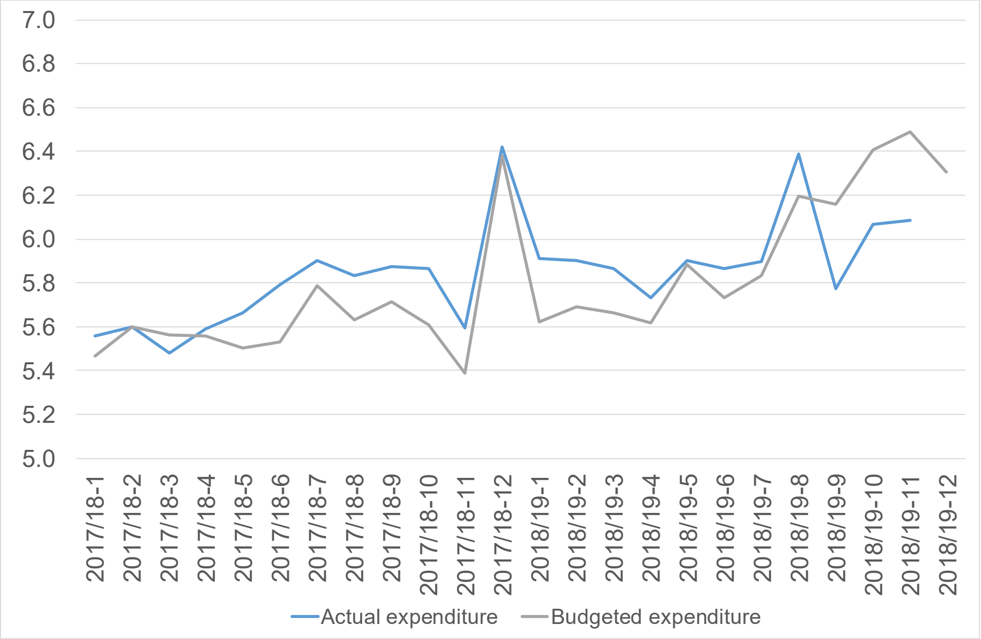
2.2.2 Unscheduled care expenditure (combined)



- Bronglais General Hospital (BGH) reported a slightly improved overspend to Month 10, predominately due to reduced qualified agency Nursing costs. Withybush General Hospital (WGH) reported a slight improvement on the Month 10 position, largely due to a reduction in Nursing and Maintenance costs. Glangwili General Hospital (GGH) reported a similar in-month overspend mainly due to Medical Locum and Nursing costs, particularly in A&E and CDU, offset by Clinical Supplies. PPH was again slightly under-spent in-month; the position is driven by Winter Pressures funding and a reduction in Drugs expenditure.
- Delayed discharges of medically fit patients and unfunded surge capacity remain key drivers to the costs, which requires a system-wide focus.

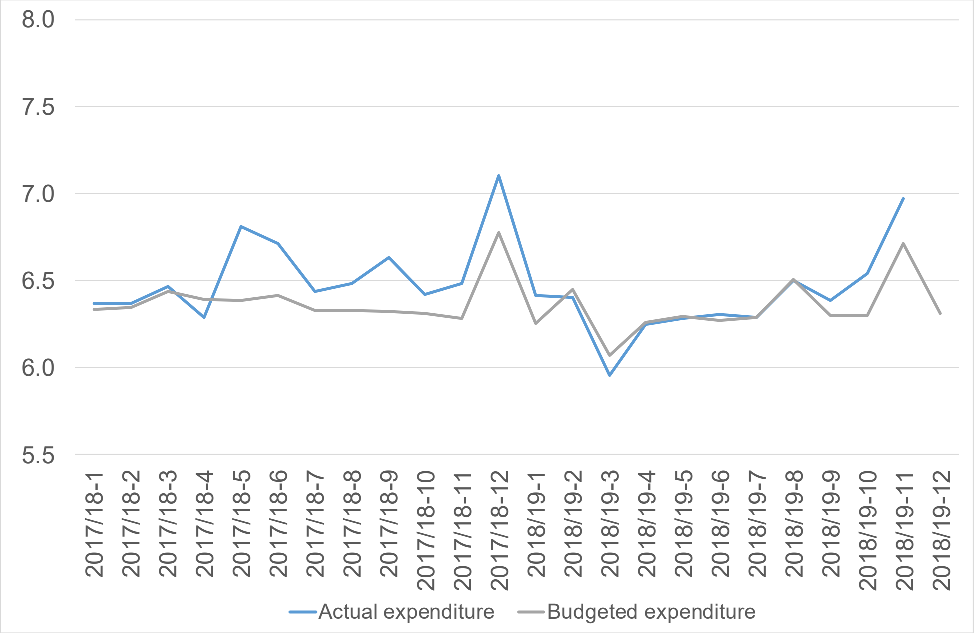
2. Directorate revenue position

2.2.3 MHLD expenditure



- The Directorate has reported an improvement in variance against budget in-month, predominately due to reduced Drugs costs.
- The Directorate is challenged in delivering against its savings requirement. There continues to be difficulty recruiting into medical posts resulting in extra locum sessions being incurred.
- The greatest YTD pressure within MHLD is the continued growth in CHC placements and their associated costs. Client numbers decreased in month, although a higher number of clients were assigned complex packages of care. Careful control of CHC, within its growth assumptions, will be key to deliver an improvement in the expenditure run rate.
- Robust care review processes have been implemented in order to manage the risks arising under CHC.

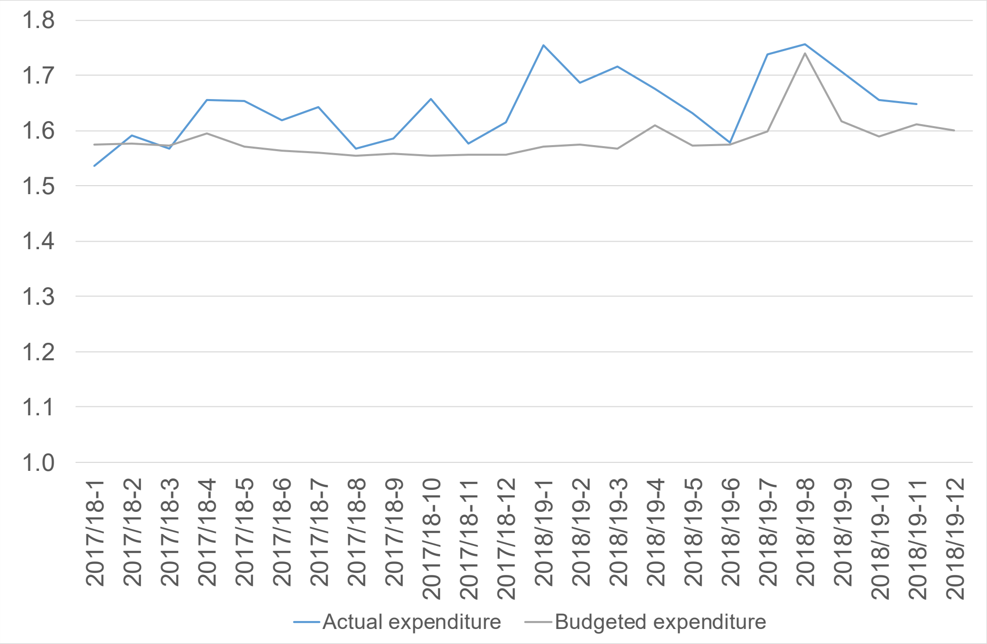
2.2.4 Medicines Management



- The directorate reported a further deteriorated position in-month, which is projected to the end of the financial year based on modelling outturn on a number of scenarios. The No Cheaper Source Obtainable (NCSO) drugs have remained at the higher levels seen since October which has impacted on the projection modelling. Higher than expected seasonal flu drugs have also had an adverse impact. The outturn is reliant on delivering the £3.4m savings plans, which are delivering ahead of plan to Month 11.
- There are risks of £0.2m mainly associated with item growth, the New Oral Anti Coagulant Local Enhanced Service, NCSO and Category M. Item growth is in the range of -1% to 1% but there has been a significant increase in Category M prices.

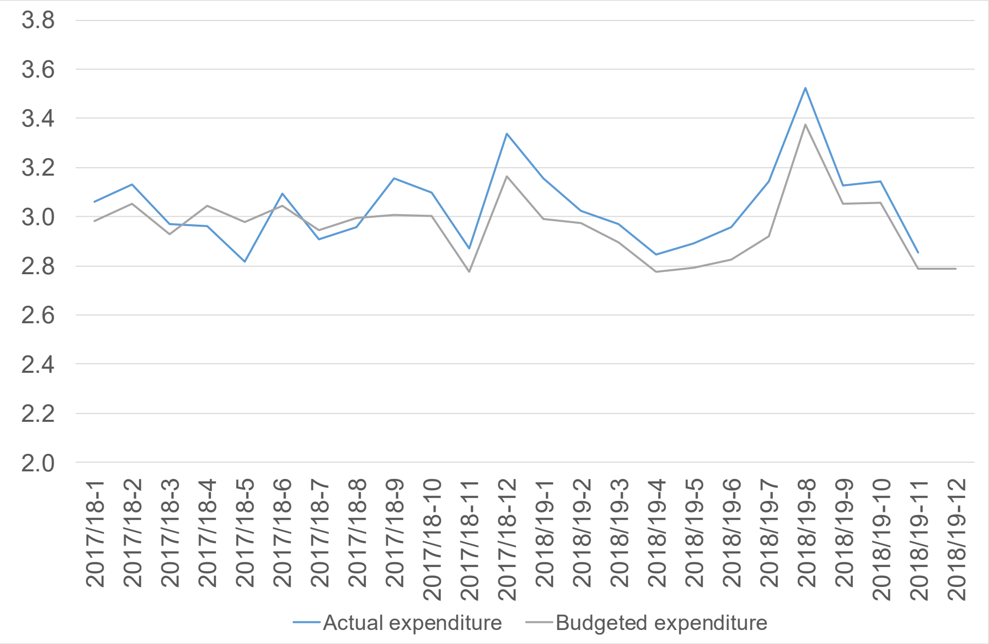
2. Directorate revenue position

2.2.5 Pathology



- There has been an under spend on medical staffing pay in month due to a reduction in high cost agency locum consultant costs. Whilst this provides an in-month benefit, it presents a risk to the service and future financial position.
- Increased costs in year have arisen from Service Level Agreements, managed service contracts, Haematology drugs and non-delivery of savings.
- The Directorate is reviewing ways of working with services to reduce demand through ensuring only appropriate test requests and through avoiding duplication. Targeted diagnostics for high cost services has contributed a benefit to the position.

2.2.6 Facilities



The main areas of overspend continue to be:

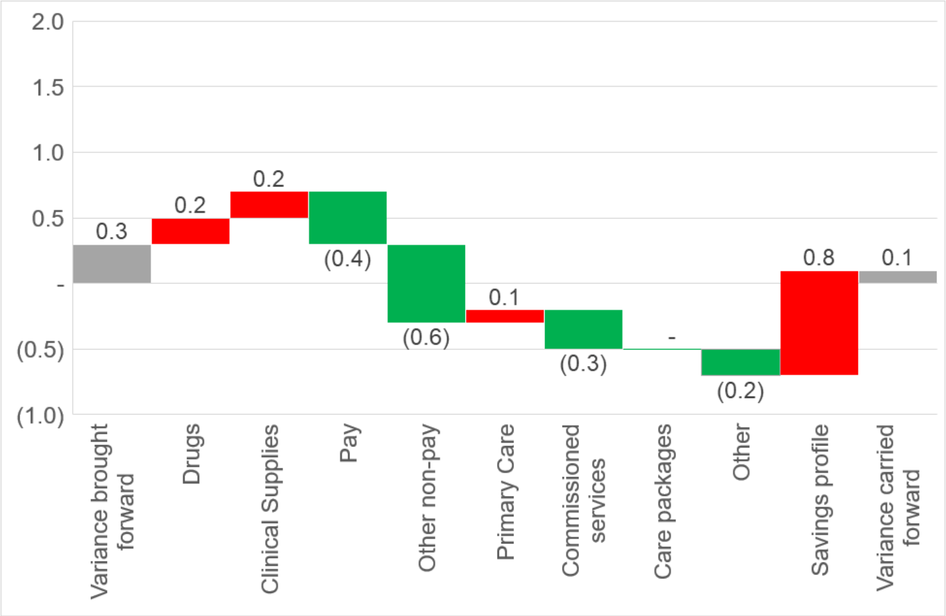
- Operations – bank Pay costs, postage costs, other general supplies, and maintenance are the main contributors to the over spend of £0.2m.
- Property – overspend of £0.9m relating predominately to electricity. Costs have significantly increased due to the confirmed rate increase being higher than predicted and usage in month. Heating Oil is overspent due to being utilised as a back-up when the biomass is off-line and rate increases. Water consumption increased in PPH and GGH.
- Specialist Services – provisions account for the majority of the £0.2m overspend. Pay continues to be slightly over trend in-month, mostly in relation to Bank usage.

3. Subjective revenue position

3.1 Subjective summary

	In-month	Cumulative	Imp ↓/ Det ↑
Income	(0.3)	(1.5)	↓
Primary Care (excl prescribing)	0.1	(0.0)	↑
Prescribing	0.0	0.0	→
Pay	(0.4)	0.8	↓
Clinical supplies	0.2	1.4	↑
Drugs	0.2	2.1	→
Other non-pay	(0.6)	(0.2)	↓
Commissioned services	(0.3)	(1.8)	↓
Care packages	0.0	2.4	↓
Other	0.1	(2.7)	↑
Savings profile	0.8	(0.3)	
Total	(0.2)	0.1	↓

In-month change

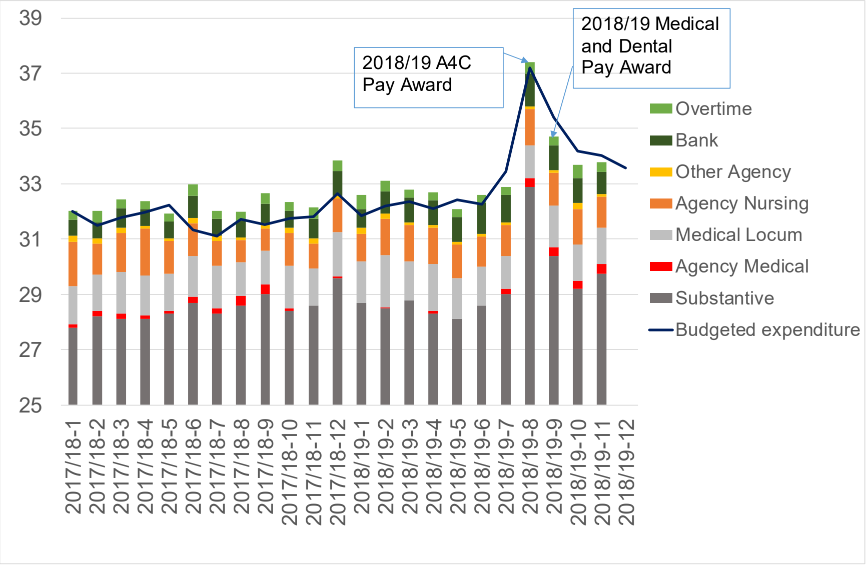


- The main pressures on the in-month position relate to Clinical Supplies and Drugs; offset by Pay and Other Non-Pay.
- Detail on the changes in material cost drivers follows in Section 3.2.

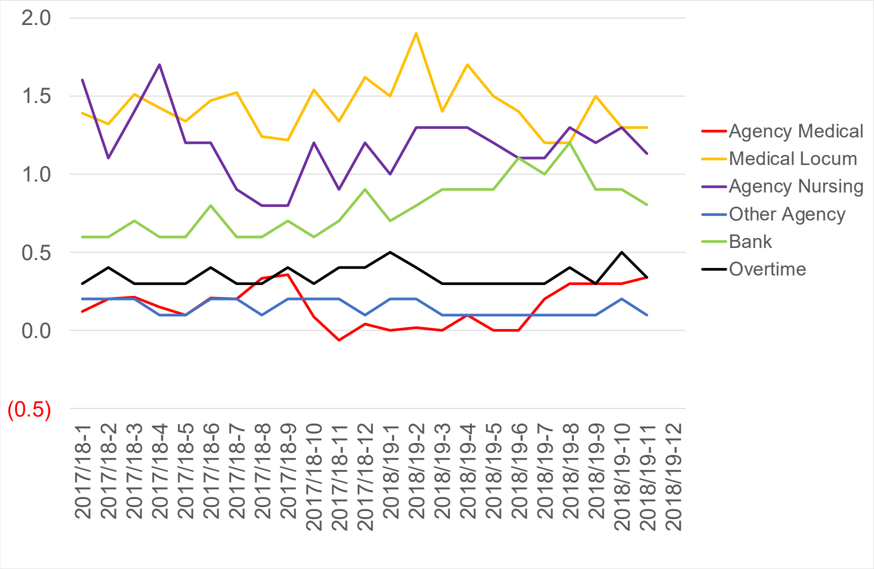
3. Subjective revenue position

3.2 Material Cost drivers

3.2.1 Pay



Temporary pay costs

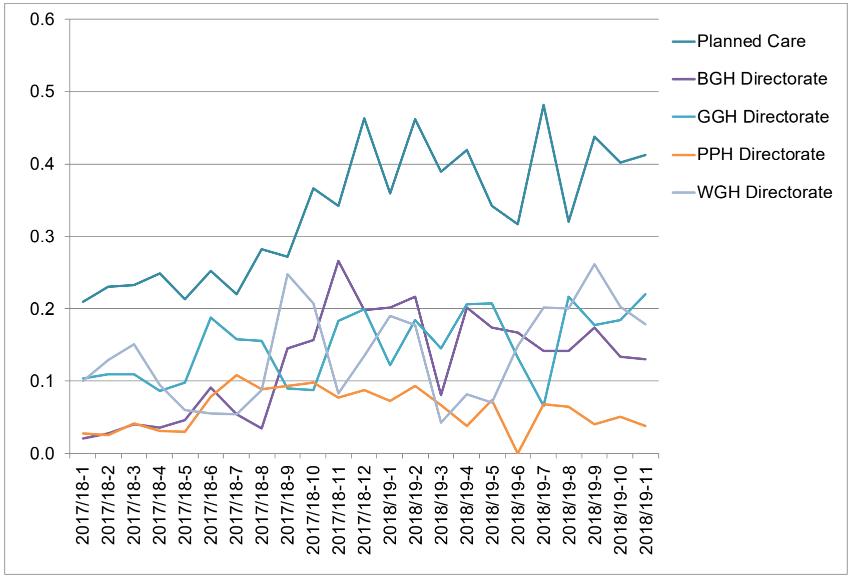


- The Month 11 expenditure is lower than budget due to vacancies over and above those filled with Agency staff.

- The cost of substantive staffing is greater than last year. In Month 11 total pay costs increased slightly compared with Month 10 – increases in substantive pay costs were partially offset by a reduction in overtime and Agency Nursing.

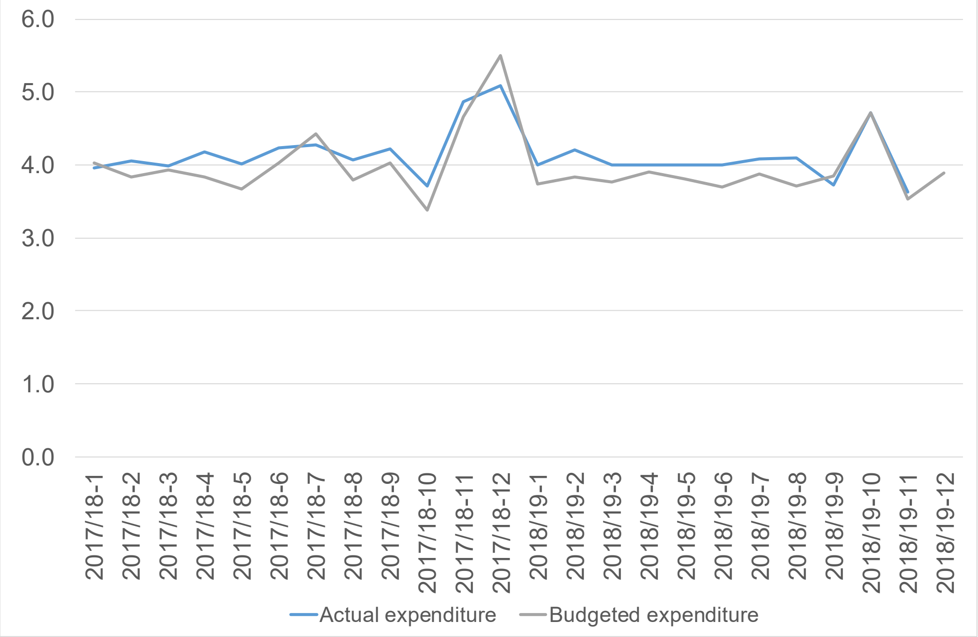
- There was a slight increase in Medical Locum costs, this was offset by a decrease in Overtime, Bank and Nursing Agency costs.

Medical locum costs



3. Subjective revenue position

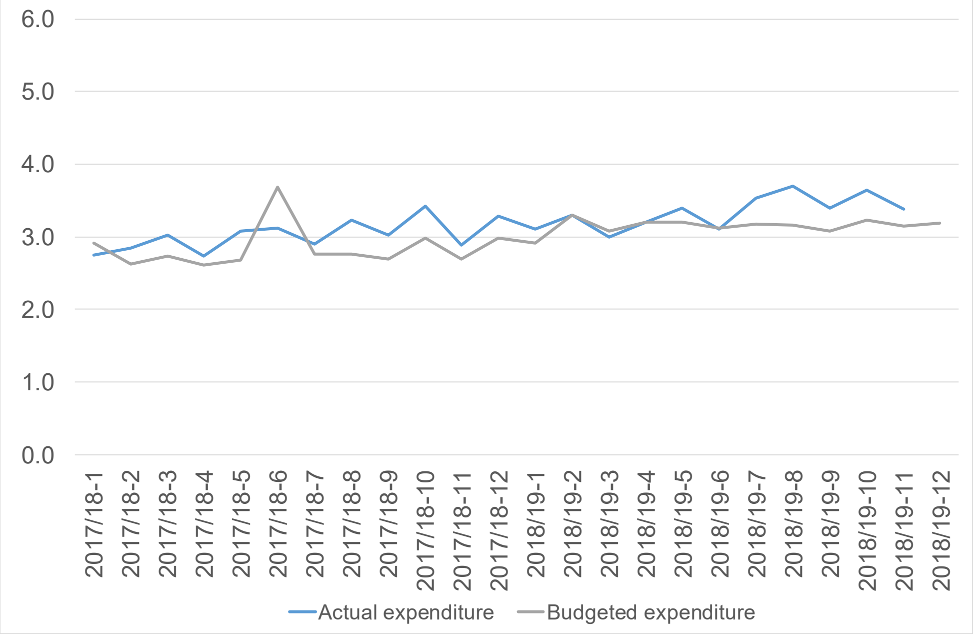
3.2.2 Care packages (CHC and FNC)



- The total number of cases decreased slightly in-month. The increase in expenditure and budget in Month 10 relates to the recognition of an element of 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.
- Following the CEO Holding to Account meetings with the Directorate a number of recovery schemes have been identified to help contain growth.
- Total spend to Month 11 is £43.7m resulting in an overspend of £2.5m, of which:

£'m	**Spend**	**Over/(under) spend**
FNC/CHC	21.8	0.5
LD	12.4	2.2
MH	8.4	0.1
Children	1.1	(0.3)
Total	**43.7**	**2.5**

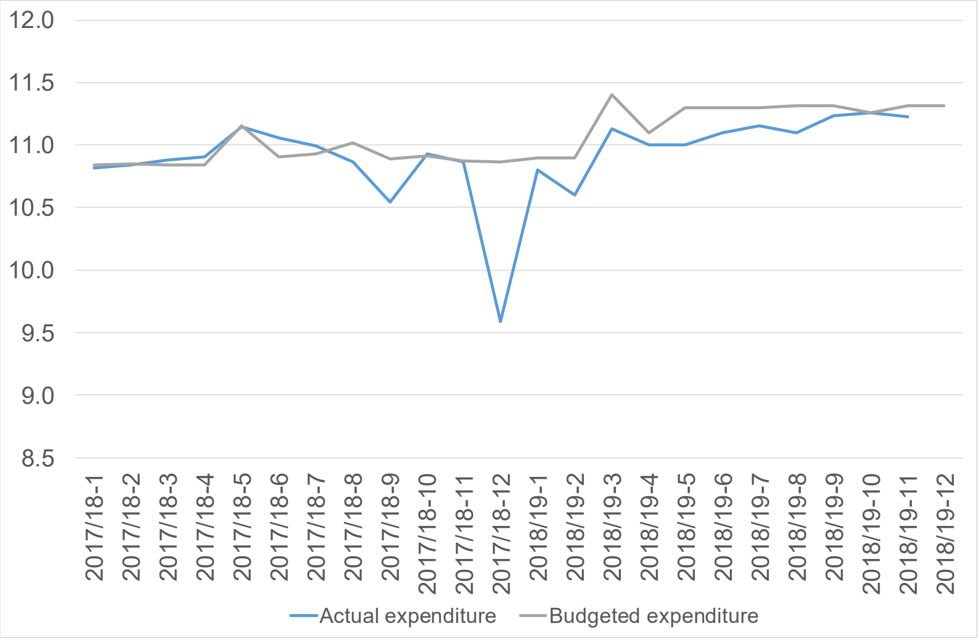
3.2.3 Drugs



- Drugs costs have increased over the past year, and continue with that trend for this year, with a significant in-month impact.
- 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, pressures are being seen in other areas, particularly Dermatology, Rheumatology and Ophthalmology. The Head of Medicines Management is working with Directorates to identify and mitigate the issues.
- There has been a disruption to the local service provision of Aseptic services; as a result work has been outsourced at a premium to another provider. This is expected to continue into 2019/20.
- Two high cost melanoma cases have again had a significant in-month impact.

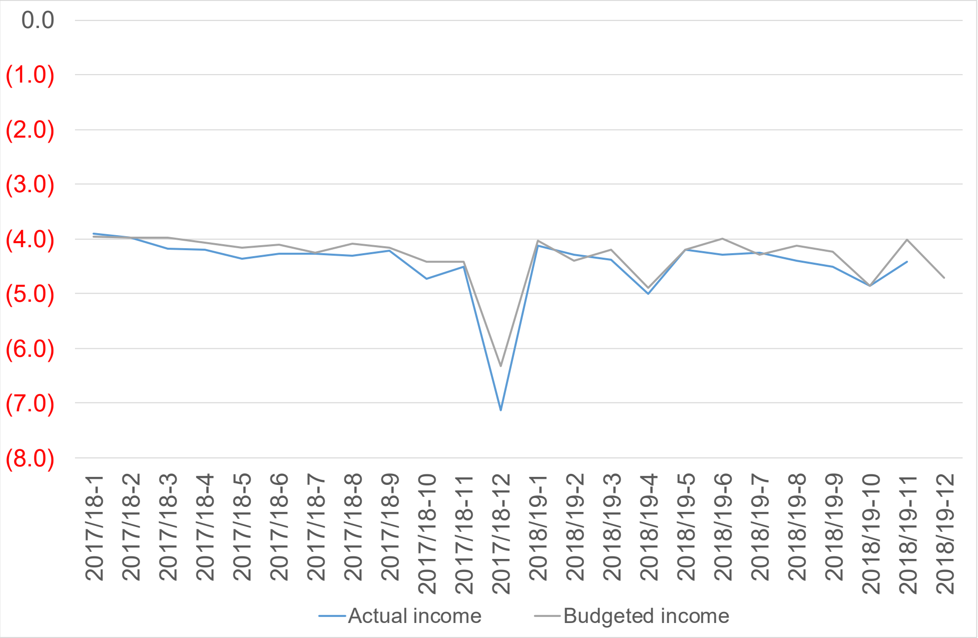
3. Subjective revenue position

3.2.4 Commissioned services



- Services that are commissioned from other NHS providers are based on activity data up to Month 10.
- The main under-spend relates to activity at Abertawe Bro Morgannwg UHB (£1.5m) and Cardiff and Vale UHB (£0.8m) year to date.
- Pressures in the year have grown month on month in respect of Specialised Services, despite an increased budget for the current year of £2.3m.
- An in-year risk had been identified in respect of the proposed re-basing of the Specialised Services Risk Sharing Framework. The September 2018 Management Group meeting indicated that any re-basing would be factored in to WG allocations, although the inherent risk of growth remains.

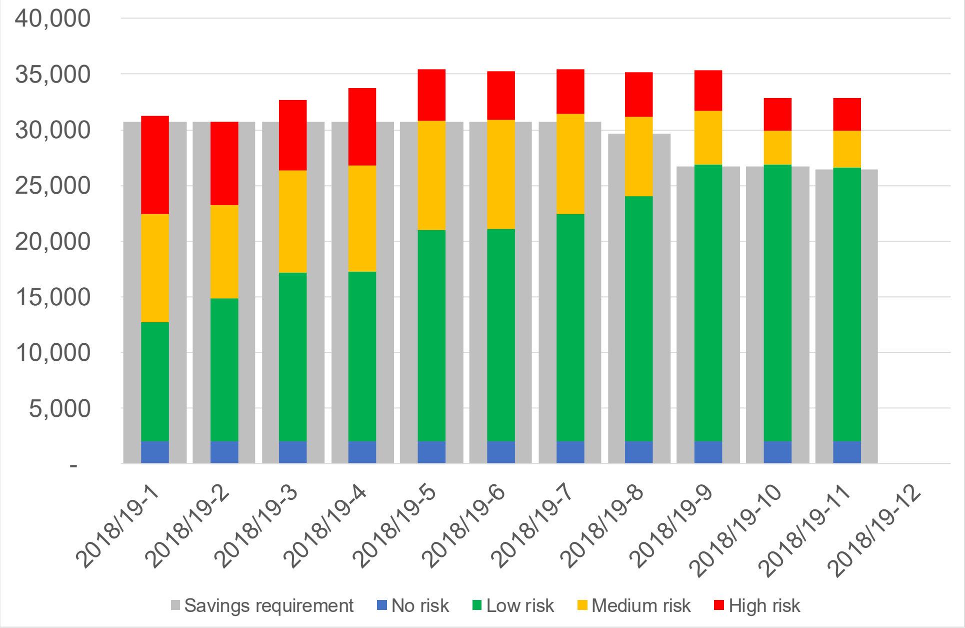
3.2.5 Income

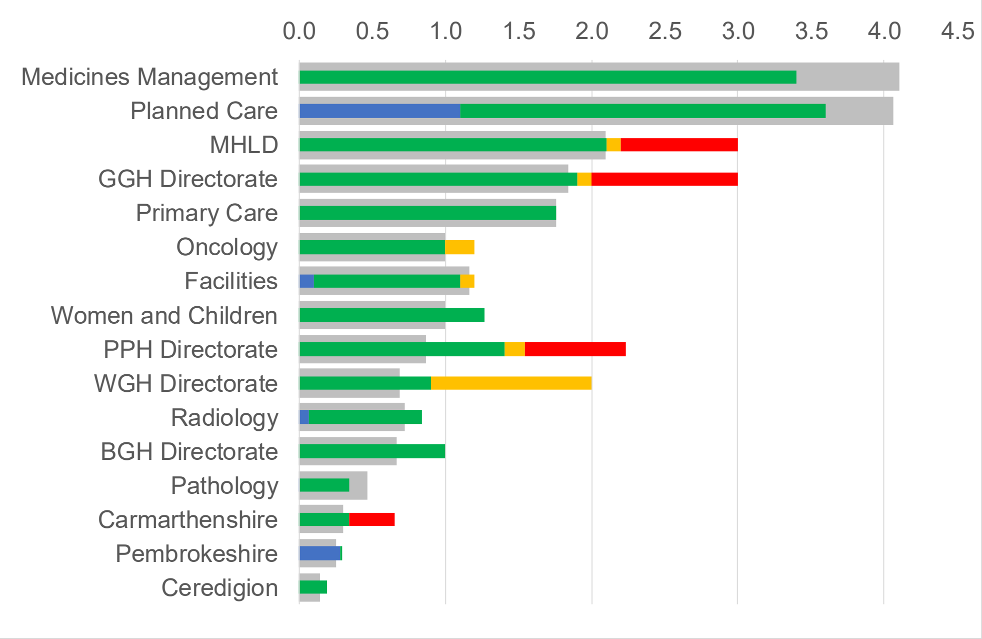


- Income from other NHS bodies continues to cumulatively over perform against target.

4. Savings and turnaround actions

4.1 Risk-assessed directorate savings plans against target





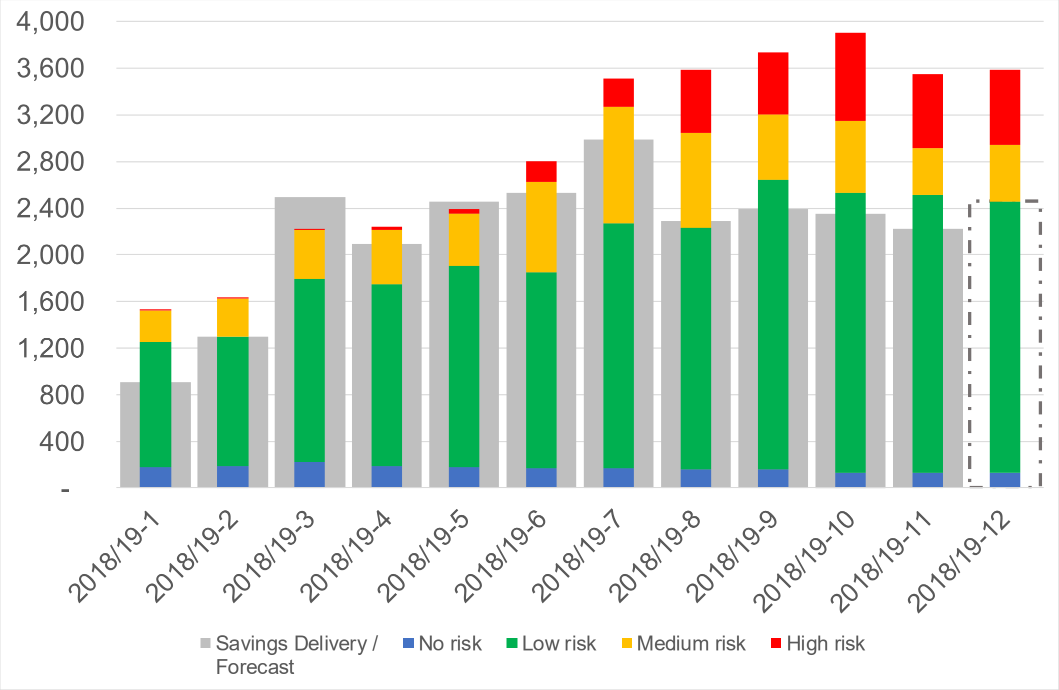
- In Month 8, the total expected savings requirement was reduced by £1.1m following the strategic decision to retain surge bed capacity in order to manage Winter Pressures. In Month 9, the total forecast savings was significantly further reduced, to £26.7m, following a detailed review of the delivery trend and operational or strategic factors of schemes. A robust view has been taken of the likely delivery in the remaining months of the financial year. Following the introduction of monthly control totals in Month 8, the schemes included in the forecast for delivery in the remaining months of the year have been subject to additional scrutiny and challenge. There is a slight reduction to the forecast in Month 11 to £26.4m following a validation review; this is primarily due to the impact on the ability to deliver Oncology schemes with the continued closure of local Aseptic services.

- Savings scheme achievement in month was £2.2m, which is below the Month 10 forecast for Month 11, again due to Oncology schemes under-achievement. The required delivery in Month 12 is £2.4m which relies on a small step up predominately within Unscheduled Care schemes.

- Savings arising from Agency/Locum paid at premium rates in Month 11 showed a deterioration on Month 10, and, as expected, was still significantly below Plan. The forecast for Month 12 of the year is requires a step up of £0.1m which could represent a small risk to delivery, however assurances from Directorates have been received that this is achievable.

4. Savings and turnaround actions

4.2 Planned savings profile, risk and delivery



- Total schemes identified to Month 11 is unchanged from Month 10.

- The risk-assessment of 'green' and blue schemes remains unchanged with 82% classified in these categories.

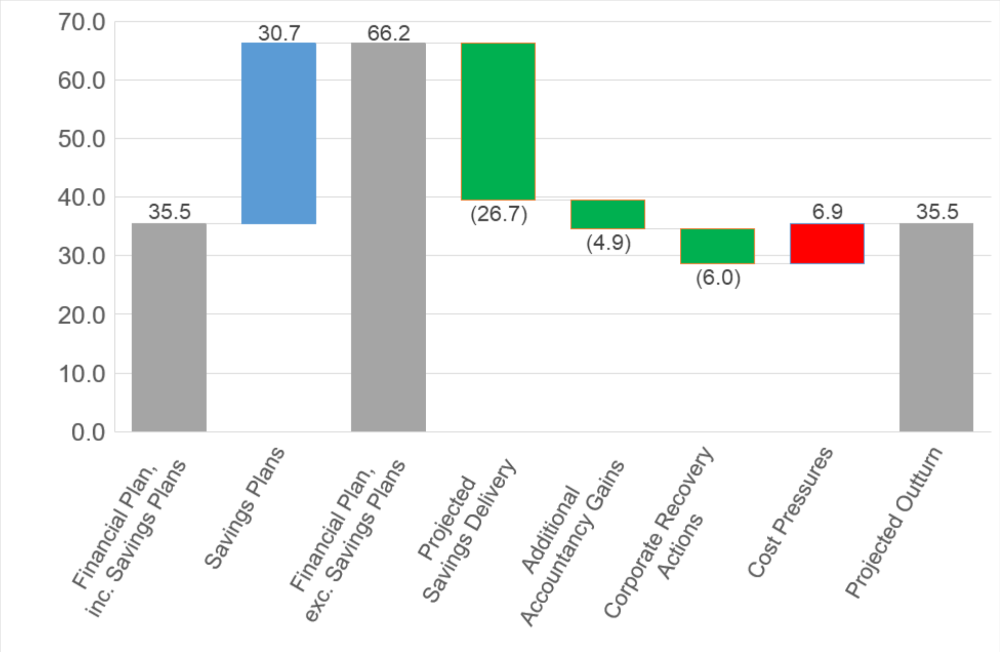
- We have included all schemes within the planned position in Month 11, to show the extent of our savings ambition. However, the forecast is based on the detailed assessment of schemes expected to deliver in the remainder of the year. This position has been reflected in the revised risk/opportunities assessment.

- Operational savings delivery is expected to fall short of the original target of £30.7m, however this is offset by the identification of an additional £4.9m of accountancy gains and £6.0m of corporate recovery actions.

- The under-delivery in-month of £0.17m was off-set by over-achievement against projections by Directorates. This over-achievement was predominately due to reduced Agency expenditure in the Therapies directorate which was not linked to a specific savings scheme.

5. Financial projections, opportunities and risks

5.1 Financial projection



- While the financial position in Month 11 represents a risk to the Health Board, and an operational risk remains for the final month of the financial year, **the Health Board's financial forecast remains to achieve the required forecast of £35.5m.**

- The operational run rate is broadly in line with Month 10 at £0.6m in the current month. The risk of delivering the forecast continues to be rated Medium as, although an operational risk remains, savings delivery and monthly Control Totals have, overall, been achieved to date. Escalated Holding to Account meetings are being held with all Directorates failing to deliver their in-month Control Total and Leads are required to identify additional recovery actions.

- This will require the Board as a whole to ensure a focus on ensuring that divisions operate within their budgets, deliver savings and manage their risks.

Operational Financial Position £'m	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**M7**	**M8**	**M9**	**M10**	**M11**	**YTD**
Actual In-Month Reported	**0.4**	**0.3**	**0.2**	**0.0**	**0.0**	**0.0**	**0.0**	**(0.1)**	**(0.3)**	**(0.2)**	**(0.2)**	**0.1**
Adjustments:												
Medicines Management Savings Plan			0.5									0.5
Recharge Revenue to Capital (Facilities)				0.2								0.2
VAT Reclaim (2017-18)				0.2	0.4							0.6
Individual Patient Commissioning – review year-end commitments				0.3	0.2	0.2						0.7
Medical and Dental back-pay									0.5			0.5
Accountancy Gains		0.2	0.1	0.1	0.3	0.3	1.0	1.1	0.4	0.6	0.8	4.9
Other		0.3		0.2	0.1		0.3		0.3			1.2
Total Adjustments	0.0	0.5	0.6	1.0	1.0	0.5	1.3	1.1	1.2	0.6	0.8	8.6
Operational Financial Position	**0.4**	**0.8**	**0.8**	**1.0**	**1.0**	**0.5**	**1.3**	**1.0**	**0.9**	**0.4**	**0.6**	**8.7**

5. Financial projections, opportunities and risks

5.2 Financial Trajectory

- Our current best estimate of the Health Board's projected deficit is £35.55m, acknowledging that there will always be an operational risk that needs to be managed. Directorates are being held to account against their monthly Control Totals to provide assurance that the planned end of year deficit will be delivered.

- Accountancy Gains have been finalised in Month 11, with a full year impact of £4.9m. This is £0.4m less than previously projected, which is fully offset by an improvement in the Directorate projections due to additional slippage on Primary Care dental contracts.

- We recognise that there are a number of gross risks that could materialise that, if mitigating actions were not identified, could affect the financial projection. These risks are presented below in section 5.3.

5.3 Risks and risk management strategy

Potential Risk	£'m	Risk management approach
Budget deficit	**62.5**	
Welsh Government ZBB funding	**(27.0)**	
Restated budget	**35.5**	
Inflationary pressures on CHC exceed budget	0.3	Fee rates are being negotiated, and this risk will need to be managed through the negotiation process.
CHC Retrospective Reviews	0.1	Risk that claims exceed available budget.
Specialised activity exceeds available budget	0.1	Regular reports are received from WHSSC, and the Health Board is represented at the Committee.
Total deficit forecast and risks	**36.0**	

The Health Board's initial estimate of the holiday pay on overtime payments is that this will be an annual additional cost of between £0.450m - £0.550m; this needs to be noted as a potential provision requirement for the 2018/19 accounts. There is a potential for a retrospective liability of up to two years based on the guidance provided. As the provided guidance requests, this is noted in this report, but not included in Table F of the Monitoring Return.

5. Financial projections, opportunities and risks

5.4 Reserves

£'m	**Month 11 close**
Performance-related funding	**2.0**
Hosted Allocation – Critical Care	**0.3**
CHC Inflation	**0.4**
CHC Provisions AME	**0.5**
Pay Award	**0.1**
Winter Pressure Support	**0.8**
Dementia Action Plan – ICF Bid	**0.4**
Other	**0.2**
Total	**4.7**

- The Health Board's centrally-retained reserves are committed and all relate to specific anticipated cost pressures.
- Funding from Welsh Government in relation to addressing referral to treatment targets has been received totalling £11.6m and is being used for both internal and externally sourced capacity. This is now being fed through budgets.
- CHC and FNC inflation will be distributed as the costs are incurred.
- The Health Board holds funding of £0.6m on behalf of Welsh Government to support costs incurred on behalf of the Critical Care network across Wales.
- Winter Pressure Support has been allocated to Directorates based on finalised plans for utilisation of the funds.

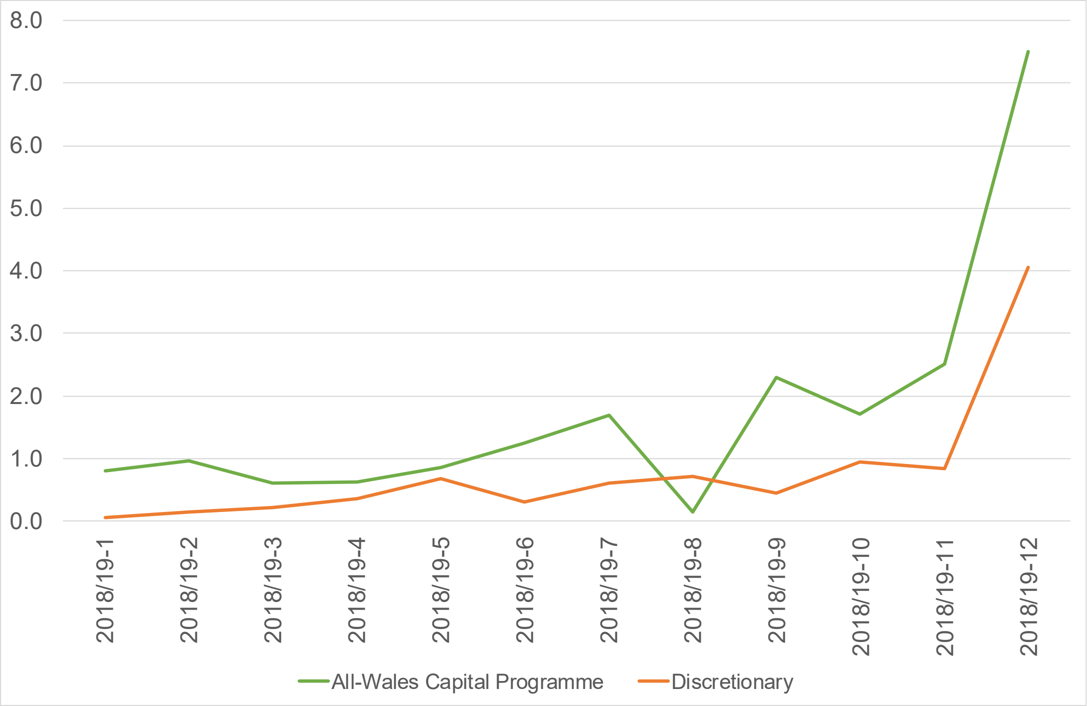
5.5 Opportunities

- The focus is now being narrowed by considering the key drivers of the cost base identified through benchmarking with other Health Boards via national costing returns. Detailed information has been shared with Directorates and is being utilised as part of the Recovery Plan refinement in-year. We will continue to use this in conjunction with the Efficiency Framework to translate the opportunities identified into detailed Savings Plans in support of our Financial Plan. The Finance Committee has reviewed and endorsed this approach.

- Opportunities available via Invest to Save, Integrated Care Fund and Transformation funding are being explored. Key areas of operational inefficiency being targeted are: CHC and packages of care, unfunded escalation beds and patients awaiting tertiary referral.

6. Capital expenditure and working capital management

6.1 Capital expenditure

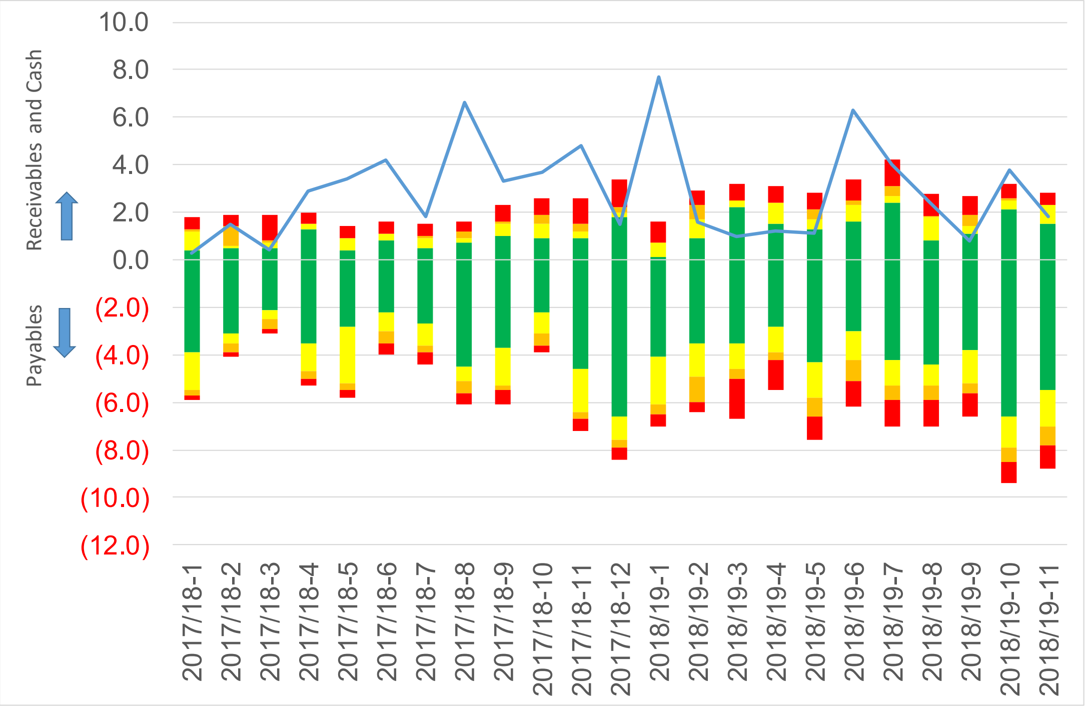


Provisional capital expenditure plan	£'m	£'m
Cardigan Integrated Care Centre	9.5	
Women and Children Phase II	4.5	
Wards 9 and 10 Withybush	1.3	
Aberaeron Integrated Care Centre	1.4	
Fishguard Primary Care	0.6	
Bronglais MRI	0.4	
Additional Discretionary IT	0.9	
Additional Discretionary Equipment	0.9	
Other all-Wales allocations	1.4	
Total all-Wales funded schemes		**20.9**
Medical equipment	2.9	
Estates	4.3	
IM&T	1.3	
Other	0.9	
Total discretionary		**9.4**
Total capital		**30.3**

- The Health Board has an approved Capital resource limit of £30.3m for 2018/19, with another £0.5mpending approval for additional ICT.
- Capital expenditure against the £30.8m funding allocation in Month 11 was £18.8m.
- While the Health Board has robust measures in place to monitor and deliver its CRL over a number of years, the uncertainty arising from the continued Brexit negotiations could result in unexpected disruption to supply chain partners. This could impact on the Health Board's ability to deliver its CRL.

6. Capital expenditure and working capital management

6.2 Working capital management



- Income collected from sources other than Welsh Government is collected through the invoicing process. It is imperative that this is collected promptly to reduce reliance on cash support from WG. Balances owed to the Health Board are £2.8m in Month 11.
- We are focusing on overdue balances owed to the Health Board to minimise the risks to recovery, although the risk is deemed minimal.
- A process review of Accounts Receivables is currently underway to improve and streamline practices.
- It is also important that the Health Board pays its suppliers promptly. At the end of Month 11, £8.8m was owed to suppliers, of which £5.5m are less than 30 days old. Further work is ongoing with colleagues in NHS Wales Shared Services to address older balances through improving the purchase-to-pay cycle.
- Cash at the end of Month 11 was £1.8m.

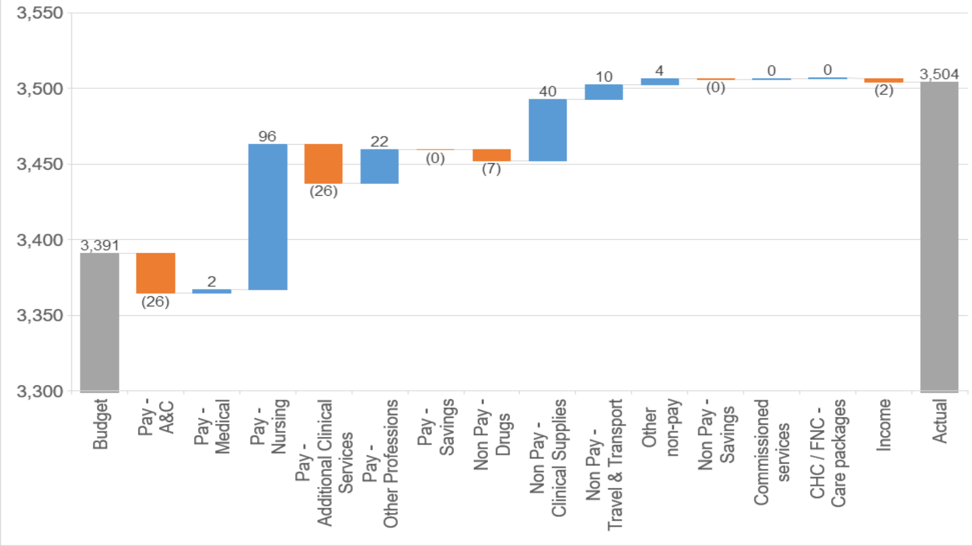
7. Conclusions

7.1 Conclusions

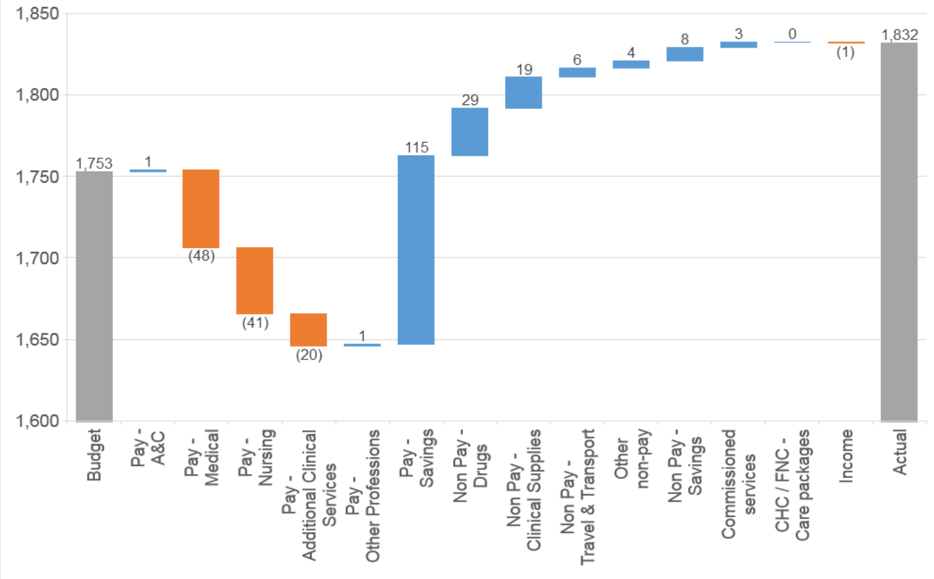
- The Health Board's financial position at the end of Month 11 represented an adverse variance against plan of £0.1m (YTD). This included an under-spend of £0.2m in month.
- On a normalised basis, after adjusting for one off items, the position in month was a deficit of £0.6m, which is a deterioration of £0.2m compared to Month 10.
- The year to date pressure has been particularly pronounced in Unscheduled Care (£5.1m, driven by bed capacity), Planned Care (£3.2m, driven by non-delivery of savings) and Facilities (£1.1m, driven by utility costs).
- CHC represents the most significant cost driver (£2.4m), followed by Drugs (£2.1m) and Clinical Supplies (£1.4m).
- These adverse variances mainly relate to savings delivery compared with the requirement. The recovery plans have provided opportunities but we are still reliant on continued delivery at the required level in the remainder of the year.
- The forecast remains to deliver £35.5m, although operational risks still present a challenge to this forecast.

Appendix 1: Variance from Budget (in-month, £'000)

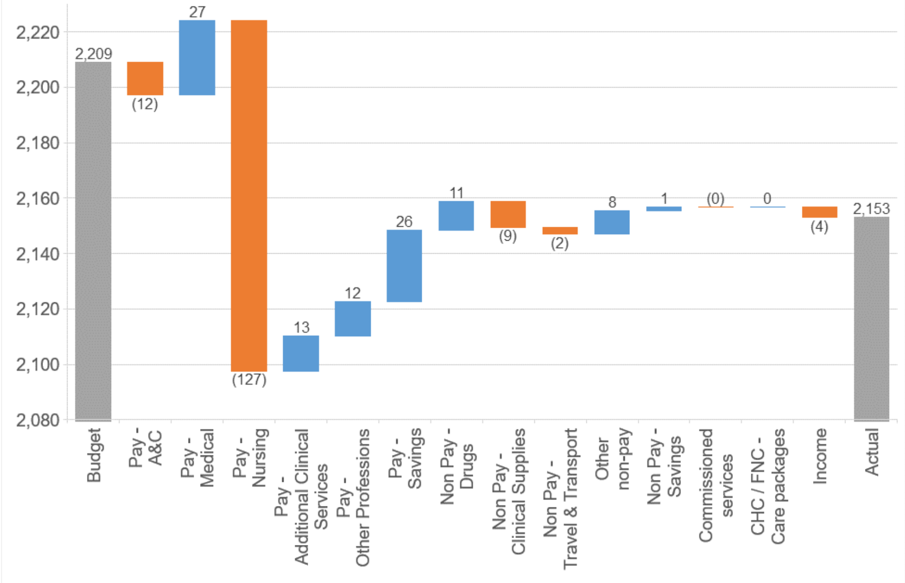
Unscheduled Care: Glangwili General Hospital



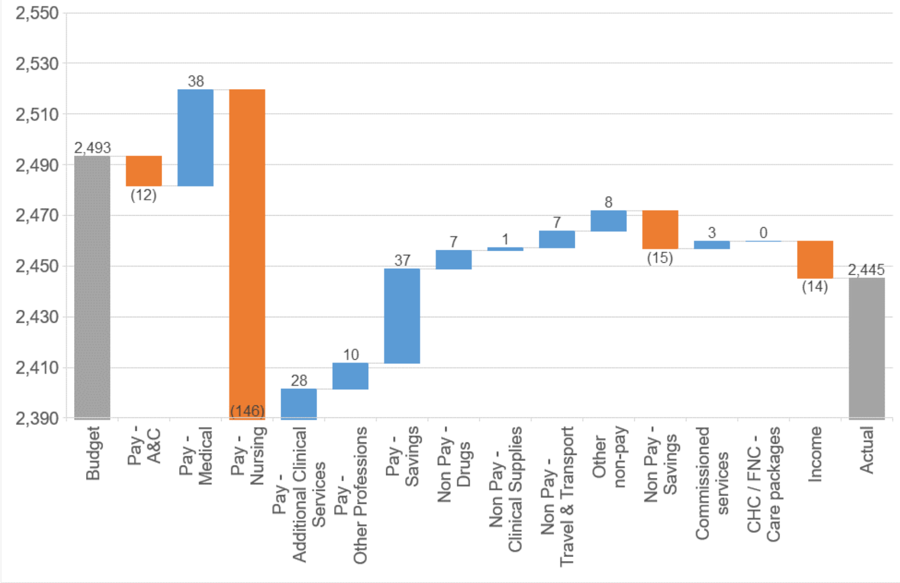
Unscheduled Care: Bronglais General Hospital



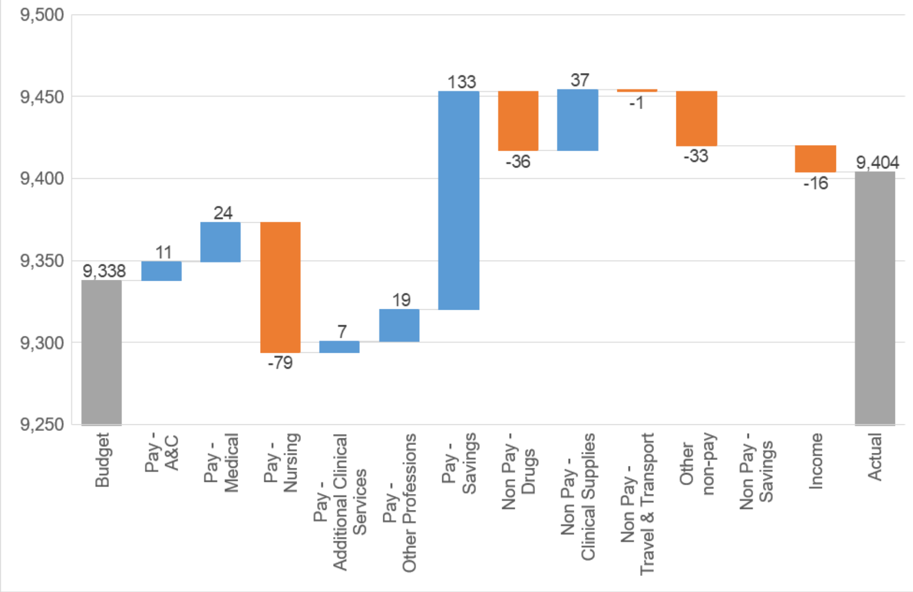
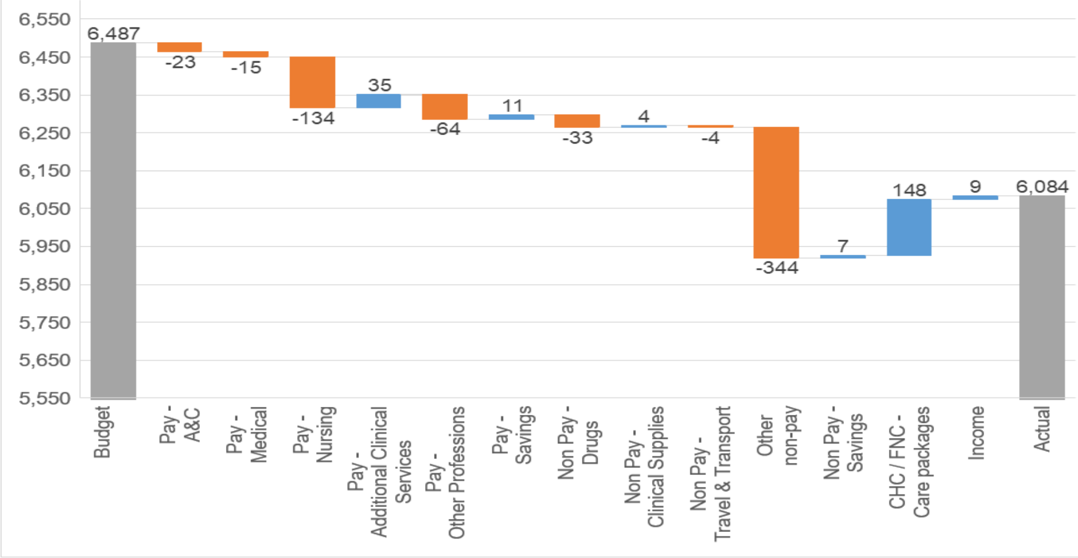
Unscheduled Care: Prince Philip Hospital



Unscheduled Care: Withybush General Hospital



Appendix 1: Variance from Budget (in-month, £’000)

Planned Care	**MHLD**
	

Appendix 2: Turnaround Update

Table 1 - summarises the cumulative financial position, recovery actions and current status for Directorates being monitored through the Chief Executive Holding to Account meetings. These Directorates all have an escalated status due to the assessed risk of them delivering their financial plans.

CEO HTA	Mth 11 Forecast Position	Recovery actions	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Status
Facilities	1.1m	Review of cleaning costs	28	25	28	£25k of savings delivered in non-clinical areas. Full £28k expected to be delivered by year-end.
		Catering income generation	110	145	159	This scheme has over-delivered against target. Plans are being worked through to generate further savings opportunities in 19/20.
		Minor Works	0	0	75 (cost avoidance)	Minor work schemes scheduled for Q4 have been deferred until 19/20 unless there have been mitigating circumstances. Cost of completed work to date is £64k, with a further £42k of planned spend before year-end.
		Capital transfers	0	58	60	The Directorate have capitalised some revenue costs, achieving a savings in month 11 of £58k. The Directorate are working with the Finance Team to identify smaller additional transfers before the end of the financial year.
		Laundry purchases	0	0	17	Laundry purchases have been deferred for the remainder of 18/19.
MH & LD	0.3m	Package of care reviews	0 – 30 (Jan – March)	0	0	Additional staff are fully operational; however, any savings will be offset against slippage.
		Resolution of historic legal challenges to funding.	600	392	392	Legal advice being sought. However, mitigating actions have been agreed should the HB lose the case.
		Collaborative care initiative	190	0	0	See BGH USC for update
		Learning Disability service model redesign	563	0	100	Reconfiguration of services implemented in quarter 4 will yield savings, amount currently being worked up. Wider proposals and detailed modelling of a

Appendix 2: Turnaround Update

CEO HTA	Mth 11 Forecast Position	Recovery actions	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Status
						longer term solution will be presented to the Health Board Public Board meeting in March 19.
		Study leave	0	0	0	This opportunity was not taken forward. The Directorate identified alternative schemes to meeting their Control Target. **Recovery action closed**
Pathology	0.9m	Digital reporting of results	Carried forward to 19/20			The Electronic sign-off of results pilot has been put on hold due the IT system taking a minute to process requests to view results. A cost analysis is to be undertaken to understand what resources are needed to drive this forward and the benefits expected to be realised.
		Demand Management within Primary Care	11	0	0	Work is being taken forward in Primary Care to develop disease profiles and circulate request/usage/cost data. Next step is to meet with Cluster leads to agree a matrix of disease profiles.
		Medical equipment	Cost pressure			A paper has been produced by Infection Control on the implementation of disposable tourniquets. The Directorate are awaiting a Health Board decision on the move to disposable equipment. The CEO to discuss with the Director of Nursing.
Oncology & cancer	0.3m	Aseptic units	Cost pressure			With one aseptic unit not operational, the Directorate are directorate are exploring opportunities to transfer 75-80% of the work to another site. This will require an initial investment to bring the other site up to standards but should realise a saving on outsourcing costs.
		Drug costs	Cost pressure			A cost pressure risk has been identified against an immunotherapy drug for advanced melanoma.

Appendix 2: Turnaround Update

CEO HTA	Mth 11 Forecast Position	Recovery actions	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Status
Scheduled Care	3.2m	Maximising planned care activity: • Reduce outsourcing (orthopaedics & ophthalmology) • Increase in direct clinical care sessions • Critical care surge	283 105 734	0 0 0	0 0 0	A number of schemes that will support an increase in planned care activity are in development for 19/20. These include the reconfiguration of critical care beds, more robust controls for treatments that are deemed to have no or limited proven benefit, referral management and a review of job plans.
		Theatres non-pay	Cost pressure			An increase in shoulder and ankle surgery is a contributory factor in relation to the increase in expenditure due to the increase in loan kit use. Loan kit rationalisation has been included in the Directorate's 19/20 savings plan.
		Medicines management	50	42	60	A £50 reduction in unit price in relation to Wet AMD injections has been confirmed – benefits started to be realised from December 18. **Recovery action closed**
USC BGH	1.7m	Ward model redesign and reconfiguration	2.1. 190	2.2. 0	2.3. 0	The Project Initiation Document and design specification are due to complete in 18/19. Clinical model in development and Project Management support to be secured to support the scheme in 19/20.
		Workforce opportunities	170	47	47	Future model for incentivised working proposals is with Workforce and Finance for consideration.
		Variable pay	0	0	46	Strategic partnership with 3 agencies in place – 48 nurses identified to work under honorary contracts. BGH to cease using off-contract nursing agencies from 1/3/19.

Appendix 2: Turnaround Update

CEO HTA	Mth 11 Forecast Position	Recovery actions	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Status
USC GGH	1.8m	Ward model redesign and reconfiguration	520	0	0	The Directorate are working with the County Team to develop plans to enhance the provision of support in the community to reduce the length of hospital stay for medically fit patients. This will enable GGH to progress with plans to redesign their ward model.
		Bridging Service	0	0	TBC	Moving forward, this service will support the above model.
		Variable pay - reduction in on- and off- contract agency costs	237	96	101	Changes in the shift allocation process and the introduction of weekly retrospective reviews will assist in delivering savings against variable pay. 10 nurses are currently on boarding with a further 33 whole time equivalent vacancies opened for the September 19 graduation cohort.
		HCSW roster management	97	65	98	
USC PPH	0.8m	Ward model redesign and reconfiguration	786	252	270	Options to reconfigure the bed base have been developed and will be discussed with clinicians. As with GGH, the directorate are working with the County Team to develop plans to enhance the provision of support in the community to reduce the length of hospital stay for medically fit patients. Further modelling to be done to understand and set up pathways.
		Bridging service	0	0	TBC	Moving forward, this service will support the above model.

Appendix 2: Turnaround Update

CEO HTA	Mth 11 Forecast Position	Recovery actions	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Status
USC WGH	0.8m	Community beds	Unknown			The unfunded intermediate care beds in Pembrokeshire had been open throughout the year to support pressure on the acute service. Due to the nature of patients being admitted to these beds, agreement was reached with the Local Authority to fully fund any social patients. This was implemented in October and led to a significant reduction in the number of health funded beds whilst maintaining the total number for patients. Winter funding was utilised to support additional surge health beds. For 2019/20, the health funded element of these beds has been significantly reduced and our focus will be on improving flow through Park House Court in Tenby and Sunderland Ward in South Pembrokeshire Hospital, to support health intermediate care.

Appendix 2: Turnaround Update

Table 2 – summarises the cumulative financial position and key actions for Directorates being monitored though the Turnaround Director Holding to Account meetings. These Directorates are considered to be on track with delivery of their financial plans.

HTA	Mth 11 position	Key actions
Carmarthenshire County	0.3m	Ongoing discussions and monitoring at Turnaround Director Holding to Account meetings
Ceredigion County	(0.3)m	
Pembrokeshire County	0.4m	
Women & Children's	0.0m	
Medicines Management	0.6m	
Radiology	(0.2)m	
Primary Care	(0.3)m	

Table 3 – provides an update position on the Turnaround 60 Day Cycle schemes.

Cataract pathway					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To increase cataract productivity so that the need to spend RTT is negated.	140	120	140	A review meeting will be held in the next few weeks, with a view to agreeing how the workstream will be taken forward in 19/20.	An additional 6 cataract procedures per week from September 2018.

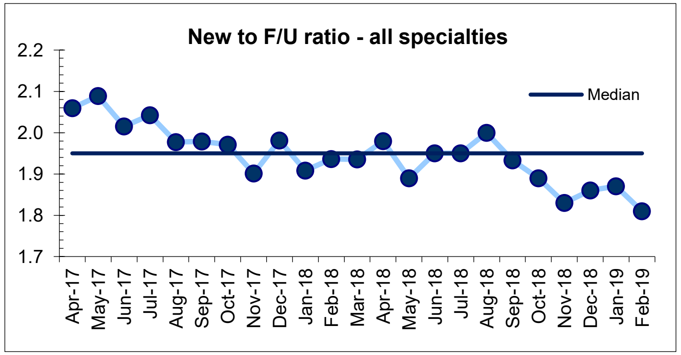
Appendix 2: Turnaround Update

Continuing Health Care

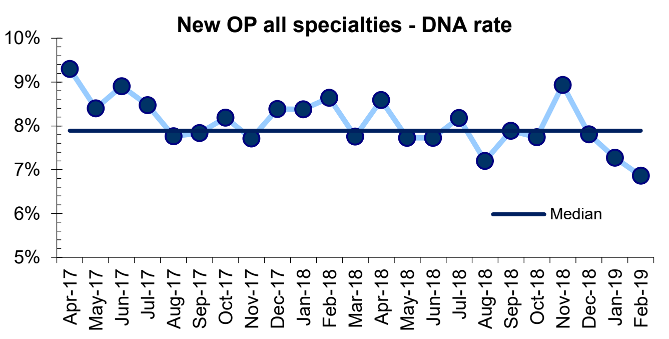
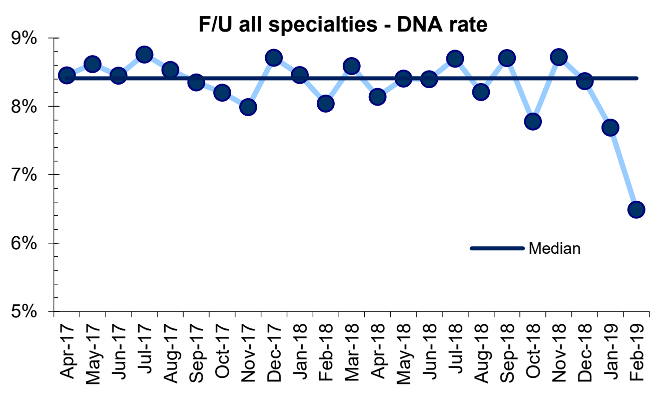
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Update	Achievements
To strengthen the Long Term Care patient pathway through: • The piloting of an expert nurse assessor role • Implementation of the Sustainability Policy • Review of high cost packages of care.	1,150	993	1,150	It is anticipated that the balance of savings will met in full by year-end. This assumption is based on outcomes of activities and observation during the first 3 months of the pathway, coupled with the further roll out to counties and the community where there continues to be scope for cash savings through the review and revision of historic, long term packages of care.	Actual Efficiencies July – January 2019. Cost avoidance (LTCNS in reach/named patient basis): £570k Reduced LoS: £118k Cease To Fund – Community LTCSN Pathway/named patient basis (cash savings): £305k Total: £993k The Turnaround Director is working with finance colleagues and the Long Term Care Team to ensure savings are being reported appropriately.
To review externally funded Service Level Agreements and approved Welsh Government strategic bids.	100	0	0	Individual leads have been tasked with reviewing other commissioned services in October with a view to generating anticipated savings of £0.1m	A workshop was held on 11th March 2019 to review the CHC work streams. The workshop was well attended and all key stakeholders were represented. There was a recognition that there has been some very good work within this turnaround space to contain CHC costs and increase the quality of both the CHC decision-making process and the quality and timeliness of its outcomes. The group agreed to progress 3 pieces of work to build upon the work to date: • A review of the sustainability policy and how it can be utilised to maximum effect (this will make recommendations for further work) • A scoping exercise/Training Needs
To review the activity and impact of Neurology/Brain Injuries Community Team on CHC expenditure.	0	0	0	This scheme is in the early stages of development and the level of savings have yet to be identified. It is a high cost area of spend. This work will be taken through the CHC/CIP group.	
To review the pathway for young people who have a continuing care package or who are	0	0	0	The plan for a new 60 day scheme is developing, although input from Carmarthenshire and Pembrokeshire has not yet been received. The SDM T&F group	

in receipt of Welsh Health Specialist Services Commissioning (WHSSC) (Transition Pathway).				has reviewed the pathway, which has been circulated for comments and is currently being finalised.	analysis to inform training in CHC decision making and negotiation skills • A root cause analysis of section 117 decisions in the context of the component part of the decision making process with EMI patients and where different decisions may be made in the future. The top 9 (expensive) Carmarthenshire cases will be reviewed. Initial feedback in respect of all three elements will inform the Turnaround programme for CHC into 19/20.
Non-medical furniture and equipment					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
Explore feasibility of the benefits of introducing an electronic system for distributing, reusing and furniture, equipment, fixtures and fittings within the organisation.	16	49	50	The operations board agreed to drive roll out across the Health Board. This work is being facilitated through an increase in hours of one of the current system champions who has agreed to increase their part-time hours to maximise the systems potential.	

Appendix 2: Turnaround Update

Operational Effectiveness					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To reduce Length of Stay by 1 day across the UHB, enabling the closure of unfunded surge capacity and further changes to capacity beyond that.	4,700	1,120	1,292	All sites are developing length of stay plans for delivery in 19/20. Terms of Reference of this group to be reviewed for 19/20 with a view to strengthening alignment with the Unscheduled Care Board Action Plan, service reconfiguration and efficiency & productivity plans.	• Closure of 33 funded beds (additional 10 for 3 months) and a reduction of 21 surge beds • Surgical reconfiguration plan that will maximise admission on day of surgery in GGH • Reconfiguration of acute ward to reablement unit at GGH
Outpatients					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To make efficiency and productivity improvements that increase availability of core capacity and mitigate the need for other high cost, premium rate activity relating to national waiting times and access targets. E&P outpatient efficiency savings include a reduction in new to F/U appointments and DNA rates for all specialities, with	825	16 (reduction in RTT funding) Efficiency savings of £283k have been identified in relation to DNAs. Efficiency savings of £251	19	<u>DNA reduction</u> DNA rates continue to be monitored. Analysis of Phase 1 Text Reminder Service (see Patient Communications section for update) will inform next year's priorities and action plan. <u>E-referral</u> 7 services are now using E-referrals with more expected to come on line in the next few weeks. Discussions have taken place with Cluster leads with a view to rolling E-referrals out to GPs. <u>Follow ups</u> Follow up and discharge criteria has been developed for Gynaecology	New to Follow Up ratios and DNA rates have been showing signs of improvement over the last few months. 

Appendix 2: Turnaround Update

specific schemes for dermatology, rheumatology, ENT, urology and general surgery.		have been identified in relation to New to F/U ratios. (As at Jan 19)		patients. Analysis of data has commenced to identify if clinicians are following the criteria and the impact on New to F/U ratios. A case study produced by the SDM confirms a 69% reduction in Follow-ups Not Booked since April 2017. Two further areas of focus for improvement work have been identified as Diabetes and T&O. Respiratory trial to undertake diagnostic tests prior to a new appointment continues to run. As a result of this work, the sleep apnoea pathway has reduced from 174 days to 56 days. <u>Patient pathway management</u> Outcome forms were discussed with clinicians at the recent PPH Whole Hospital Audit session. Discussions to be had on the systematic roll-out of awareness sessions for clinicians, possibly through other site Whole Hospital Audit sessions.	 **New OP all specialties - DNA rate**  **F/U all specialties - DNA rate**

Appendix 2: Turnaround Update

Patient Communications					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To reduce the cost of patient communications in relation to appointment letters and results.	230 (efficiency savings for Text Reminder Service) 24 (reduction in postage costs)	 24	 24	Phase 1 – analysis to be undertaken to map DNA rates by speciality to text reminders sent and to understand efficiency savings. Update on Phase 1 to be produced for Executive Team in April 19. Phase 2 - IVM and cancellation services testing has shown that a significant number of records do not include a mobile number. Internal communications plan to be developed for staff to raise awareness of the need to collect contact details from patients. A test plan has been developed for IVM which will circulated to patients who have signed up to the service. Now looking to implement a 1-way reminder service for patients that do not book their appointments through the Appointment Centre. Patient Knows Best' (PKB) – testing in progress. Once complete the system will go live. Mass registration options are being considered. The Orthopaedics pilot to no longer send confirmation letters and using the new Text reminder service as an alternative will continue to run until the end of March	Phase 1 of the text reminder service commenced in October 2018 for all speciality clinics managed through the Contact Centre (excluding paediatrics). Reduction in volume of all postage and reduction of 1st class postage will achieve target savings of £24k by end of year. PKB - extensive engagement from ENT, Respiratory and other areas of the Health Board to understand desired transformations in clinical pathways. Non-integrated deployments have gone live with use of PKB (August - September 2018) in a number of teams. Since October 2018, a team has been established to use PKB to monitor nodule patients in the respiratory service.

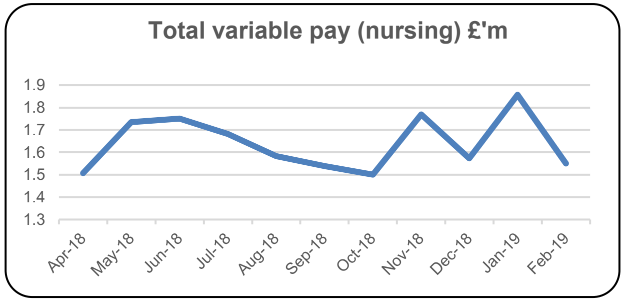
				19. DNA rates are being monitored. The scoping exercise to identify opportunities to implement the electronic reporting of warfarin results back to patients has concluded. The mail-bar coding system continues to be off-line whilst a problem encountered with patient receipt of letters is investigated. Implementation of a centralised post processing and distribution system will be progressed in 2019/20.	

Appendix 2: Turnaround Update

<table>
<tr><th colspan="6">Roster Efficiency</th></tr>
<tr><th>Objective</th><th>Savings identified 18/19 (£000's)</th><th>Savings delivered YTD (£000's)</th><th>Forecast total savings 18/19 (£000's)</th><th>Update</th><th>Achievements</th></tr>
<tr>
<td>To reduce usage and expenditure on of temporary nursing staff and to ensure that temporary staffing (overtime, bank and agency) are only used when clinically assessed as necessary.</td>
<td>A savings figure has not been identified as this group focuses on supporting the corporate plan to reduce variable pay.</td>
<td colspan="3">

The number of wards running a 6 week roster has increased from 7 at the start of this process (June 18) to 42 as at 6th March 19.

Monthly variable pay costs have fluctuated over the winter months.



A work plan for 19/20 is being scoped and will include sites and wards that sit outside of the Nurse Staffing Levels Act section 25b.

</td>
<td>

Improvements have been seen across all sites.

<table>
<tr><th></th><th colspan="2">6 week roster</th></tr>
<tr><th>Site</th><th>% compliant June 18</th><th>% compliant 06.03.19</th></tr>
<tr><td>BGH</td><td>20%</td><td>83%</td></tr>
<tr><td>GGH</td><td>23%</td><td>93%</td></tr>
<tr><td>PPH</td><td>10%</td><td>100%</td></tr>
<tr><td>WGH</td><td>20%</td><td>90%</td></tr>
</table>

<table>
<tr><th></th><th colspan="2">EWTD Compliance</th></tr>
<tr><th>Site</th><th>% compliant Day 0</th><th>% compliant 06.03.19</th></tr>
<tr><td>BGH</td><td>0%</td><td>100%</td></tr>
<tr><td>GGH</td><td>38%</td><td>80%</td></tr>
<tr><td>PPH</td><td>10%</td><td>100%</td></tr>
<tr><td>WGH</td><td>10%</td><td>90%</td></tr>
</table>

<table>
<tr><th></th><th colspan="2">A/L management</th></tr>
<tr><th>Site</th><th>% compliant June 18</th><th>% compliant 06.03.19</th></tr>
<tr><td>BGH</td><td>40%</td><td>100%</td></tr>
<tr><td>GGH</td><td>92%</td><td>87%</td></tr>
<tr><td>PPH</td><td>80%</td><td>100%</td></tr>
<tr><td>WGH</td><td>90%</td><td>100%</td></tr>
</table>

<table>
<tr><th></th><th colspan="2">Time balance management</th></tr>
<tr><th>Site</th><th>% compliant Day 0</th><th>% compliant 06.03.19</th></tr>
<tr><td>BGH</td><td>60%</td><td>83%</td></tr>
<tr><td>GGH</td><td>62%</td><td>93%</td></tr>
<tr><td>PPH</td><td>70%</td><td>100%</td></tr>
<tr><td>WGH</td><td>80%</td><td>100%</td></tr>
</table>

</td>
</tr>
</table>

Appendix 2: Turnaround Update

Theatres

Objective(s)	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Update	Achievements
To reduce non-pay expenditure through better procurement and standardisation of items used.	368	357	489	• Theatre teams are continuing to look at reducing the supply base for loan kits. Decision awaited from Service Delivery Managers following feedback from clinicians. • Standardisation to a single hip supplier has been deferred and consolidation against existing arrangements will now run in to 19/20. • Theatre Managers and SDM are considering options for the standardisation and rationalisation of Bone chips and putty suppliers across Health Board sites	Full year effect savings achieved is expected to be £130k more than original saving target. With some 3,600 items across the shelves and sites, this will be a perpetual piece of work, with items being reviewed in batches or specialties across the coming years.
To focus on efficiency opportunities around process and pathways.	0	0	Unknown	A 3 month data cleanse commenced in Jan 19. Some data issues have been identified and an action plan developed to address. On target to implement by end March 19.	An action plan is in place to improve the quality/timeliness of the data entered into the Theatre module of Welsh PAS in order to provide meaningful data that can used for service improvement.
To review maintenance contracts for Theatres equipment and services.	0	0	Unknown	Baseline position on all medical equipment maintenance contracts is being collated. Theatre contracts are currently being reviewed with the service – future opportunities for savings include reducing levels of cover and bringing maintenance in-house. Some savings identified for 18/19. Options to move all maintenance contract funding to Clinical Engineering being discussed.	PID completed on the potential delivery of theatre system maintenance in-house.

Appendix 2: Turnaround Update

Travel and Subsistence					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast total savings 18/19 (£000's)**	**Update**	**Achievements**
To identify and co-ordinate a consistent approach to travel and subsistence claiming processes with a view to supporting directorates to meet their savings targets for 2018/19.	450	192	200	Discussions ongoing regarding the introduction of alternative vehicle provision to grey fleet (staff using their own cars). An SBAR is being produced for consideration by the Executive Team. Consideration to be given to the impact of the All Wales Policy on the scheme. Work to be progressed to identify how the E-Expenses system can assist the Health Board in managing the Study Leave policy.	• Q&A briefing for staff agreed and with translation. To be circulated on global email and uploaded to intranet. • E-expenses system updated to make it easier to search for addresses. • Potential reduction in the number of subsistence claims for some items. • Controls implemented on E-Expenses system to prevent out of policy claiming practices.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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 26th February 2019

**Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor /
Key Decisions and Matters Considered by the Committee:**

- **Table of Actions and Matters Arising From Meeting Held on 18th December 2018 –** the Committee received an update from the discussion at Executive Team (ET) following concerns raised at BPPAC that the correct governance process had not been undertaken prior to the roll out of Medicines Transcription And Electronic Discharge (MTED) in Bronglais General Hospital (BGH). Members were advised that discussions at ET focused on the innovative way MTED had been introduced whilst avoiding the need for additional resources. The outcome from ET proposed that learning should be shared to establish whether this roll out could be taken forward within other areas of the Health Board. Members suggested that MTED should be a standing agenda item for the Capital, Estates and IM&T Sub-Committee (CEIM&TSC) to monitor progress and for any exceptions to be escalated to BPPAC. Members were further advised that to ensure the correct governance process is followed, proposals for further roll outs would be discussed by ET first.

- **Annual Review of Business Planning & Performance Assurance Committee Meeting (BPPAC) Terms of Reference –** the Committee received the BPPAC Terms of Reference (ToRs) for annual review. Given that these ToRs had recently been reviewed, Members approved the ToRs with no further amendments.

- **BPPAC Self-Assessment of Committee Effectiveness Process -** the Committee received the BPPAC Self-Assessment of Committee Effectiveness Questionnaire for 2018/19 to consider any amendments or omissions. Members approved the current questionnaire and were advised of the intention to use 'Survey Monkey', an online survey development tool to capture the responses made.

- **Health & Safety and Emergency Planning Sub-Committee (H&SEPSC) -** the Committee received the H&SEPSC update report from its meeting on 17th January 2019 highlighting the key issues discussed. Members were advised that a Discretionary Capital bid has been submitted to enable improvements to the Histopathology laboratory environment in Glangwili General Hospital (GGH). Members were informed of a potential impact for the Health Board with the introduction of the Smoke-Free Premises and Vehicles (Wales) Regulations 2018 which will come into effect during 2019, where penalties may be incurred if legislation is not complied with in regard to enforcement practices. Members suggested that the HS&EPSC should evaluate the cost of enforcement. Members were advised that the Health Board's revised Lockdown Policy has now been approved by the H&SEPSC and with Level 1 & 2 fire training sessions now combined, compliance data on the Electronic Staff Record (ESR) is improving. Members noted that a new agreement between the Police, the Crown Prosecution Service and the NHS in Wales which was launched in November 2018 places greater responsibility on the Health Board's Violence and Aggression Case Manager, given that a Welsh Health Circular will be issued for monitoring by the Health Board. Members were advised that the Reporting of Injuries, Diseases & Dangerous Occurrence Regulations (RIDDOR) compliance is below target and whilst there has been an improvement during the previous 18 months following an increased awareness with staff, the Sub-Committee should continue to monitor progress and update BPPAC via the Sub-Committee update report.

- **Information Governance Sub-Committee -** the Committee received a verbal update from the Information Governance Sub-Committee meeting which took place on 22nd February 2019. Performance of Hywel Dda clinical coders is currently 83-85% against a 95% target for coded completed episodes within month. There is also a further target of 98% of all completed episodes coded within a rolling 12 months. Members noted the significant challenge to meet this target given that the Health Board is not operating with the required number of coders and training a new coder takes 18 months to complete. Whilst processes have been established to mitigate against this, and funding for additional clinical coders has been requested through the annual planning process, it was agreed that the Committee's concerns should be highlighted to the Board. Wales Audit Office welcomed the open discussion on this issue advising that their report due for release in the next few weeks would highlight the challenges within the service. It was also noted that all clinical coding is transcribed manually from the medical notes, utilising the medicode software to enter the correct clinical coding terminology into Welsh PAS. Coders do refer to their ICD10 and OPCS code books periodically, to ensure that they are reflecting the correct clinical codes within the record. Within NHS Wales there is no specific plans in place to move to a fully integrated electronic clinical coding tool, which is linked to all systems to provide the correct coding terminology. Until NHS Wales ensures that all information is entered directly into systems, then this will not be possible.

- **Integrated Performance Assurance Report Month 10 (January 2019) –** the Committee received the Integrated Performance Assurance Report for Month 10 setting out the Health Board's latest performance position and providing a detailed review on unscheduled care pressures, where Members noted that performance had declined in January 2019 compared with the previous month. The current status of Referral to Treatment times were discussed, in particular Orthopaedics and Dermatology, where Members were advised that the Health Board is working closely with other providers to ensure that the target of zero for patients waiting over 36 weeks is met by the end of the financial year. Given that the Health Board has made significant progress with reducing the waiting list by 4,000 to close to zero at the end of the financial year, there should be no requirement to outsource from the end of March 2019. Members noted that whilst the uptake in influenza vaccination shows improvement during 2018/19, overall it is below the Health Board's target, and given that vaccine shortages have affected all Health Boards, Members believed that Hywel Dda is still under performing. However Members were advised that this could be due to a number of factors, including patients not attending GP arranged sessions.

Members were informed that whilst the Therapy service is reliant on only a small cohort of staff to meet their target, the therapy waiting list had reduced from over 300 in December 2018 to 150 in January 2019, with an increasing confidence that the Health Board will reach zero 14-week waits by the end of March 2019. Members queried the data contained within the Integrated Performance Assurance Report (IPAR) where improvements in relation to healthcare acquired infections are not apparent, however were assured that there has been a 25% reduction this year with some of the improvement work now starting to show progress.

- **Delayed Follow-Up Report Including Plans for 2019/20 -** the Committee received the Delayed Follow-Up Report including Plans for 2019/20 where the Health Board is showing early improvements, although it was recognised that significant challenges remain. Members were advised that three workstreams have been running parallel to each other and with pathway management in place in addition to taking a different approach for follow ups, the Health Board is showing improved outcomes. The next stage will be to share good practice, and learning across all specialities including where one in four patients could self-manage to further reduce the follow up lists. The team involved is currently working with Primary Care colleagues to reduce the backlog during 2019/20. Members were further advised that gaps in staff knowledge in relation to patient pathways when using Myrddin and/or the Welsh Patient Administration System (WPAS) has identified data being entered incorrectly resulting in duplication on the delayed follow up list. The project plan to address the training requirements is due to be completed by the end of March 2019 which should mean fewer errors over time. Whilst Members acknowledged the concern in regard to data accuracy and the current limitations of WPAS, with the planned improvements and staff training Members were assured that all specialities should see a 25% improvement on the overall volume of patients waiting for follow-up outpatient care during 2019/20.

- **NWSSP Performance Report Including Quarter 3 Performance Indicators –** the Committee received an update on performance information in respect of the services received from NHS Wales Shared Services Partnership (NWSSP) for the three months ended 31st December 2018. Members were advised that payroll accuracy is above target with the Health Board achieving the highest performance in Wales. In relation to time to approve vacancies, whilst the Health Board is not currently meeting the target set, there has been an improving position from quarter 2 performance. Members queried the reduction in performance for invoice turnaround times during quarter 3, and were informed that the implementation of the ‘no purchase number no payment’ initiative has impacted on this although should improve during the next quarter.

- **Monitoring Of Welsh Health Circulars (WHCS) -** the Committee received a progress report on WHCs which come under the remit of BPPAC and its Sub-Committee structure. Members suggested that the Clinical Musculoskeletal Assessment Treatment Service (CMATS) should be re-scored as the principles of the guidance are being complied with, and that implications of the Social Services and Well-being (Wales) Act 2014 for Health Boards and NHS Trusts (updated as at April 2016) could now be closed given that the Health Board has complied with the recommendations. Members noted the progress of WHCs and expected further assurance in future reports to BPPAC.

- **Capital, Estates and IM&T Sub-Committee and Terms of Reference –** the Committee received the Capital, Estates and IM&T Sub-Committee (CEIM&TSC) update report from the meeting held on 29th January 2019 and the revised Sub-Committee Terms of Reference (ToR) for approval. Members approved the revised CEIM&TSC ToRs which included strengthening the purpose of the Sub-Committee, amending the membership to include Pathology and Therapy representatives and the establishment of a new Capital Governance Forum.

  Members received an overview on individual projects discussed at the Sub-Committee meeting including the outcome of the evaluation of the Pembrokeshire Haematology and Oncology Unit (PHODU) which opened in February 2017. Members welcomed the evaluation and commended the partnership working undertaken with external partners who appreciated being included at all stages of the project and being treated as equals during the development. Members noted the capital expenditure at month 9, and whilst the cumulative expenditure was lower than expected were assured that there are no concerns that all allocations will be spent by year end. Progress on the Bronglais General Hospital (BGH) Front of House project was discussed, including the BGH Chemotherapy Unit where a project group has been established, and further options considered including funding through Hywel Dda Health Charities.

- **Annual Plan Monitoring Returns Quarter 3 2018/19 -** the Committee received an update on quarter 3 progress against the actions noted in the 2018/19 Annual Plan. Members were advised that following comments from Members at the previous BPPAC meeting on risks and profiles, the report now only includes impactful actions for each Executive Director for the remainder of the year and that this format will continue into 2019/20. Members queried the amended RAG statuses, however were advised that each action is owned by the Lead Director, and it is therefore their assessment of progress which is included. Members accepted the progress made and welcomed the succinct report.

- **Report On The Discretionary Capital Programme 2018/19 and 2019/20 and Capital Governance -** the Committee received the Report on the Discretionary Capital Programme 2018/19 and Capital Governance which included the key issues raised by the CEIM&TSC from the meeting held on 29th January 2019. Members were advised that the balance of £1.1m will be allocated for capital only, and following discussions with WG, a further £800,000 year end funding will be allocated for equipment. Members were provided with an update in regard to the Women & Children's Phase II development. Members discussed the pre-commitment of 2019/20 allocations and raised concern with the agreed level given the advised slippage of projects, however noted that the mitigations put in place should reduce the risk involved. Members were advised that the focus of the CEIM&TSC will be to minimise additional spending in the final quarter of the financial year, in order that the Health Board is in a better position next year.

- **Implementation of the Single Cancer Pathway (SCP) –** the Committee received an update on current planning and progress towards implementation of the Single Cancer Pathway (SCP). It is currently understood that the SCP target will not be “live” from 1st April 2019, but that “shadow” reporting against the target will apply from August 2019 (for June 2019 data). Members were advised of the changes with the introduction of the SCP, the most significant being how the pathway will be tracked. The principle underpinning the SCP will be that the investigation (and treatment) of all patients for whom a suspicion of cancer is identified (irrespective of their route of entry onto a cancer pathway) will be monitored from the point cancer is first suspected. In addition, there will be increased challenges for key diagnostic services, given that all patients are to be diagnosed and informed whether cancer is diagnosed or ruled out within 28 days of the pathway start date. Whilst WG are providing funding to implement the new pathway, it is unclear at this point the specifics across Wales. Members agreed that the SCP should reduce inequality in the system, however agreed with the concerns from other Health Boards regarding possible delays with diagnostic testing for other specialities. Members were advised that the Health Board is looking at a range of options to increase capacity for the short and medium term, including exploration of opportunities for regional collaboration given the recruitment and capacity challenges currently experienced in Radiology & Pathology services.

- **Delivery of Ophthalmology Implementation Plan –** the Committee received an update from the Ophthalmology Service on its compliance with the delivery of improvement plans, including progress achieved to date. Members were advised that funding from WG of £605,500, spilt over two years has been confirmed to support the Health Board’s Eye Care Sustainability Plan for the community development of Cataract, Glaucoma and Wet Age-Related Macular Degeneration (wAMD) pathways services. Members queried the rationale for WG only providing two years funding for this pathway, given that this is a 3 year plan, and were advised that by March 2020 the Health Board should have a financial sustainability plan to move forward.

- **BPPAC Workplan 2018/19 -** the Committee received the BPPAC workplan for 2018/19 for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /
Matters Requiring Board Level Consideration or Approval:

- Business Planning & Performance Assurance Committee Terms of Reference.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- **Information Governance Sub-Committee –** concerns regarding the significant challenge to meet the clinical coding target. However, processes have been established to mitigate against this, and funding for additional clinical coders will be requested through the annual planning process.
- **Report on the Discretionary Capital Programme 2018/19 and 2019/20 and Capital Governance -** concerns regarding the agreed level of pre-commitment of 2019/20 allocations, given that slippage of projects has been identified. However, the mitigations that have been put in place will reduce this risk.

- **Implementation of the Single Cancer Pathway (SCP) -** concerns regarding possible delays with diagnostic testing for other specialities, given that all patients are to be diagnosed and informed whether cancer is diagnosed or ruled out within 28 days of the pathway start date. However, the Health Board is considering a range of options to increase capacity for the short and medium term, including exploration of opportunities for regional collaboration given the recruitment and capacity challenges currently experienced in Radiology & Pathology services

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

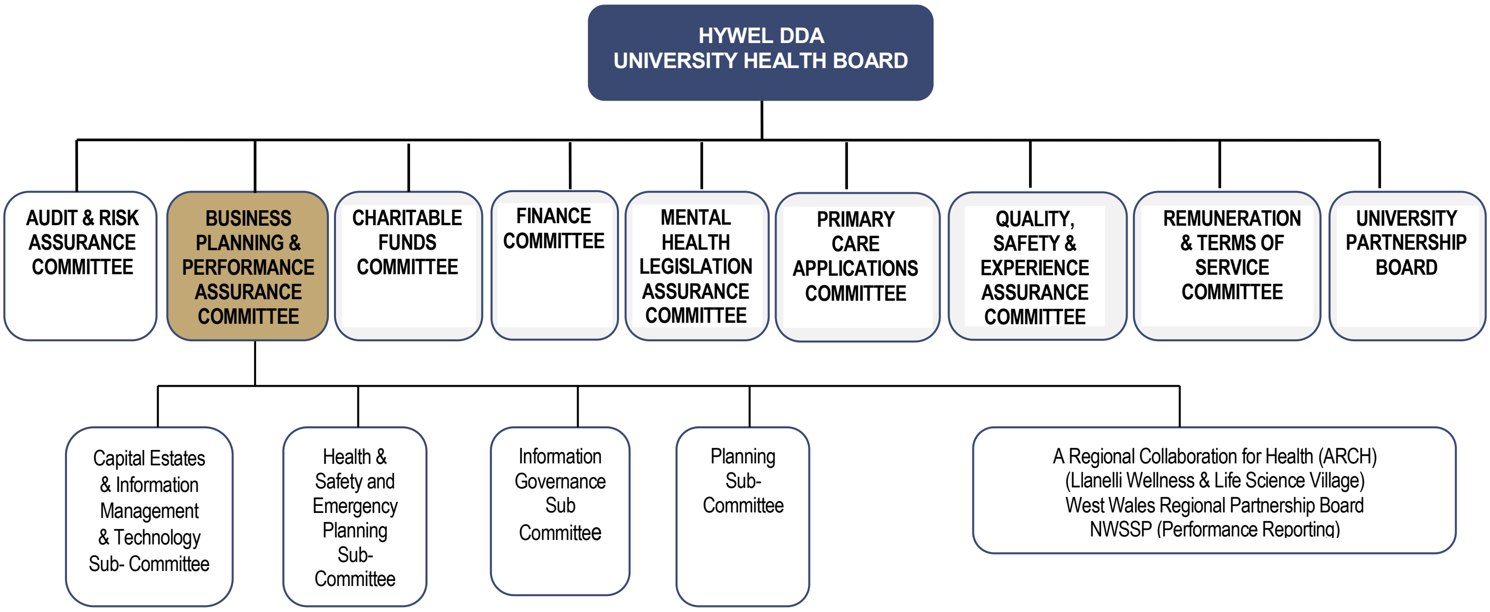
Adrodd yn y Dyfodol / Future Reporting:

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:

30th April 2019

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board


HYWEL DDA UNIVERSITY HEALTH BOARD
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
REMUNERATION & TERMS OF SERVICE COMMITTEE
UNIVERSITY PARTNERSHIP BOARD
Capital Estates & Information Management & Technology Sub- Committee
Health & Safety and Emergency Planning Sub-Committee
Information Governance Sub Committee
Planning Sub-Committee
A Regional Collaboration for Health (ARCH) (Llanelli Wellness & Life Science Village)
West Wales Regional Partnership Board
NWSSP (Performance Reporting)

BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Business Planning & Performance Assurance Committee	30.06.2015	Approved
V0.2	Hywel Dda University Health Board	30.07.2015	Approved
	Hywel Dda University Health Board	26.11.2015	Approved
V0.3	Business Planning & Performance Assurance Committee	25.10.2016	Approved
V.03	Hywel Dda University Health Board	26.01.2017	Approved
V.04	Business Planning & Performance Assurance Committee	27.02.2018	Approved
V.05	Hywel Dda University Health Board	29.03.2018	Approved
V.06	Hywel Dda University Health Board	27.09.2018	Approved
V.06	Business Planning & Performance Assurance Committee	26.02.2019	Approved
V.06	Hywel Dda University Health Board	28.03.2019	

BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE

1. Constitution

1.1 The Business Planning & Assurance Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st June 2015.

2. Membership

2.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
4 x Independent Members

2.2 The following should attend Committee meetings:

In Attendance
Chief Executive
Director of Planning, Performance & Commissioning (Lead Executive)
Deputy Chief Executive/Director of Operations
Director of Finance
Medical Director & Director of Clinical Strategy
Director of Nursing, Quality & Patient Experience
Director of Therapies & Health Sciences
Director of Public Health
Director of Workforce & Organisational Development
Director of Primary, Community & Long Term Care
Director of Partnerships & Corporate Services
Independent Member (WAST) (not counted for quoracy purposes)
Hywel Dda Community Health Council Representative (not counted for quoracy purposes)
Advisory Forum Representatives (LPF/HPF/SRG representatives) (not counted for quoracy purposes)
LMC Representative (not counted for quoracy purposes)

2.3 Membership of the Committee will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with a third of the In Attendance members.

3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

3.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

3.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

3.6 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.

3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Business Planning & Performance Assurance Committee.

3.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.

3.9 The Chair of the Business Planning & Performance Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

The purpose of the Business Planning & Performance Assurance Committee is to assure the Board on the following:

4.1 Provide assurance that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.

4.2 Provide assurance that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.

4.3 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners.

4.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of Tier 1 targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.

4.5 Assure the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.

4.6 Seek assurance on the management of principal risks within the BAF and CRR allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.

4.7 Recommend acceptance of risks that can not be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.

4.8 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board’s activities (including for hosted services and through partnerships and Joint Committees as appropriate).

5. Key Responsibilities

The Business Planning & Performance Assurance Committee shall:

5.1 Assure the development of delivery plans within the scope of the Committee, their alignment to the IMTP, their delivery, and any corrective action needed when plans are off track.

5.2 Monitor the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisation objectives and the Integrated Medium Term Plan for sign off by the Board.

5.3 Quality assure and approve all delivery plans required by Welsh Government, ensuring alignment with the University Health Board’s strategy and priorities.

5.4 Assure that best practice and national guidelines are adopted in service development plans and pathways.

5.5 Ensure significant service change proposals approved by the Board pass through a gateway process before being approved by the Committee for implementation.

5.6 On behalf of the Board, and subject to its direction and approval, develop and regularly review the performance management framework and reporting template, ensuring it includes meaningful, appropriate and integrated performance measures, timely performance data and clear commentary relating to the totality of the services for which the Board is responsible, including workforce performance matters.

5.7 Scrutinise the performance reports prepared for submission to the Board, provide exception reports where performance is off track, and undertake deep dives into areas of performance as directed by the Board.

5.8 Scrutinise the performance reports for submission to the Board and related to external providers, the Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee, the NHS Wales Shared Services Partnership, and the Joint Regional Planning & Delivery Committee, and hosted services (including the Low Vision Service Wales), provide exception reports where performance is off track, and undertake deep dives into areas of performance as directed by the Board.

5.9 Ensure robust interface protocols are in place with regard to the NHS Wales Shared Service Partnership and test their efficacy on a planned programme of review.

5.10 Monitor performance and controls with regard to Primary Care contracts.

5.11 Approve the criteria for usage of Prescribing Management Savings and sign off individual applications.

5.12 Provide advice and assurance to the University Health Board in relation to the effectiveness of local partnership governance arrangements.

5.13 Provide assurance to the Board that arrangements for Capital, Estates and IM&T are robust.

5.14 Consider proposals from the Capital, Estates and IM&T Sub Committee on the allocation of capital and agree recommendations to the Board.

5.15 Agree usage of in year monies from Welsh Government, ensuring alignment with the University Health Board’s strategy and priorities and sign off business cases.

5.16 Provide assurance to the Board that arrangements for information governance are robust.

5.17 Provide assurance to the Board in relation to the organisation’s arrangements for health, safety, security, fire and emergency preparedness, resilience and response, including business continuity.

5.18 Refer business and planning matters which impact on quality and safety to the Quality, Safety & Experience Assurance Committee (QSEAC), and vice versa.

5.19 Receive advice from the Medicines Management Group and agree on the managed entry of new drugs, taking into account the resource and service implications.

5.20 Approve corporate policies and plans within the scope of the Committee.

5.21 Review and approve the annual work plans for the Sub Committees which have delegated responsibility from the Business Planning and Performance Assurance Committee and oversee delivery.

5.22 Agree issues to be escalated to the Board with recommendations for action.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Planning, Performance & Commissioning), at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director.

6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
- 10.1.2 sharing of information.

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committees reporting to this Committee are:
- 10.3.1 Capital Estates & IM&T Sub-Committee;
- 10.3.2 Health & Safety and Emergency Planning Sub-Committee;
- 10.3.3 Information Governance Sub-Committee;
- 10.3.4 Planning Sub-Committee
- 10.3.5 Collaboratives:
  - 10.3.5.1 A Regional Collaborative for Health (ARCH)
    - Llanelli Wellness & Life Science Village
  - 10.3.5.2 West Wales Regional Partnership Board
  - 10.3.5.3 NHS Wales Shared Services Partnership (for performance reporting)

10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
- 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
- 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Assurance Report – Month 11 2018/19
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

Sefyllfa / Situation

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 2018/19.

The performance dashboards are available to NHS Wales staff and are updated monthly. New dashboards are available for Mental Health & Learning Disabilities and Theatre cancellations. Also, the stroke dashboard has been updated to include a summary by hospital site for the new quality improvement measures.

Following a request from the Business Planning and Performance Committee (BPPAC), future reports will include the number of patients who are waiting to start an Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) neurodevelopment assessment.

Work is underway to make the performance dashboards available via a business intelligence tool, to allow easier access across different devices, including iPads. The first dashboards to be migrated are Referral to Treatment Time (RTT) and Cancer.

Cefndir / Background

The NHS Wales Delivery Framework 2018/19 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 IPAR consists of:
    - Title page – the buttons can be used to navigate to the different sections of the report;
    - Executive summary – provides an overview categorised by: where the UHB is doing well, where improvements are needed and potential challenges ahead;
    - Performance overview – the hyperlinked text can be used to directly access the relevant exception reports. Each exception report has a home button which will return you back to the latest performance overview section;
    - Integrated dashboards – summaries for unscheduled care, planned care, hospital acquired infections and oncology & cancer, showing finance and workforce. The dashboards have been reformatted to incorporate some of the finance dashboard charts and to make them more user-friendly;
    - Domain topic pages – includes details of the Executive Leads and links to relevant exception reports;
    - Exception reports – are included for areas where new data is available and either the targets are not being met or there is cause for concern;
    - Supporting dashboards – Excel dashboards for RTT, Unscheduled Care, Diagnostics & Therapies, Mental Health, Stroke and Cancer.
- The following accompanying documents are also provided:
    - Key delivery target summary – performance trend and (where available) trajectories for the key delivery indicators;
    - Full performance summary – details of all performance indicators with reported data for this financial year to date and an indication of whether an exception report has been provided.
- The latest performance data shows:

28 key deliverable indicators		**All[+] performance indicators**		
16	57%	70	43%	target not delivered
2	7%	17	10%	within 5% of target
10	36%	77	47%	target delivered

[+] only those indicators for which is it 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 31 (36.9%) indicators, which is slightly higher than the previous month (36.0%).

Spotlight on Unscheduled Care

Unscheduled care performance improved in February compared to the previous month:

- **Ambulance handovers** delayed over 1 hour decreased from 376 in January to 294 in February;
- Patients seen in **Accident and emergency (A&E) and minor injury unit (MIU)** within 4 hours improved from 81.9% in January to 84.4% in February;
- The number of patients **waiting over 12 hours in A&E** decreased from 943 in January to 732 in February;

However, average **length of stay** for medical emergency patients did increase from 8.3 in January to 8.7 in February.

Spotlight on Referral to Treatment Time (RTT)

The number of patients waiting more than 36 weeks from **referral to treatment time** in February 2019 was 633, which is 236 above trajectory. However, this represents a reduction of 675 breaches since end of January and compares favourably to 2,430 reported breaches in February 2018. February 2019 data for key specialties is included below. It is important to note that some specialties had fewer breaches than the anticipated trajectory for February, including Dermatology (-33) and Diabetes (-12).

Specialty	Breaches	Trajectory
Orthopaedics	381	+206
ENT	59	+21
Ophthalmology	54	+25
Cardiology	30	+14

The Health Board continues to work closely with other providers to meet the target of zero patients waiting over 36 weeks by 31st March 2019.

Where are we doing well?

- Hywel Dda ranked 1st in Wales for 10 national indicators including stroke patients having a Computerised Tomography (CT) scan within one hour, being thrombolysed in less than 45 minutes, mental health assessments, patients being seen within 4 hours in A&E / MIU and inpatients receiving all elements of the sepsis 6 bundle in less than 1 hour;
- In February 2019 the Health Board reported no diagnostic breaches in Endoscopy, Radiology or Neurophysiology;
- The Health Board performed well for three of the **stroke** targets i.e. stroke patients given a CT scan within 1 hour of diagnosis, admitted to a stroke unit within 4 hours and assessed by a stroke specialist within 24 hours;
- The three **mental health** key deliverable targets have all been met;
- The waiting time target was met in January for **non-urgent suspected cancers** (98.7% actual, 98% target);
- The **postponed admitted procedures** 12 month reduction target was met in January 2019;
- The rolling 12-month **sickness** reduction target has been met with the rate decreasing 4.95% in December to 4.88% in January;
- **Medical Appraisal (PADR)** is far above target at 96% and has been above 90% for over 12 months.

Where are improvements needed?

- The Health Board reported 1 **diagnostic** breach in February 2019 for Cardiology;
- Performance for the percentage of ambulances responding to **red calls** within 8 minutes has not met the 65% target (provisional 64.5% for February);
- The 12 month improvement target was not met in February for patients diagnosed with a **stroke who were thrombolysed** within 45 minutes;
- The waiting time target was not met in January for **urgent suspected cancers** (78.8% actual, 95% target);
- The number of patients waiting 14 weeks or more for **therapies** has improved in performance with 126 less breaches in February compared to January. However, in February there were still 51 breaches which we are working hard to clear by the end of the financial year;
- The Welsh Government 75% target for **concerns** to be settled within 30 working days has not been met (66% in February);
- **Non mental health delayed transfers of care** rolling 12-month numbers increased from 486 in January to 495 in February and the 5% reduction target was not met;

- Similarly, the 12 month reduction target for **mental health delayed transfers of care** was not met and the 12 month number increased from 99 in January to 107 in February;
- The number of **delayed follow-ups** in February 2019 was 34,140 which represents an increase of 527 patients compared to the previous month;
- The targets have not been met for the 3 reported **health care acquired infections** i.e. E.coli, C.difficile and S.aureus. An improvement plan is in place;
- The 5% reduction target for hospital initiated cancellations (HIC) has not been met. However, the number of HICs decreased from 135 in December to 116 in January;
- The 12-month rolling improvement **mortality** target was not met for deaths within 30 days of emergency admission for a heart attack. Improvements were seen between December and January. A mortality review group is now driving the stage 1 process, taking forward the stage 2 process and ensuring learning is embedded;
- Consultants and SAS (staff grade and associate specialist) doctors are required as part of their contract to have an up to date **job plan**. Currently the local 85% target is not being met, with only 79.0% of consultants / SAS doctors identified as having a job plan in February. However, this is an improvement of 9% from the previous month;
- It is a statutory duty to achieve **financial breakeven**. The financial position at the end of February 2019 is £32.687m deficit.

Potential challenges for the future

- **Mandatory Training** compliance has not met target but performance has improved considerably (by 15.1%) over the past 12 months (now 79.1%). A further improvement this year of 5.9% is required to reach target;
- **Non-medical appraisals** continue to be below the 85% target but compliance has improved by 14.4% in the last 12 months and there are concerted efforts across the Health Board to make further improvements over the coming few months. However, a 9.7% rise is required to reach target.

Argymhelliad / Recommendation

The Board is asked to discuss the report and 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	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 Population Health through prevention and early intervention Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2018-19
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:	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)

Position as at 28th February 2019 (Month 11)

Click one of the circles to navigate to that section of the report

Note: there are no exception reports for ‘Staying healthy’ or ‘Individual care’ this month

Summary information within this report

- **Executive Summary**
- **Integration**
- **Data**
- **Overview**

Exception reports and ad hoc reports

- **Staying healthy**
- **Safe care**
- **Effective care**
- **Dignified care**
- **Timely care**
- **Individual care**
- **Staff and resources**
- **Additional reports**

Supporting documents

Main Performance Matrix

Key Deliverables Performance Matrix

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda
University Health Board

Executive summary

This report includes detailed information on the key deliverable targets, workforce, finance, therapies and other local targets where new data are available. Exception reports are provided for most areas where new data is available, where targets are not being met, or there is a cause for concern. Background information on the NHS Wales Delivery Framework 2018-2019 can be accessed via the Welsh Government website.

Spotlight on Unscheduled Care

Unscheduled care performance improved in February compared to the previous month:

- **Ambulance handovers** delayed over 1 hour decreased from 376 in January to 294 in February;
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- **Medical Appraisal (PADR)** is far above target at 96% and has been above 90% for over 12 months.

Key deliverable targets

🟥	🟧	🟩
16	2	10

All targets+

🟥	🟧	🟩
70	17	77

+ 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 36.9% of indicators which is slightly higher than the previous month's position.

❶	10 indicators
❷	15 indicators
❸	6 indicators
❹	13 indicators
❺	15 indicators
❻	12 indicators
❼	11 indicators
❽	2 indicators

Where are improvements needed?

- The Health Board reported 1 **diagnostic** breach in February 2019 for Cardiology;
- Performance for the percentage of ambulances responding to **red calls** within 8 minutes has not met the 65% target (provisional 64.5% for February);
- The 12 month improvement target was not met in February for patients diagnosed with a **stroke who were thrombolysed** within 45 minutes;
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Potential challenges for the future

- **Mandatory Training** compliance has not met target but performance has improved considerably (by 15.1%) over the past 12 months (now 79.1%). A further improvement this year of 5.9% is required to reach target;
- **Non-medical appraisals** continue to be below the 85% target but compliance has improved by 14.4% in the last 12 months and there are concerted efforts across the Health Board to make further improvements over the coming few months. However, a 9.7% rise is required to reach target.

Performance management triggers

The Performance Team is working with the Programme Management Office to develop performance triggers to highlight indicators outside of expected ranges.

Improvements / additions / future developments

- The performance dashboards are available to NHS Wales staff and are updated monthly. New dashboards are available for Mental Health & Learning Disabilities and Theatre cancellations. Also, the stroke dashboard has been updated to include a summary by hospital site for the new quality improvement measures.

Latest performance overview

Key deliverable targets and workforce

Staying Healthy	Safe	Dignified	Effective	Timely			Individual	Staff & Resources
🟥 % adult smokers make quit attempt [1]	🟥 Clostridium difficile	🟩 Postponed admitted procedures	🟥 Mental health delayed transfer of care (DTOC)	🟧 Ambulance red calls	🟩 Admission to stroke unit <4 hours	🟧 Referral to treatment - % 26 weeks or less	🟩 Secondary mental health care and treatment plan	🟥 Finance
🟩 % smokers CO validated [1]	🟥 S.aureus bacteraemia		🟥 NMH DTOC	🟥 Ambulance handover over 1 hour	🟩 CT scan within 1 hour	🟥 Referral to treatment - 36 weeks and over		🟩 Sickness absence
	🟥 E.coli bacteraemias			🟥 A&E 4 hour waiting times	🟩 Assessed by stroke consultant <24 hours	🟥 Diagnostic waiting times		🟥 Performance appraisals (PADR) combined
				🟥 A&E 12 hour waiting times	🟥 Thrombolysed door to needle <= 45mins	🟥 Delayed follow-up appointments		
					🟥 Urgent suspected cancer	🟩 Local primary mental health <28 days referral		
					🟩 Non urgent suspected cancer	🟩 Local primary mental health <28 days assessment		

KEY

🟩 Target delivered

🟧 Within 5% of target

🟥 Target not delivered

1. The latest smokers data was included in the month 9 IPAR and the corresponding exception report can be accessed here

Staying Healthy	Safe	Dignified	Effective	Timely		Individual	Staff & Resources	
	Klebsiella sp. & Pseudomonas aeruginosa	Hospital initiated cancellations		Patients waiting > 14 weeks for therapies	Therapy waits: Physiotherapy		NHS external providers	Job planning
		Concerns and Complaints		Therapy waits: Occ therapy	Ambulance amber calls		Mandatory training	
				Therapy waits: Podiatry Audiology Dietetics	External RTT			
				Therapy waits: Pulmonary rehab				

Integrated performance management dashboards

A set of four dashboards have been included in an attempt to contextualise the Directorates' overall performance:

- Unscheduled care;
- Scheduled care;
- Healthcare acquired infections;
- Oncology.

The dashboards include

1) Current performance for key metrics;

2) Current finances and workforce measures;

3) Hywel Dda University Health Board (HDUHB) performance against All Wales.

In time, we aim to add a fourth part to capture patient outcomes and experience.

Unscheduled Care February 2019

Lead Executive - Joe Teape

Responsible Officers - Sarah Perry, Hazel Davies, Brett Denning, Janice Cole Williams

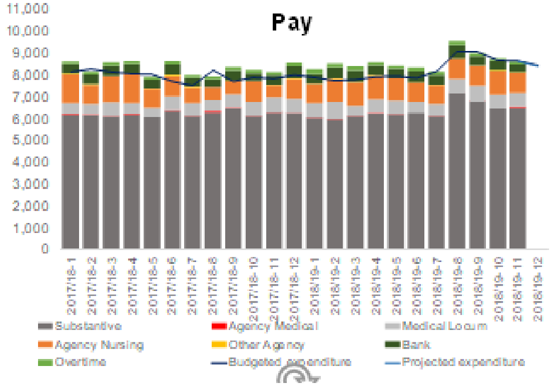
Performance Metric	Latest Performance	Last available All Wales data Ranking (1st being the best and 7th being the worst) Hywel Dda	All Wales	Ranking	Time Period
Red Calls (estimate)	64.5%	62.5%	71.8%	7th out of 7	Jan-19
Ambulance handovers >1 hour	294	376	3,418	2nd out of 6	Jan-19
A&E / MIU wait <4 hours	84.4%	84.6%	77.8%	1st out of 6	Dec-18
A&E / MIU waits >12 hours	732	690	3,900	4th out of 6	Dec-18
Direct to Stroke Unit <4 hours	81.6%	59.5%	48.7%	2nd out of 6	Dec-18
Stroke patient CT scan <1 hour	82.7%	78.6%	54.7%	1st out of 6	Dec-18
Assessed by Stroke Consultant <24 hours	90.4%	87.5%	81.8%	2nd out of 6	Dec-18
Thrombolysed patients door to needle <=45 mins	45.5%	36.4%	25.0%	1st out of 6	Dec-18
Number of DTOC (Rolling 12 month)	495	500	4,371	4th out of 8	Dec-18

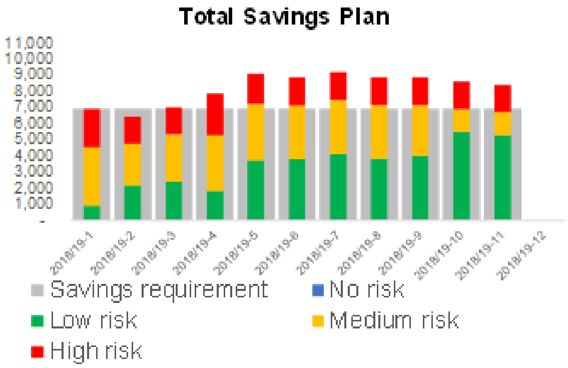
Staffing

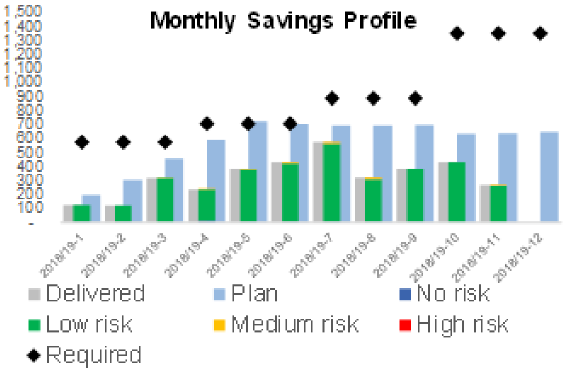
Sickness (R12m end January 2019)	Proxy vacancies (budget vs actual wte) (Month 11)
4.89%	220.84

Finance (Year to Date - Month 11) - excludes Pathology & Radiology

In month RAG variance (Green favourable; Amber >0%; Red >3%)	0.90%	Variance against YTD ave (↑ deterioration; ↓ improvement)	↓	In month variance (£'m) (adverse is positive)	0.088
				Cumulative variance (£'m)	5.030
				Projected variance (£'m)	5.018







Scheduled Care February 2019

Lead Executive - Joe Teape

Responsible Officers - Stephanie Hire

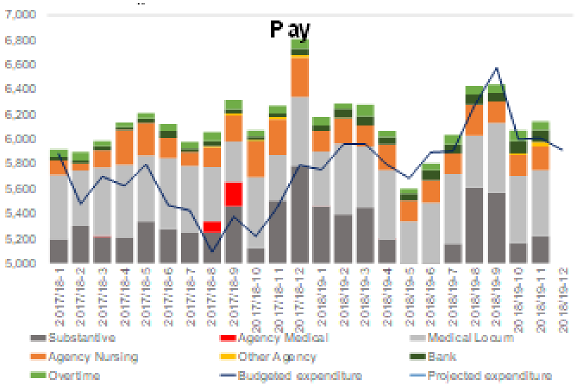
Performance				Last available All Wales data Ranking (1st being the best and 7th being the worst)			
				Hywel Dda	**All Wales**	**Ranking**	**Time Period**
Referral to Treat	**Total open pathways**	**Breaches**	**%**				
Waits >36 wks	53,704	🟥 633	1.2%	1,394	12,982	5th out of 7	Dec-18
Waits <26 Wks	53,704	5,144	🟧 90.4%	87.4%	86.9%	5th out of 7	Dec-18
Diagnostics Waits >8 weeks		🟥 1		82	3,135	2nd out of 7	Dec-18
Postponed Procedures		🟩 28.5%		-	-	-	-
Delayed Follow Ups [all specialties]		🟥 34,140		-	-	-	-
Delayed Follow Ups [5 planned care specialties]		🟥 16,540		16,680	194,184	4th out of 7	Dec-18
Outpatient DNA Rates (In Month)		🟩 7.5%		8.1%	7.2%	Joint 5th out of 7	Dec-18
Follow Up DNA Rates (In Month)		🟩 8.6%		9.6%	8.1%	6th out of 7	Dec-18

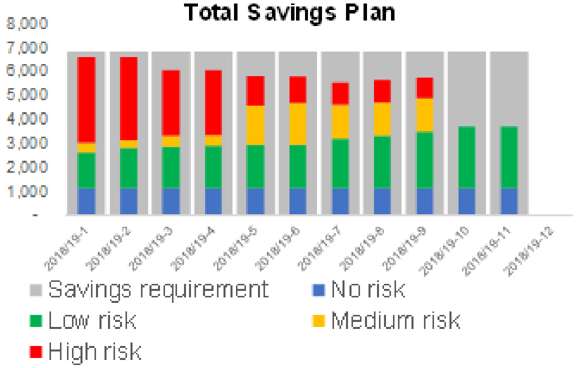
Staffing

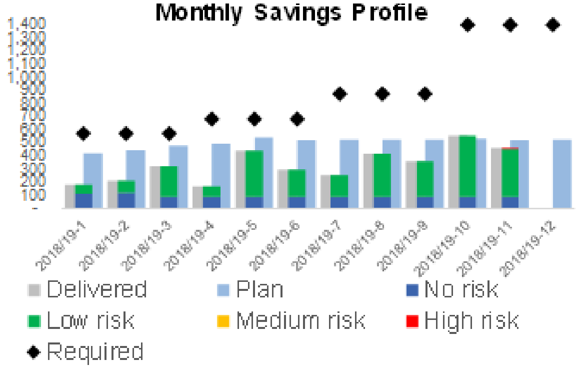
Sickness (R12m end January 2019)	Proxy vacancies (budget vs actual wte) (Month 11)
🟩 4.32%	99.78

Finance (Year to Date - Month 11)

In month RAG variance (Green favourable; Amber >0%; Red >3%)	🟧 0.72%	Variance against YTD ave (↑ deterioration; ↓ improvement)	↓	In month variance (£'m) (adverse is positive)	0.067
				Cumulative variance (£'m)	3.236
				Projected variance (£'m)	3.340







Oncology February 2019

Lead Executive - Joe Teape

Responsible Officers - Keith Jones

Performance		**Last available All Wales data Ranking (1st being the best and 7th being the worst)**			
		Hywel Dda	**All Wales**	**Ranking**	**Time Period**
Urgent suspect cancer	🟥 78.8%	88.3%	87.9%	2nd out of 6	Dec-18
Non urgent suspect cancer	🟩 98.7%	95.9%	96.8%	4th out of 6	Dec-18

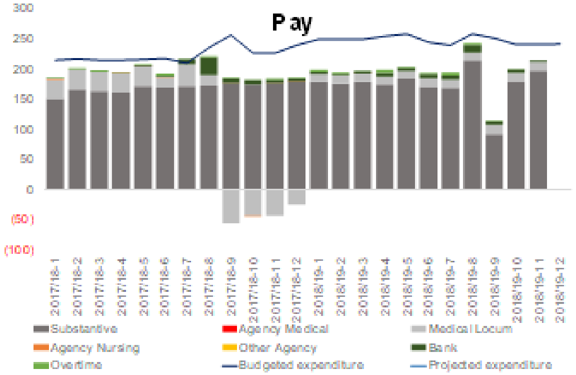
Staffing

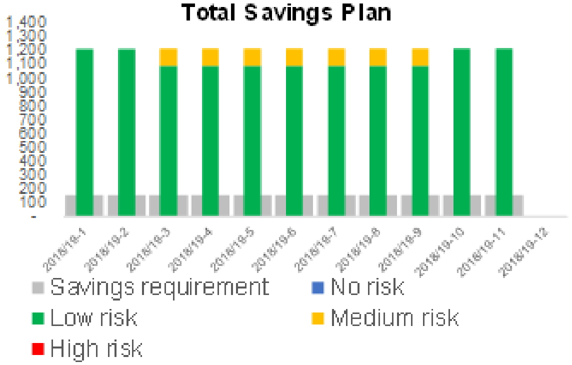
Sickness (R12m end January 2019)	**Proxy vacancies (budget vs actual wte) (Month 11)**
🟩 2.43%	-2.44

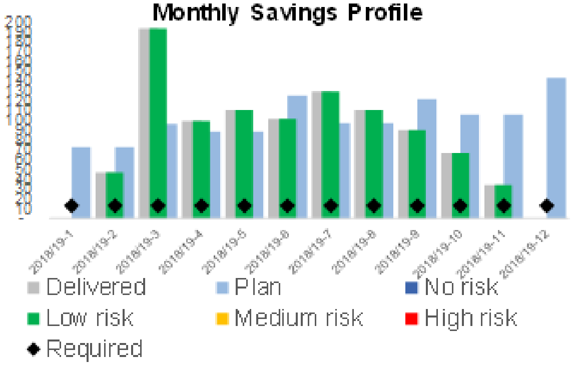
Finance (Year to Date - Month 11)

In month RAG variance (Green favourable; Amber >0%; Red >3%)	🟥 13.80%	Variance against YTD ave (↑ deterioration; ↓ improvement)	↑

In month variance (£'m) (adverse is positive)	0.135
Cumulative variance (£'m)	0.270
Projected variance (£'m)	0.329







Healthcare Acquired Infections February 2019

Lead Executive - Mandy Rayani

Responsible Officers - Sharon Daniel

Performance		**Last available All Wales data Ranking (1st being the best and 7th being the worst)**			
		Hywel Dda	**All Wales**	**Ranking**	**Time Period**
C.difficile <=26 per 100,000 population (cumulative)	38.11	39.11	27.79	6th out of 6	Apr 18 - Jan 19
S.aureus bacteraemias (MRSA and MSSA) <=20 per 100,000 population (cumulative)	33.84	33.22	28.93	3rd out of 6	Apr 18 - Jan 19
E.coli bacteraemias <=67 cases per 100,000 population (cumulative)	90.44	89.41	79.85	4th out of 6	Apr 18 - Jan 19

Safe Care

I am protected from harm and protect myself from known harm.

Lead Executives: Mandy Rayani and Joe Teape

Exception reports:

- 🟥 Health care acquired infections - C.diff, E.coli and S.aureus
- 🟥 Health care acquired infections - Klebsiella sp. and Pseudomonas aeruginosa

Safe Care – Healthcare Acquired Infections (HCAI) – cases per 100,000 population

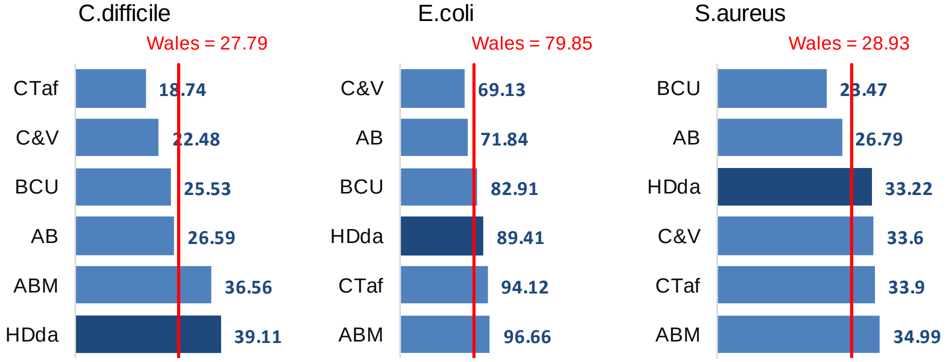
Lead committee: QSEAC **Executive Lead: Mandy Rayani** **Senior Responsible Officer: Sharon Daniel**

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 11 months**
- Cumulative number of cases of C.difficile <=26 cases	●	Improving
- Cumulative number of cases of S.aureus bacteraemia <= 20 cases	●	Improving
- Cumulative number of cases of E.coli bacteraemias <= 67 cases	●	Improving

Latest data

	Maximum number to achieve 2018/19 target	Current number of cases for 2018/19	Dec 2018	Jan 2019	Feb 2019	Actual cumulative monthly rate per 100,000 population (Nov 2018)
C. difficile	99	126	7	11	8	38.11
***E. coli* bacteraemia**	256	288	28	20	30	90.44
***S. aureus* bacteraemia**	76	107	10	11	12	33.84

Benchmarking (Apr 2017 – Jan 2019)



Where are we and are we on target?

The Health Board (HB) can no longer achieve any of the reduction expectation targets set by Welsh Government (WG).

Table 1:

Performance at the end of February 2019 shows the in month number of *C. difficile* Infections (CDI) is 8; this is within the WG and HB targets.

	Healthcare Associated Infection	Community Associated Infection
HAI[1]	**February - 4** - 1x Bowel surgery, no antibiotics; - 1x Renal failure, received antibiotics; - 1x Bowel surgery, received antibiotics; - 1x Respiratory infection, multiple antibiotics.	**February - 1** - 1x Soft tissue infection, multiple antibiotics
HCAI [2]	**February - 2** - 1x RELAPSE 6th, oncology patient; - 1x Chronic bowel obstruction.	**February - 1** - 1x RELAPSE 2nd, Oncology patient, GP contacted re possibility of Faecal Microbiota Transplant (FMT).
CAI [3]	**February - 0**	**February - 0**

[1] *HAI = Positive Stool Sample, patient admitted for more than 48 hours*

[2] *HCAI= Healthcare Associated Infection -Positive Stool Sample, patient admitted within 48 hours of sample: Has been hospitalised in previous 30 days; received medical treatment in the last 30 days; lives in a nursing home or alternate care facility.*

[3] *CAI= Community Associated Infection – Positive stool sample, patient admitted within 48 hours of sample who does not fulfil HCAI criteria*

Table 2 - HD SMART target

HB SMART target as a minimum report fewer cases than the previous year and to aspire to a target of 20% reduction (30 less CDI). This equates to less than 10 infections per month:

SMART target	Dec 2017	Dec 2018	Jan 2018	Jan 2019	Feb 2018	Feb 2019
10 per month	13	7	7	11	10	8

Table 3: Performance at the end of February 2019 shows the in month number of *E. coli* Blood Stream Infections (BSI) is 30. This number achieves the HB Smart target, but is outside the WG reduction expectation.

	Healthcare Associated Infection	Community Associated Infection
HAI[4]	**February - 3** • 1x Diverticulitis; • 1x Urosepsis; • 1x Urosepsis (Urinary catheter).	**February - 1** • **1x Biliary Sepsis;**
HCAI [5]	**February - 2** • 1x Renal patient, source unclear; • 8th positive result due to disease process.	**February - 8** • 3x Urosepsis, antibiotics from GP; • 1x Urinary, Long term urinary catheter; • 1x Urosepsis; • 2x Biliary sepsis; • 1x abdominal sepsis, Long term urinary catheter.
CAI[6]	**February - 0**	**February - 16** • 6x Urosepsis; • 1x Pylonephritis; • 1x Sepsis, unknown source; • 2x Abdominal source; • 2x Cholecystitis; • 1x Leg cellulitis; • 3x Biliary Sepsis.

[4] HAI = Hospital Acquired Infection - Positive Blood Culture, patient admitted for more than 48 hours
[5] HCAI= Healthcare Associated Infection -Positive Blood Culture, patient admitted within 48 hours of sample: has been hospitalised in previous 30 days; has received medical treatment in last 30 days; has a long term indwelling device; lives in a nursing home or alternate care facility.
[6] CAI= Community Associated Infection - Positive Blood Culture, patient admitted within 48 hours of sample who does not fulfil HCAI Criteria

Table 4 - HD SMART target

HB SMART target as a minimum to report fewer cases than the previous year and to aspire to a 5% reduction (23 less *E. coli* BSIs). This equates to less than 36 *E. coli* BSIs per month:

SMART target	Dec 2017	Dec 2018	Jan 2018	Jan 2019	Feb 2018	Feb 2019
36 per month	47	28	33	20	31	30

Table 5: Performance at the end of February 2019 shows the WG in month number of *S. aureus* BSI is 12; 11 of which were Meticillin Sensitive *Staphylococcus aureus* (MSSA) and 1 is a Meticillin Resistant *Staphylococcus aureus* (MRSA).

	Healthcare Associated Infection	Community Associated Infection
HAI[4]	**February - 6** • 1x Respiratory infection, secondary to influenza; • 1x Respiratory, obstruction; • 1x Respiratory infection; • 2x contaminant - follow up A&E; • 1x Device - peripheral vascular cannula (PVC).	**February - 0**
HCAI [5]	**February - 0**	**February - 0**
CAI	**February - 0**	**February - 6** • 1x MRSA , infected lacerations to head and arms following recent falls; • 1x pustulating dermatitis to hee;l • 1x pressure area due to fall; • 1x Intravenous drug user; • 1x Cholecystitis as possible source; • 1x Source unclear, diabetic.

[4] HAI = Hospital Acquired Infection - Positive Blood Culture, patient admitted for more than 48 hours
[5] HCAI= Healthcare Associated Infection -Positive Blood Culture, patient admitted within 48 hours of sample: has been hospitalised in previous 30 days; has received medical treatment in last 30 days; has a long term indwelling device; lives in a nursing home or alternate care facility.
[6] CAI= Community Associated Infection - Positive Blood Culture, patient admitted within 48 hours of sample who does not fulfil HCAI Criteria

Table 6 - HD SMART target

HB SMART target as a minimum to report fewer cases than the previous year and to aspire to a target of 15% reduction (20 less *S. aureus* BSIs). This equates to less than 10 *S. aureus* BSIs per month:

SMART target	Dec 2017	Dec 2018	Jan 2018	Jan 2019	Feb 2018	Feb 2019
10 per month	10	10	11	11	12	12

Why has this occurred?

Highlighted below are the main drivers this month;

C. difficile

- 7 of the 8 patients received antibiotic therapy prior to developing CDI;
- 2 Oncology patients are both relapses, this highlights the difficulty in clearing the infection from these patients' bowel.

E. coli

- 24 cases are associated with the community setting (80%)
- 15 cases are related to a Urinary source (50%), 3 of which had urinary catheters insitu;

S. *aureus*

- 1 case Meticillin-Resistant Staphylococcus Aureus (MRSA), which was admitted from the community;
- 3 cases were related to respiratory infections;
- 3 cases were avoidable, 2 were contaminants and one was related to a peripheral cannula which had not been managed appropriately, training and education has been arranged for the ward.

What are the challenges?

The HB can no longer achieve the reduction expectation targets that were set by WG.

CDI: Reduction expectation target for Hywel Dda University Health Board (HDUHB) for 2018/19 for CDI is 26 per 100,000 population. HB SMART target; to report fewer cases than the previous year, aspire to a target of 20% reduction (30 less CDI). This equates to less than 10 infections per month. Laboratory data for February 2019 indicates that there were 8 CDI: Detailed in the above tables, the challenging cases were;

- Relapses are difficult to manage when they have underlying disease and continuing aggressive treatments and management is always about the quality of life for the patient;
- Due to the season, we are seeing more respiratory infections in hospital, which naturally require antibiotics.

***E. coli* BSIs**: The *E. coli* reduction expectation for HDUHB for 2018/19 is a rate of 67 per 100,000 population. HB SMART target; to report fewer cases than the previous year, aspire to a 5% reduction (23 less *E. coli* BSIs). This equates to less than 36 *E. coli* BSIs per month. Laboratory data for February 2019 indicates that there were 30 cases respectively: Detailed in the above tables, the challenging cases were;

- 1 patient has now relapsed for the 8th time since April 2018; this is due to ongoing disease process and is unavoidable;
- 1 patient appears has had 2 cases this month due to underlying disease;
- 80% of cases come from the community with a continuing theme of urinary source; only one of these was related to a urinary catheter.

S. aureus* BSI*: The reduction expectation for HDUHB for 2018/19 for *S. aureus* is 20 per 100,000 population. HB SMART target; to report fewer cases than the previous year, aspire to a target of 15% reduction (20 less *S. aureus* BSIs). This equates to less than 10 *S. aureus* BSI per month. Laboratory data for February 2019 indicates that there were 11 cases; 10 MSSA BSIs and 1 MRSA:
Detailed in the above tables, the challenging cases were;

- Contaminated blood cultures are always challenge and generally related to poor practice; both these cases relate to one area;
- The cannula related infection relates to a cannula, which was not managed appropriately, there have been managerial changes in the area which make consistent management difficult.

What is being done?

The Preventing Healthcare Acquired Infection (HCAI) Improvement Plan 2018/19 is the HB's plan to reduce the burden of infection in hospital and across the population. The Team are currently drawing up a plan for 2019/20, which will have an increased focus on the community.

C. difficile

- Healthcare Associated Infection and Antimicrobial Resistance and Prescribing programme (HARP) Team have now reviewed the 002 Ribotype - the Team will use this review to guide further work;
- Roll out of Antimicrobial Prescription Chart;
- Engagement and Training around the new Antibiotic Guidelines;
- Relapse CDI cases discussed with the Consultant Gastroenterologist with regards to possibility of Faecal Microbiota Transplant.

E.coli

- Two newly appointed Infection Prevention Nurses have a community aspect in their job description; this will enhance and expand on the community work that has already been done and is instrumental in the 23% reduction that has been achieved this year.

S. aureus

- Blood culture (BC) contamination is being followed up to check on the availability of BC packs and their usage in the area.
- Training and education are being delivered to the ward around management of Peripheral vascular catheters (PVC), this is supported by the new Ward Manager.

When can we expect improvement and by how much?

C. difficile: The 5% reduction trajectory continues and is expected to continue to the end of the year.
E. coli: The HB is showing continual improvement in this area and should continue to a 25% reduction by the end of the year.
***S. aureus* bacteraemia:** The HB is reporting a 1% increase compared to last year's figures, it is hoped that with education and training, the HB will reduce avoidable infections and report an equal number compared to last year's figures. This is work that will continue and be taken forward through next year.

How does this impact on both patients and finances?

Each Hospital Acquired Infection is estimated to increase the average length of stay by 11 days together with additional pain and suffering which cannot be quantified. In 2014, the National Institute for Health and Care Excellence (NICE) attached a cost of £636 for each inpatient each day. It is not possible to quantify the impact of admission avoidance through infection prevention strategies.

Safe Care – Healthcare Acquired Infections (HCAI) – cases per 100,000 population

Lead committee: QSEAC **Executive Lead: Mandy Rayani** **Senior Responsible Officer: Sharon Daniel**

Metrics (targets):	Status as at Feb 2019	Performance the past 10 months
Cumulative number of cases of *Klebsiella* sp. Bacteraemia (10% baseline reduction to 2017/18)	●	Declining
Cumulative number of cases of *Pseudomonas aeruginosa* bacteraemia (10% baseline reduction to 2017/18)	●	Declining

Latest data

	2018/19 Reduction target - expectation	Maximum number to achieve 2018/19 target	Dec 2018	Jan 2019	Feb 2019	Actual cumulative monthly rate per 100,000 population (Nov 2018)
Klebsiella sp.	10%	65 = <6 per month	**8**	**3**	**3**	**20.19**
Pseudomonas aeruginosa	10%	25 = <2 per month	**4**	**2**	**1**	**10.52**

Where are we against target?

Klebsiella sp. and *Pseudomonas aeruginosa* have a reduction expectation of 10% in numbers of cases in 2018/19 compared to 2017/18.

Klebsiella sp. have reported 3 cases this month (which is within the WG target) but the numbers throughout the year mean that the HB cannot achieve the reduction target.

Pseudomonas aeruginosa have reported 1case this month (which is within the WG target) but the numbers throughout the year mean that the HB cannot achieve the reduction target.

Why has situation occurred?

This is a new reduction target for 2018/19 and the Infection Prevention (IP) Team has only began basic surveillance of these cases, which will be reviewed for learning going in to 2019. It has already been identified that many of these cases are presenting from the community setting and those in hospital are seen to have a connection to Critical Care.

What are the challenges?

These are gram negative blood stream infections which have been noted to be increasing across the UK. We do not currently have enough surveillance information in place to identify themes that can be addressed for reduction.

Effective Care

I receive the right care & support as locally as possible and I contribute to making that care successful.

Lead Executives: Phil Kloer, Jill Paterson, Mandy Rayani, Karen Miles and Joe Teape.

Exception reports:

🟥 Delayed transfers of care (DTOC) – non mental health
🟥 Delayed transfers of care (DTOC) – mental health

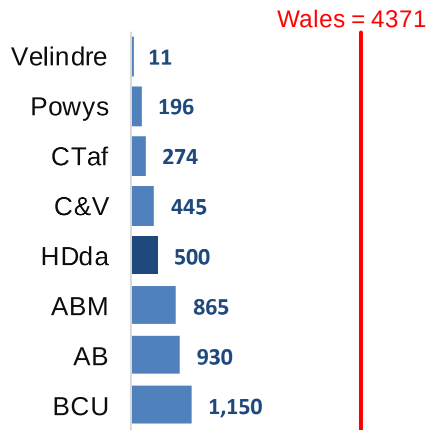
Effective Care – Delayed transfers of care (DTOC) – non mental health – Hywel Dda University Health Board

Lead Committee: BPPAC	Executive Lead: Joe Teape	Senior Responsible Officer: County Directors
Metrics (targets): - Number of Health Board DTOC in rolling 12 months (Reduction <=5% of total number DTOC in 2017/18)	**HD Status as at Feb 2019** ●	**HD Performance the past 12 months** Declining

Latest data

See the unscheduled care dashboard for the DTOC monthly trend chart.

Benchmarking (December 2018)



Where are we against target?

At the end of February 2019, the Hywel Dda University Health Board (HDUHB) rolling 12 month reduction target of 362 was not met and the number of in month patients for each county was as follows:

- Carmarthenshire increased to 27 compared from 17 in January 2019;
- Ceredigion decreased to 6 from 8 in January 2019;
- Pembrokeshire remained static at 9 for February 2019 and January 2019.

Why has this situation occurred?

The three main reasons in each county are:

Carmarthenshire:

- Assessment delays related to the lawful and regulatory processes required to commission long term care and support, in particular Continuing Health Care (CHC) processes;
- Availability of residential and nursing care home placements linked to family Home of Choice (This appears to have accounted for over 50% of the 27);
- Provision of reablement and social work assessment;
- Of the 27 reported, 24 have been discharged since the Census on 20th February 2019: 14 by the Authority and 10 by the Health Board. Those remaining relate to care package and home of choice issues.

Ceredigion:

- Ceredigion continues to improve;
- Availability of residential/nursing care placements that meet the individuals Home of Choice and their needs;
- Availability of domiciliary care provision particularly in very rural areas;
- Delays in the completion of Decisions Support Tool (DST) due to availability of families and other professionals';
- Of the 6 DTOC, 83% have been discharged. The remaining one is complex and there are capacity issues that have been addressed.

Pembrokeshire:

- Availability of social packages of care and reablement; This accounted for 73% of the delays on census day;
- Continuing NHS care in community settings, this one case was due to completion of home care arrangements. This case has been very complex to resolve;
- Selection of residential care placements. 18% of the DTOC cases, 2 patients were due to either family related issues delaying completion of arrangements, or availability in the care placement suitable to meet the ongoing needs of the patient;
- 73% of the delayed discharges were discharged within the week following census day.

This picture accords closely 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**.**

What are the challenges?

The challenge is to reduce not only the number of DTOCs counted on the census date, but to also reduce the associated number of days lost and improve other discharge rates for patients where the acute medical episode has ended. Across the HDUHB, the common challenges faced remain as previously reported in M9 IPAR (page 18).

What is being done?

A variety of initiatives are undertaken continuously throughout the region. Best practice is being shared by each county and practice modified to improve performance. Key initiative details are in M9 IPAR (page 18):

- Sharepoint (IT system) to support early identification;
- Sharepoint Length of Stay (LOS) reporting is being monitored on a weekly basis and is proving useful in improving performance;
- The joint equipment stores provides over 1,000 profiling beds and additional equipment;
- Discharge Liaison and access to social workers is proving beneficial in earlier identification of complex patients;
- Effective board rounds rather than multi discipline team;
- The Care at Home team continues to facilitates support for Palliative Care patients in Pembrokeshire as well as some bridgeing care over the winter months;
- Care in the community is co-ordinated to facilitate discharges and prevention of admissions through the Acute Response Team and Care at Home team working in partnership with the Third Sector to meet the needs of the patients and their carers;
- The Breaking the Cycle improvement plans will contribute to reducing LOS within community hospitals and reducing any delays in the system;
- Carmarthenshire commenced a bridging service in Prince Philip Hospital (PPH) and Glangwili General Hospital (GGH) respectively on 17th December 2018 and 21st January 2019. The outcomes have proven positive in terms of expediting people from hospital;
- Pembrokeshire has a similar discharge planning service that is proving beneficial for patients;
- The recruitment to the LA domiciliary care provision within Pembrokeshire will be progressing over the next few months as part of the LA plan.

When can we expect improvement and by how much?

In recognition of the additional pressures placed on the whole health and social care system during winter periods, the service is aiming to maintain the position for this month with the aim of improving performance going forward.

How does this impact on both patients and finances?

The objective is to improve outcomes for patients and the performance of the health and social care organisations as previously reported in M9 IPAR (page 18).

Effective Care – Delayed transfers of care (DTOC) – mental health

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Liz Carroll**

Metrics (targets):

- Number of Health Board DTOC in rolling 12 months (Reduction <=10% of total number DTOC in 2017/18)

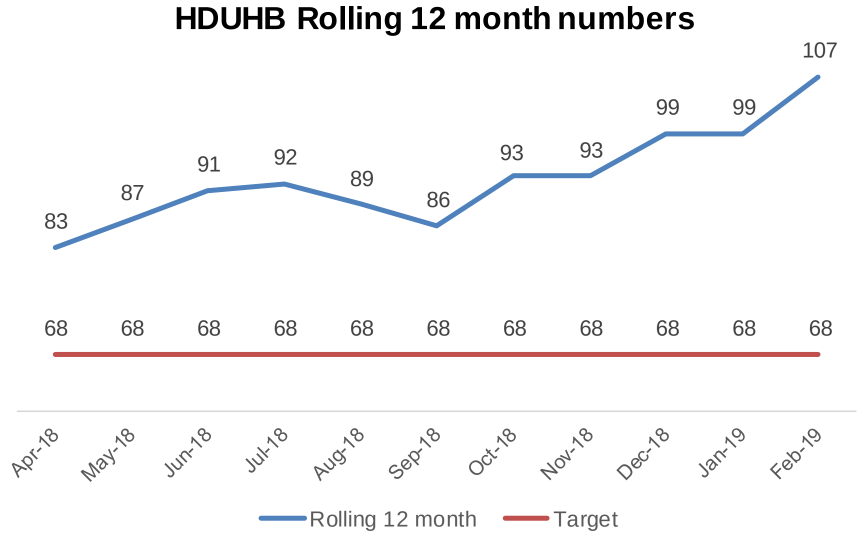
Status as at Feb 2019

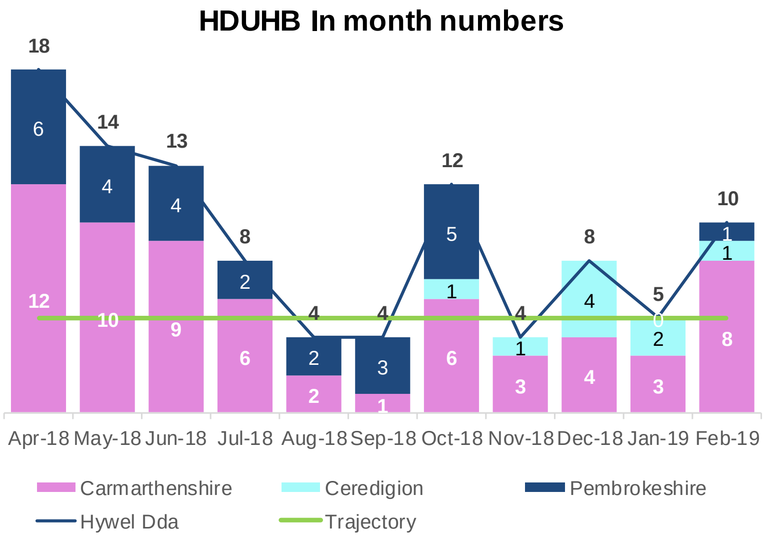
●

Performance the past 12 months

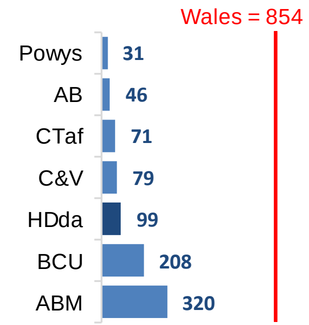
Declining

Latest data





Benchmarking (December 2018)



Where are we against target?

At the end of February 2019, the rolling 12-month reduction target of 68 has not been met, the number of in month patient delays increased to 10 compared with 5 in January 2019.

Why has this situation occurred?

The in month position is attributed to the Older Adult Mental Health wards (OAMH) as well as the Adult Inpatient Units.

What are the challenges?

- Availability of providers for those who require OAMH care;
- Providers subject to escalating concerns which also limits the availability of appropriate placements;
- Placement of choice by patient or family is not available;
- Difficulty of obtaining package, which is bespoke to particular patient requirements;
- There is a delay in accessing a specialist NHS provision in England – current timescale is predicted to be the end of March;
- One patient is currently being supported within adult mental health services due to challenging behaviour – the specialist placement is being sought by the Long Term Care Team;
- A specialist placement is also being sought for an older adult patient.

What is being done?

- Regular monitoring of the DTOC position is key within services;
- Care co-ordinators focus on discharge planning as early on in the patient pathway as possible.

When can we expect improvement and by how much?

Of the 10 individuals who are DTOC, 2 have now been discharged. A further 2 have discharge dates in March. There are 3, waiting for specialist placements. One individual is likely to be transferred back to their Health Board of origin, as they are not resident in Hywel Dda. Of the remaining 2, 1 has a placement identified but there is no vacancy at the facility at present with the other patient being assessed by a potential provider on March 4th.

How does this impact on both patients and finances?

Patients may end up having to stay in environments that are more restrictive than they require for longer periods.

Dignified Care

I am treated with dignity and respect and treat others the same.

Lead Executives: Joe Teape and Mandy Rayani.

Exception reports:

🟩 Postponed admitted procedures
🟥 Hospital initiated cancellations (HIC)
🟥 Concerns and complaints

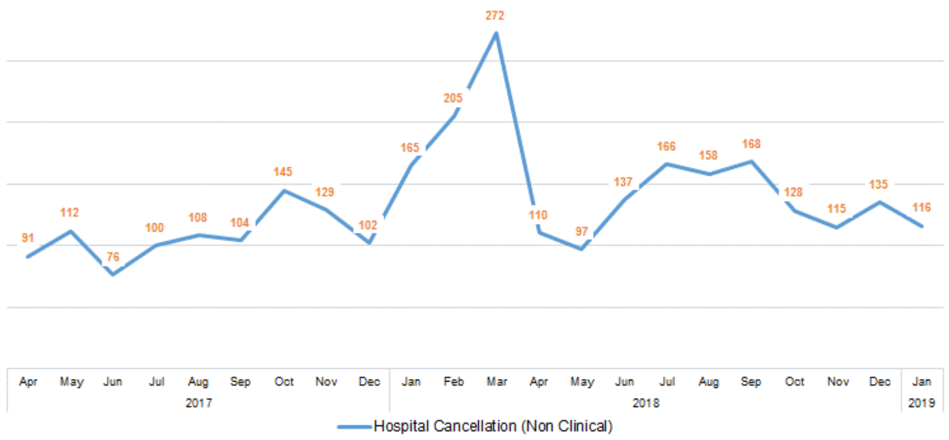
Dignified Care – Postponed Admitted Procedures

Lead committee: QSEAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Acute Site General Managers**

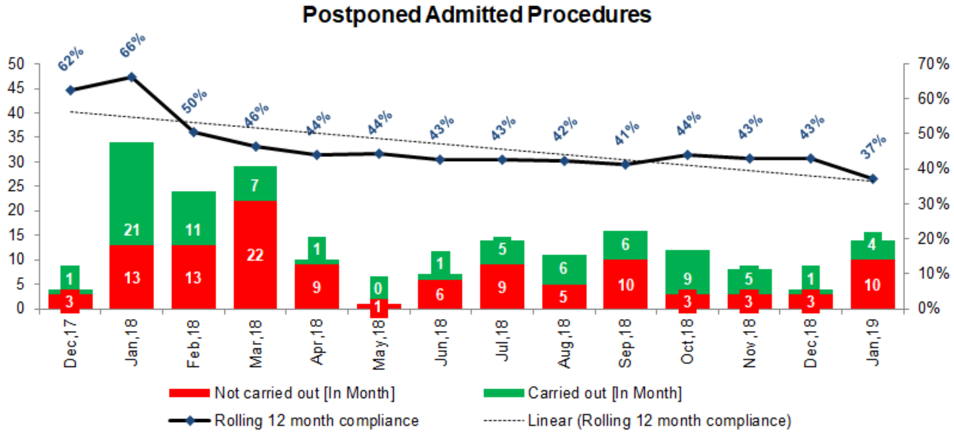
Metrics (targets):	Status as at Jan 2019	Performance the past 12 months
Postponed Admitted Procedures (12 month reduction target)	🟢	Improving
Reduction in Hospital Initiated Cancellations (5% reduction to previous year).	🔴	Not Available

Where are we and are we on target?

In January 2019, the number of Hospital Initiated Cancellations (HIC) was 116 which is 19 fewer than the reported 135 in the previous month:

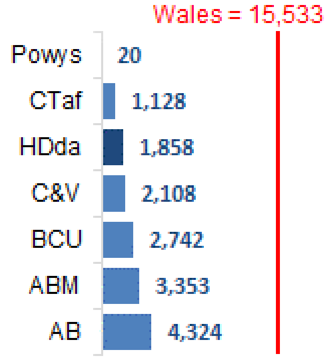


The number of postponed admitted procedures is shown as rolling 12 month cumulative to highlight trends. Current rolling 12 month average performance is 37% (see graph below):



For January 2019, following validation 14 patients fell within the government commitment. 4 patients were treated within the 14 day government commitment. In-month performance in January 2019 is 28.5%. All remaining patients have since been treated.

Benchmarking data (December 2018)



The above benchmarking chart reflects the cumulative 12 month rolling number of procedures postponed either on the day of or the day before for specified non-clinical reasons. The target is to reduce by at least 5% (1,587 patients) on the previous financial year. The latest all Wales data ranks Hywel Dda third in this measure.

Why has this occurred?

Across healthcare organisations, the most common reasons for HICs are the lack of elective bed availability due to increased numbers of emergency admissions. Current performance reflects continuing unscheduled care pressures.

What are the challenges?

- A combination of emergency demand pressures and the lack of available rebooking capacity can affect overall compliance with this measure;
- The recent loss of a ward area at Glangwili General Hospital (GGH), resulting in increasing Trauma outliers in elective beds is having a direct impact on elective bed availability.

What is being done?

- Service Delivery Managers (SDM), Service Managers (SM) and site Theatre leads are working daily with local Patient Flow teams to facilitate flow;
- At GGH, plans to reconfigure planned care bed capacity and increase day case capacity are currently being developed;
- Actions to mitigate the risk of HICs are reflecting the broader unscheduled care improvement plans being progressed by each hospital site triumvirate team in partnership with supporting community teams. These actions will also be reflected in the associated Winter Plans for each location. The main themes reflect:
    - Length of Stay (LOS) reductions to mitigate the risk of medical patients being admitted to planned care beds;
    - Admission avoidance initiatives, planned reductions in the number of patients categorised as medically optimised for discharge and more targeted rehabilitation of patients. These initiatives are being supported by broader improvement programmes including the Integrated Pathway for Older People (IPOP) and ‘Breaking the Cycle’.

Successful delivery of these broader unscheduled care improvement plans will reduce the risk of HICs.

When can we expect improvement and by how much?

The unscheduled care improvement plan actions and supporting Winter Plan are intended to deliver improvement in patient flow and discharge planning through Autumn/Winter 2018/19

How does this impact on both patients and finances?

Reduced cancellations will significantly improve patient experience and the efficiency with which theatre and bed resources are utilised.

Dignified Care – Concerns and Complaints

Lead committee: QSEAC **Executive Lead: Mandy Rayani** **Senior Responsible Officer: Louise O'Connor**

Metrics (targets):

- 75% of concerns that have received a final reply (under Reg. 24) or an interim reply (under Reg. 26) <=30 working days from the date the concern was first received by the organisation

Status as at Feb 2019: ●

Performance the past 12 months: Improving

Latest data

Complaints investigated under Reg 24 from 1st Jan 2018	**Jan-18**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan-19**	**Feb**
No. received during month	59	51	41	42	46	49	41	43	31	38	48	43	34	65
No. awaiting response	220	239	233	214	214	214	196	199	190	169	182	185	176	184
No. closed during month	51	43	50	53	48	58	60	47	38	56	47	38	38	37
No. re-opened during the month	1	5	8	0	2	1	0	0	2	0	0	0	0	0
Complaints Performance:														
No breaching 30 working days	174	158	189	-	147	156	143	148	143	130	123	122	123	120
No breaching 127 working days	/	/	/	/	/	/	/	/	10	22	11	13	31	31
No breaching 12 months	/	/	/	/	/	/	/	/	12	7	4	5	3	1
PALS Position from 1st Jan 2018														
PALS received during month	164	191	146	109	132	114	137	86	81	95	78	85	111	74
PALS cases open	47	50	51	34	41	49	55	30	36	29	30	24	30	21
PALS closed during month	206	171	170	115	118	139	123	113	91	98	71	100	99	80
PALS breaching 30 working days	5	13	4	3	5	6	8	4	11	5	3	7	3	2
Of the total number of concerns settled during the month, how many concerns had received a final reply (under Regulation 24) (figures supplied to Welsh Government):														
Up to and including 30 working days	62	61	81	54	117	122	99	119	87	124	105	101	114	80
Between 31 and 127 working days	40	20	32	36	33	59	38	39	33	36	34	20	30	29
After 127 working days (6 months)	17	20	15	23	15	6	20	14	10	22	11	13	12	13
Total % of concerns settled during the month:														
Up to and including 30 working days	52.1	60.4	63.2	57.6	66	65	63	69	61	68	70	75	73	66
Between 31 and 127 working days	33.6	19.8	25	29.80	24	32	24	23	29	20	23	15	19	24
After 127 working days (6 months)	14.2	19.8	11.7	12.58	10	2	13	8	10	12	7	10	8	11
Ombudsman Position from 1st Jan 2018														
Cases proceeded to investigation	35	37	38	39	2	3	4	6	7	11	14	17	19	-
Cases received during the month	3	2	1	1	1	1	1	2	1	4	3	3	2	-
Final investigation reports received	3	2	4	2	2	1	1	0	5	5	7	2	0	-
Cases upheld or partly upheld	2	2	2	2	1	1	1	0	4	5	5	2	0	-
Cases not upheld	1	0	2	0	1	0	0	0	1	0	2	0	0	-
Early settlements/quick fixes	0	0	1	0	0	1	0	0	0	0	0	1	0	-
Cases currently under investigation	30	30	26	24	22	21	21	23	19	21	15	15	17	-
Cases where final report received, but awaiting closure	7	6	8	8	6	3	3	3	6	10	11	13	12	-

Where are we against target?

- The Welsh Government (WG) target of 75% of concerns settled within 30 working days has not been achieved this month (by 9%) demonstrating that more focus is needed to consistently achieve 75%. However, the target accedes the predicted target, included with the concerns management trajectory;
- Encouragingly, the quarterly submission of data to WG shows continued and sustained improvement from Q4 of the last financial year (58%), with this financial year being Quarter 1 - 63%, Quarter 2 - 66% and Quarter 3 - 71%. The combined figure for January and February of Quarter 4 for the WG submission is currently at 70%;
- The revised 'All Wales Reporting Framework' for reporting against Concerns and Redress have now been implemented but it became apparent that the data that had been submitted to date was not comparable across all of Wales as individual Health Boards had interpreted the data differently and submitted a wide variance of data. Meetings were held in 2018 to discuss these issues across the All Wales Network but further meetings are planned in March and April of 2019 when it is hoped that action plans will be developed to support all organisations in being able to review and present 2018-19 data by the submission deadline and to adjust data capture processes to meet the required changes;
- For February, the number of concerns awaiting a response has risen by 5% (but remains lower than the annual average figure of 214 cases awaiting a formal response) and the number of cases closed this month is at 37, which is below the expected average of 47. Despite this, the number of cases breaching 30 working days has continued to fall and is at the lowest number since January 2018 at 120 which reflects the continued focus of the Concerns Team and the Directorates to settle concerns within 30 working days;
- 42% of the total number of concerns received in February have been dealt with 'on the spot' via the Concerns Call Handlers on first contact (via email or telephone) with the Health Board whilst the Patient Advice

and Liaison Service (PALS) have dealt with 31% of the concerns received;

- Both Teams continue to successfully resolve a high number of concerns for the patient within 30 working days, as demonstrated by the increasing percentage of concerns settled within this timescale. The remaining 27% of cases are being formally investigated.

Why has this situation occurred?

February has seen a 50% increase in the number of new cases received for formal investigation which has had a detrimental impact on the number of cases awaiting a response, as well as the number of cases able to be closed. However, the timeliness of the concerns process continues to improve overall as reflected by the number of cases breaching 30 working days – which is at its lowest figure since January 2018.

What are the challenges?

- The main challenge continues to be the completion of a complaint investigation within 30 working days, particularly where the cases are complex (suggestion that harm has been caused) and span a number of clinical areas, but this is being addressed by a strengthened escalation process, an executive level overview and a revised training programme;
- As of 11th March 2019, 120 of the 184 concerns awaiting a response breached 30 working days and, of this number, 29% are due to be closed imminently (compared to 40% last month), with 48% not yet at the stage where a response letter can be drafted (compared to 56% last month). Of this number, the top 5 Specialties are (1) Accident & Emergency, (2) Medicine, (3) Gynaecology, (4) Surgery and (5) Orthopaedics;
- There is 1 case exceeding a 12-month timescale for a response (3 cases reported last month) allocated to Scheduled Care, which is in the process of being drafted;
- There is less than one whole time equivalent PALS (Patient Advice Liaison Service) Officer per Hospital site and, during most of February (due to sickness absence), only 1.5 WTE Concerns Call Handlers within the Contact Centre covering the complaints calls/concerns correspondence for the whole of the Health Board. Although the Teams are currently working to full capacity and achieving a great deal, there is concern (and some supporting evidence) that the level of service currently provided is not sustainable in the long term;
- Capacity is being reviewed, as additional staffing in these areas will ensure a continued and increased number of concerns cases settled within 30 working days, and will significantly enhance the client's experience of the service and the health and wellbeing of the staff.

What is being done?

- Improved escalation procedures to senior level as well as weekly reporting/meetings with Heads of Nursing and three weekly meetings with the Director of Nursing, Quality and Patient Experience continue;
- Performance Reviews have raised the profile of complaints and continue to have a positive impact on the complaints process;
- The Complaints Call Handlers (Hub) continue to provide 'on the spot' resolution to concerns received via the telephone and via email;
- An internal Complaints Workshop is planned to be delivered to the Scheduled Care Directorate in March 2019 to provide additional knowledge of the Datix Complaints system and improve on current processes, which will result in improved complaints performance and reporting of themes/trends.

When can we expect improvement and by how much?

- Compliance with the 30 working day target of 75% was achieved by the end of Quarter 3, as was set out in the NHS Delivery Framework, although at a slower rate than anticipated at the start of the year, due to the challenges discussed earlier in this report;
- In addition to the revised WG reporting template, revised key performance indicators are continuing within the Concerns Department, to more accurately measure outcomes and levels of satisfaction;
- As previously reported, work is continually ongoing to closely monitor progress of case management, and escalation of concerns where timeliness or quality of response is compromised.

How does this impact on both patients and finances?

Timely resolution of complaints has a positive impact on patients and remains a priority for the Concerns Team (evidenced during weekly review and audit of the case management). There is a negative financial impact if, concerns which are not managed effectively, are referred to the Ombudsman as these can result in recommendations being made of financial redress.

Timely Care

I have timely access to the services based on clinical need and I am actively involved in decisions about my care.

Lead Executives: Joe Teape and Karen Miles.

Exception reports:

- 🟧 Red calls
- ⬜ Amber calls
- 🟥 Unscheduled care
- 🟥 Stroke quality improvement measures
- 🟥 Cancer - urgent
- 🟩 Cancer – non-urgent
- 🟥 Referral to treatment
- 🟥 Referral to treatment – external providers
- 🟥 Dietetics
- 🟥 Audiology
- 🟥 Occupational therapy
- 🟥 Pulmonary rehabilitation
- 🟥 Podiatry
- 🟥 Physiotherapy
- 🟥 Diagnostics
- 🟥 Delayed follow-ups

Timely Care – Red calls

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Rob Jeffery (WAST)**

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
• % of Red Calls responded to within 8 minutes (65%)	●	Declining

Latest data

See the supporting unscheduled care performance charts.

Where are we against target?

Provisional February 2019, 8 minute Red performance closed at 64.5% (unverified) with two localities closing below the required 65% target. Pembrokeshire 57.4%, Ceredigion 59.5%,Carmarthenshire 69.8%. Red 9 minute closed at 67.8% and Red 10 minute at 71%. Median performance was 00:05:20 minutes and 95th percentile was 00:20:56 minutes.

Although Amber calls are not officially reported, Amber median response time for Hywel Dda University Health Board (HDUHB) was 00:22:58 minutes (3rd from 7), all Wales 00:26:09 minutes. 95th percentile 01:54:57 minutes (3rd from 7) with all Wales 2:46:34 minutes.

	Jan'19 Call volume	Feb'19 Call volume	Jan'19 % of Total Calls	Feb'19 % of Total Calls
Red Calls	248	214	6.3	6.0
Amber 1 Calls	2,108	1,865	53.5	52.6
Amber 2 Calls	879	804	22.3	22.7
Total Inc' Green and HPC	**3,941**	**3,543**		

Why has this situation occurred?

Notification to handover across Wales saw an increase in lost hours. The recent upward trend in HDUHB has also continued with 532:38 hours lost in a 28-day period. This would equate to 46 double manned shifts. (January 763:45 hours lost). A further 14 hours were lost by HDUHB vehicles delayed outside Abertawe Bro Morgannwg University Health Board (ABMUHB) hospitals.

What are the challenges?

- In addition to the 532:38 hours lost to handover, the continued upward trend for inter-hospital transfers continues;
- The road infrastructure combined with the rural and sparsely populated nature of the HDUHB area which covers a quarter of the land mass of Wales;
- Of the 76 calls missed from 241 during February 2019, 51 were due to distance to travel or outside NDP (National Deployment Plan), 9 calls had no vehicle available at time of call, 3 due to delayed allocation, 3 slow mobilisation; 10 due to late booking on due to shift overrun from previous shift (11 hour break);
- 5 frequent callers accounted for 12 ambulance responses which committed 18.5 ambulance hours;
- Sickness decreased to 7:63%. (January 9.26%) which was above the Welsh Ambulance Service Trust (WAST) target of 5.86%;
- No further retained fire stations have come back online since those reported on in the July 2018 report;
- Uniformed First Responders (UFR) and Community First Responders (CFR), although responding, did not contribute to Red performance;
- Conveyance rates across all localities remains above the 60% target at 69.9% (January 71.1%);
- Patients treated at scene was 10.5%, 322 patients.(January 10.3%, 354 patients);
- The number of patients referred to other providers accounted for 10.1% 312 patients (January 9.6% 331 patients).

What is being done?

- In depth analysis is being undertaken across a number of areas to support a more detailed performance plan
- Additional resources are being targeted to uplift UHP (Unit Hour Production) across all localities and all shifts are being extended wherever possible with the agreement of staff;
- The Advanced Practitioner (AP) rotational Out Of Hours (OOH) model continues with APs now moving it to Clinical Contact Centre (CCC) to ensure a more focused deployment of resources;
- A feasibility task and finish group has been formed to develop a standalone station in Milford Haven;

- Further funding has been secured from Welsh Government (WG) to recruit additional APs across WAST. It will be determined shortly where these will be placed, 5 within Hywel Dda;
- WG have released funding to supply lifting aids across all care home in Wales;
- WG have agreed to fund a number of falls response vehicles for the winter period; one of which will work in the Carmarthenshire area from 1st December 2018 until 31st March 2019;
- WAST has appointed a Health Board (HB) Clinical Lead who has now taken up post.

When can we expect improvement and by how much?

The performance gain from the reduction in cross HB activity is currently being reduced by the increase in both hospital delays and internal hospital diverts and transfers, together with deployment issues. However, the expectation is that 65% Red performance will be maintained as a minimum.

How does this impact on both patients and finances?

The maintenance of Red calls performance above the 65% performance, combined with continued improvement for both median and 95th percentile, will positively impact on patients although it is accepted that further work is required to maintain progress and will be undertaken as part of the demand and capacity review which will commence in 2019.

Timely Care – Amber calls

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Rob Jeffery (WAST)**

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
• % of Amber Calls responded to within 20 minutes (Amber 1) and 30 minutes (Amber 2)	Not applicable	Not applicable

Latest data

See the supporting unscheduled care performance charts.

Where are we against target?

Amber calls are not officially reported

Provisional February 2019 HDUHB Amber 1, 20 minutes closed at 52.6% 1,865 patients. Carmarthenshire 53.7 %, Pembrokeshire 52.9%% and Ceredigion 49.2%%. Amber 2, 30 minutes closed at 22.7%, 804 patients Amber median response reported in the Red calls report.

Why has this situation occurred?

The requirement to retain ambulance resource at P1 & P2 (Priority 1&2) cover points across the three localities does have a marginal impact on the ability to respond to the Amber category of patients. It should be noted that calls can be upgraded to Red if the patient's condition deteriorates.

What are the challenges?

- Handover delays in February accounted for 532 lost hours (January 2019 accounted 763 lost hours) This would equate to 46 double manned crews being removed from the Unit Hour Production (UHP);
- Increase in inter-hospital transfers;
- Slow development of Frailty pathways within Welsh Ambulance Service Trust (WAST) and Hywel Dda University Health Board (HBUHB) area;
- Upskilling WAST staff over the next 3 years – challenges with portfolio submissions by registrants.

What is being done?

- Falls vehicle commissioned from 1st December 2018;
- Fit to sit policy issued to all WAST staff and District General Hospitals;
- National Amber Category Review, headed by Chief Ambulance Services Commissioner, issued November 2018; this will need discussion with HDUHB to respond to the report findings; The Emergency Ambulance Service Committee implementation programme can be found at this link EASC Amber Review;
- Development of Winter Plan to support Out of Hours (OOH) Service and provide capacity to target top 5 presenting conditions;
- Reinforce regular engagement and dialogue with HDUHB colleagues to ensure compliance against all Wales Handover Guidance and maximise the number of available resources;
- Advanced Practitioner (AP) rotational model with OOH, and Clinical Contact Centre (CCC);
- Implement audit report findings (Handover of Care at Emergency Departments); escalated to Chief Operational Officer (COO);
- Status Plan Management – the deployment of crews, reviewed regularly to ensure available crews are positioned most effectively;
- Fully embed Multi-Disciplinary Team (MDT) forum with each Health Board (HB) locality and key stakeholders to regularly review frequent service users (report will be refined);
- Identify the high volume activity nursing homes/residential homes across HDUHB and engage with them to reduce inappropriate calls;
- Roll out IStumble process to all nursing homes to reduce conveyance;
- Increased number of Automated External Defibrillators in the community; 4 deployed during February 2019;
- Roll out of 111 throughout Ceredigion and Pembrokeshire following successful implementation in Carmarthenshire;
- Integrated seasonal plans, supported by Local Development Plan;
- Continued engagement with GPs to stagger requests for ambulances and mitigate peaks after surgeries as per audit report.

When can we expect improvement and by how much?

- As more alternative pathways become available the percentage of conveyances in the Amber category will reduce from the current 71.0%;
- Demand and capacity work ongoing to support realignment of rosters to ensure resources available at correct times to maximise performance.

How does this impact on both patients and finances?

In line with the Transformation of Clinical Services (TCS) agenda, the implementation of alternative pathways combined with lower conveyance and further development of Advanced Practice will reduce the impact on Emergency Departments and reduce the cost base of hospital admissions.

Timely Care – Unscheduled Care

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Acute Site General Managers**

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
• Number of ambulance handovers over one hour (0 target)	●	Declining
• % of patients who spend less than 4 hours in A&E/MIU (95% target)	●	Improving
• The number of patients who spend 12 hours or more in A&E/MIU (0 target)	●	Declining

Latest data

See the unscheduled care charts and dashboard.

Where are we against target?

- The daily average ambulance arrivals in February 2019 have decreased to 95.9 compared to 98.6 in February 2018;
- 89.1% of patients conveyed to the emergency care facilities by ambulance during February 2019 were handed over within 1 hour, improved performance from 87.5% in January 2019 and deterioration to February 2018 with performance of 89.5%;
- There were 294 Ambulance handovers over 1 hour in February 2019, improvement to the previous month and deterioration to February 2018 with performance of 289;
- February 2019 new A&E/MIU attendances compared to February 2018 have increased to 11,906; an increase of 5.8%;
- Year to date new A&E/MIU attendances compared to the same period last year increased by 3.80%, with Bronglais General Hospital (BGH) and Glangwili General Hospital (GGH) having the largest increases, 5.44% and of 6.55% respectively;
- New Major attendances have decreased from 4,347 in February 2018 to 4,344 in February 2019; a decrease of 0.07%;
- 84.4% of patients spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is an improvement from 82.7% in February 2018;
- Non admitted 4 hour performance improved from 92.6% in February 2018 to 93.5% in February 2019;
- The highest breach reason across all sites continues to be lack of medical beds. This has continued from 2017/18 into 2018/19;
- 732 patients spent 12 hours or more in an emergency care facility from arrival until admission, transfer or discharge. This is deterioration from 683 patients in February 2018;
- The average Length of Stay (LOS) for medical emergency inpatients has declined from last month and February 2018. There was an increase at BGH and Prince Philip Hospital (PPH), both GGH and Withybush general Hospital (WGH) have improved the average LOS in February 2019 from the prior month.

Why has this situation occurred?

- Increase in new attendances on all sites by 661 (5.89%) compared to February 2018. BGH 177, GGH 193, PPH 32 & WGH 208;
- A&E Middle Grade recruitment continues to be a challenge, there are still shifts without senior cover at GGH;
- Middle Grade coverage continues to be challenging across medicine and A&E in WGH as well as juniors in Orthopaedics;
- Reduced GP Out of Hours (OOH) cover especially at weekends, sometimes no cover at all for certain periods in Carmarthenshire;
- Delays in care packages and complex discharges for all acute sites has impacted on the ability to discharge patients with complex needs from hospital; there has been a particular period of Delayed Transfer Of Care (DTOC) increase in Powys which has impacted on outflow from BGH;
- Additional weekend capacity including medical and pharmacy staff at PPH funded by the winter plan will cease in March 2019;
- Patients attending PPH MIU who have needs outside the scope of the GP and nursing staff;
- Due to retirements, there will be limited consultant cardiology cover in PPH from the start of March 2019, which may affect patient flow.

What are the challenges?

- Registered Nurse staffing levels remain a significant challenge with 84.06 Whole Time Equivalent (WTE) at GGH. This will improve in March 2019 with 11.6 WTE nurses on boarding. BGH nursing deficit remains at 62 WTE (or 40% vacancy factor);
- Surge beds to manage winter pressures have been in place at GGH, BGH and WGH which causes additional pressure to staff these areas with qualified nurses given the current deficits;

- Inadequate therapy cover (i.e. due to sickness) for the inpatient wards remains an issue, which is extending LOS at GGH. At times there is only 1 Occupational Therapist for all of the medical wards. A similar picture is evident in WGH and BGH around therapist availability;
- Variation in ambulance arrivals by day and peaks in evening activity (batching linked to GP surgery times) – all sites;
- Capacity issues to accommodate patients with Long Term Care needs continues to be a challenge; - relevant for WGH;
- At WGH and GGH, it is worth noting that a number of medical patients are completing their episode of care in the A&E department due to a shortfall in inpatient capacity. This will reduce recorded numbers of admissions, discharges and increase LOS;
- At GGH LOS over 28 days remains high with 44 medical patients discharged in February 2019 with an average LOS of 49.8 days accounting for 51.4% of bed days this has led to unplaced medical patients both in Major and Minor spaces in A&E;
- The number of medically optimised remains above the target levels and the length of time waiting to be discharged has increased, with an average of 30 at PPH and 50-60 in GGH;
- At PPH despite improvements in patients awaiting home care packages, patients have experienced long waits where continuing healthcare support is needed.

What is being done?

- At GGH & WGH Safety huddles in A&E are being held twice a day to escalate any delays and to plan the patient journey within 4 hours;
- PPH continues to refine and develop the daily safety huddles;
- Working with the transformation team, PPH will undertake further reviews of the daily board round process;
- PPH will trial the promotion of the “4 questions approach” on one ward during March 2019. This approach encourages patients to ask the following 4 key questions every day:
    1. What is wrong with me?
    2. What is going to happen today?
    3. What is needed to get me home?
    4. When am I going home?
- Senior manager and nurse rota to attend board rounds to provide leadership support and escalation at GGH;
- Weekly joint Clinical Decisions Unit (CDU) & A&E meetings to improve front door processes with nursing & consultant physician staff;
- Recruitment to a 3rd acute physician, with a special interest in frailty, has been successful in WGH with the applicant due to start early March 2019;
- Continued twice-weekly meetings to review stranded patients and all medically optimised patients. Formal Stranded (long stay) patient reviews on all sites;
- Winter plan in place: 1 additional physiotherapist with additional medical staff on weekends in GGH from 14th March 2019, 12 hour physio support to the front door to assess all admissions, Sunday pharmacy opening extended until the end of March 2019 and weekend phlebotomists, BGH has a dedicated discharge middle grade doctor on site at weekends and there is provision of a weekend discharge vehicle to facilitate transfers. Additional weekend medical and therapy staff have been requested at WGH with variable uptake;
- On all sites, expectation of an estimated date of discharge and clinical criteria for discharge for every admitted patient remains a challenge but is improving and focussed efforts are in the Clinical Decisions Unit (CDU) ensuring when patients are transferred to a ward that there is a clear plan. Revised documentation is in place so that the whole Multi Discipline Team (MDT) completes the same documentation at GGH and similar changes are in train at BGH;
- Despite known challenges, PPH have seen relatively minimal waits for care packages due to the continuing success of their “bridging service” that provides additional capacity for patients awaiting funded domiciliary care. Bridging service for Carmarthen commenced in January 2019 which has seen less time waiting in hospital for care packages to commence;
- Also at PPH the “treat and transfer” service for cardiology patients commenced on 7th January 2019. This is also in place at GGH and used when the PPH area was closed in month for infection control issues;
- Refocus on implementation of SAFER bundle, including weekend discharges, across WGH with particular focus on medical wards;
- Continuation of a GP based in WGH A&E to oversee management of the minors’ stream, particularly during the out of hours period;
- Reviews planned of WGH A&E attenders aged over 75 who are ‘frequent attenders’ or attended WGH A&E after a fall;

- Details of patients admitted to WGH following deterioration in their condition in the community, whilst experiencing a functional decline, are being collected through the patient flow team. These will be reviewed and collated to identify any themes and trends;
- Continued review of time spent in hospital once declared medically optimised, with the aim of identifying reasons for such a prolonged period of high escalation across the WGH site.

When can we expect improvement and by how much?

- 11.6 WTE newly qualified nurses will start March 2019 (GGH);
- BGH is pursuing a strategic partnership arrangement with 3 nurse agencies in order to drive sustainability and continuity at ward level and support cost reduction on agency to mitigate vacancies;.
- Focus on site patient flow in order to reduce ambulance handover delays; - relevant for all sites;
- A focussed review of 12 hour breaches on all sites with a plan and trajectory for improvement.

How does this impact on both patients and finances?

- Improved recruitment will reduce reliance on agency nursing staff and deliver a better financial balance;
- Improved recruitment leading to team working and better focus, impacts positively on patient experience;
- Improved understanding of the reasons behind the continued high level of site escalation at WGH. This will provide areas for focus across acute and primary care as well as community services. Addressing these issues will increase efficiency.

Timely Care – Stroke Quality Improvement Measure

Lead Committee: QSEAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Simon Mansfield**

Metrics (targets):	Status as at Feb 2019	Performance the past 12 months
• % of patients with direct admission to an acute stroke unit < 4 hours (Target – 60.2%)	🟢	Improving
• % of patients thrombolysed <45 minutes (door to needle) (Target – 12 month improvement trend)	🔴	Declining
• % of patients who receive a CT scan < 1 hour (Target – 54.3%)	🟢	Improving
• % of patients assessed by a stroke specialist consultant physician < 24 hours (Target – 84.2%)	🟢	Declining

Latest data

Admission to Stroke Unit < 4 hours (Target: 60.2%)

UHB/Site	No. met target	No. eligible	Performance
HDUHB	31	38	81.6%
Bronglais	4	4	100.0%
Glangwili	10	13	76.9%
Prince Philip	9	9	100.0%
Withybush	8	12	66.7%

% Patients Thrombolysed <=45 minutes from clock start (Target: 12 month improvement trend – RAG rating is based on the overall 12 month trend, not in-month performance)

UHB/Site	No. met target	No. eligible	Performance
HDUHB	5	11	45.5%
Bronglais	2	2	100.0%
Glangwili	1	3	33.3%
Prince Philip	1	2	50.0%
Withybush	1	4	25.0%

% CT scan within 1 hour (Target: 54.3%)

UHB/Site	No. met target	No. eligible	Performance
HDUHB	43	52	82.7%
Bronglais	8	8	100.0%
Glangwili	13	15	86.7%
Prince Philip	10	12	83.3%
Withybush	12	17	70.6%

% Assessed by a Stroke consultant < 24 hours (Target: 84.2%)

UHB/Site	No. met target	No. eligible	Performance
HDUHB	47	52	90.4%
Bronglais	6	8	75.0%
Glangwili	15	15	100.0%
Prince Philip	9	12	75.0%
Withybush	17	17	100.0%

See the stroke performance charts and dashboard for benchmarking and further information.

Where are we against target?

As a Health Board (HB), the targets were met in February 2019 for all measures apart from the thrombolysis door to needle <45 minutes target.

- The admission to the stroke unit <4 hours in February 2019 met the target (60.2%) with performance of 81.6%. The target was met in all sites;
- The percentage of patients thrombolysed <=45 minutes February 2019 did not meet the rolling 12 month improvement trend target for the HB (45.5%). The percentage compliance is shown in the latest data table;
- In February 2019, the percentage of patients having a Computerised Tomography (CT) scan within the one hour target (54.3%) was met in all sites with an overall performance of 82.7%;
- The percentage of patients assessed by a stroke consultant in February 2019 met the target (84.2%) with performance of 90.4%. The target was met in all sites apart from PPH (75.0%) and BGH (75.0%);
- The latest available All Wales Data is for December 2018 and ranked Hywel Dda University Health Board (HDUHB) 1st out of 6 for CT scan within one hour and thrombolysis <45 minutes and 2nd out of 6 for admission to stroke unit within four hours and stroke patients assessed by a stroke consultant <24 hours.

Why has this situation occurred?

In February, the percentage of patients thrombolysed within 45 minutes did not meet the 12 month trend target. For the HB this meant that 6 patients were thrombolysed within the 45 minute window, although all eligible patients were thrombolysed. The rolling 12 month target was not hit in Glangwili General Hospital (GGH) (2 patients missed) or Withybush General Hospital (WGH) (3 patients missed). In GGH, the 2 patients who were missed were as a result of the medical registrar being detained with a MET call and a CT report taking 25 minutes to come back. In WGH of the 3 patients who missed the target, 2 required their blood pressure to be reduced pre-thrombolysis and the last patient presented out of hours and took 55 minutes to thrombolyse.

Although the HB met the performance target for the % of patients being seen by a consultant within 24hrs, the target was not met in Bronglais (BGH) or Prince Phillip Hospital (PPH). The two patients who were not seen by a Stroke Consultant in BGH within 24 hours were as a result of leave and a lack of senior cover. In PPH, of the 3 patients not reviewed by a Stroke Consultant within 24 hours, 2 patients were weekend admissions and the last patient was seen in under 25 hours.

What are the challenges?

During February 2019, the acute winter pressures have started to ease, with stroke pathway beds being protected more successfully. This has been particularly noticeable in GGH. The thrombolysis target remains challenging to hit with small numbers of patients and the requirement to medically manage them before administering thrombolysis. It should be noted that through the recent Delivery Unit review of thrombolysis across Wales, Hywel Dda performed the best. Of all of the admitting units in Wales, Hywel Dda demonstrated the fastest median door to needle times overall with the four Hywel Dda Units occupying, 1st, 2nd, 3rd and 5th positions out of the 12 regularly admitting stroke units in Wales.

The failure to meet the target for review by Stroke Consultants within 24 hours demonstrates the relative fragility of the services provided by single handed practitioners in BGH and the challenges in managing this measure for patients presenting during the weekend.

What is being done?

- The thrombolysis performance in Hywel Dda has achieved an overall 'B' score through SSNAP and fares better than other HBs, but work is still ongoing to develop this service further using best practices identified throughout Wales and an action plan is being developed in response to the feedback provided;
- This work continues to be coordinated through the weekly performance meetings and the HB wide Stroke Steering Group meetings;
- Review by Stroke Consultants requires further work on succession planning and virtual review in order to consistently achieve the target for this measure. This work is being considered as part of a wider re-design of stroke services throughout the HB.

When can we expect improvement and by how much?

Thrombolysis performance is expected to improve incrementally through continued focus but with a more structured action plan to be put in place within the next month.

How does this impact on both patients and finances?

It is recognised that timely thrombolysis provides eligible patients with the greatest chance of salvaging brain function and, as a result, the improvement of this measure is of critical importance to all of the Stroke teams across the HB.
Early thrombolysis can improve patient outcomes and can lead to lesser levels of dependence post stroke. This is of significant benefit to the patient and carers, but also places less of an ongoing burden of care on health and social care in the future.

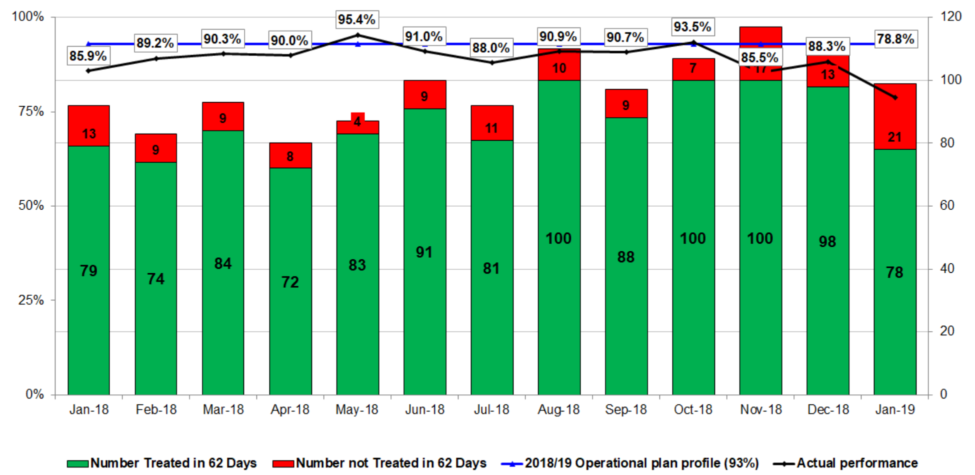
Timely Care – Cancer

Lead committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Keith Jones**

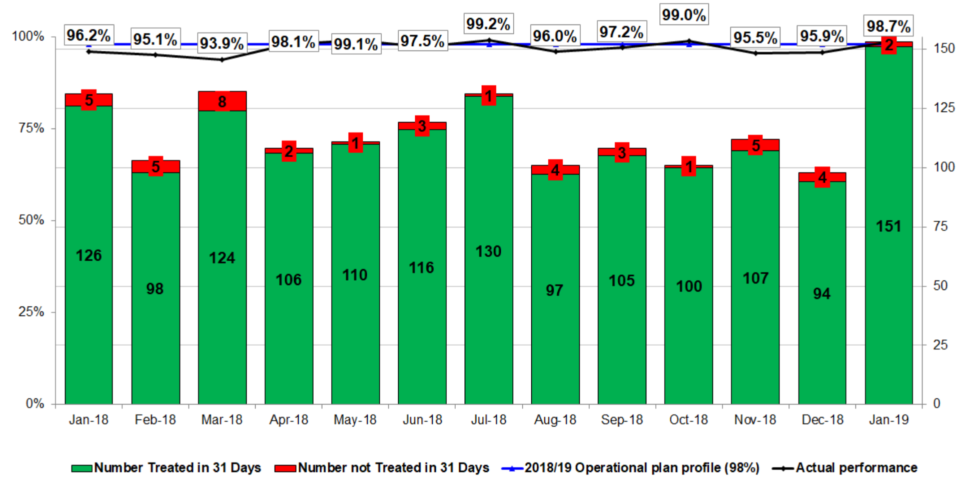
Metrics (targets):	**Status as at Jan 2019**	**Performance the past 12 months**
• % of patients referred as urgent suspected cancer seen within 62 days – Target 95%	●	Declining
• % of patients referred as non-urgent suspected cancer seen within 31 days – Target 98%	●	Improving

Latest data

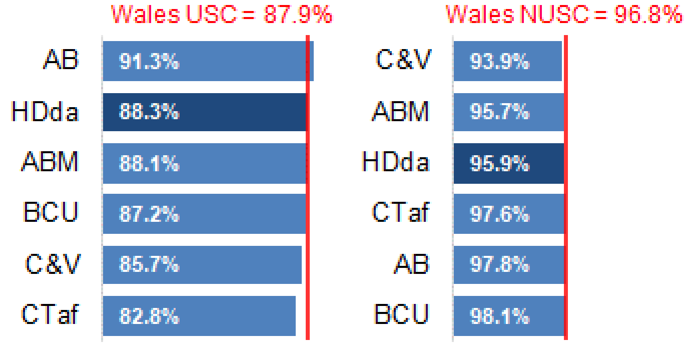
Urgent Suspected Cancer - 62 Day Treatment Target 95%



Non Urgent Suspected Cancer - 31 Day Treatment Target 98%



Benchmarking (December 2018)



The latest all Wales benchmarking data puts Hywel Dda ranked 2nd in Wales for Urgent Suspected Cancer (USC) and 3rd for Non Urgent Suspected Cancer (NUSC).

Where are we and are we on target?

USC – confirmed January 2019 USC performance deteriorated to 78.9% based on 21 breaches for the following reasons/areas:

- 2 x tertiary oncology delays (1 x Haematology, 1 x Head and Neck pathways);
- 5 x tertiary surgery delays (1 x Skin, 1 x Urology, 3 x Gynaecology pathways);
- 4 x complex diagnostic pathways (1x Lung, 2 x Lower Gastro intestinal, 1 x Gynaecology, 1 x Head and Neck pathways);
- 5 x local diagnostic delays (5 x Dermatology);
- 4 x local surgery delays due to Intensive Care Unit (ITU) capacity and consultant sickness (1 x Urology, 3 x Dermatology);
- 1 x 'other' (clinical error leading to delayed submission of Magnetic Resonance Imaging (MRI) referral).

NUSC – January 2019 performance recovered above target to 98.7% based on 2 breaches for the following reasons/area:

- 1 x tertiary surgery delays (1 x Gynaecology pathway);

- 1 x local surgery delay due (cancelled procedure due to ITU capacity) (1 x Urology pathway).

Why has this occurred?
USC – performance showed a significant deterioration in January 2019 due to the combined impact of 3 main influences:

- 7 x tertiary centre treatment delays (tertiary surgery and oncology) affecting several pathways as above;
- 4 x complex pathway delays where the clinical complexity of the patients prevented diagnosis and treatment within 62 days of referral;
- 9 x local diagnostic & treatment delays reflecting the impact of capacity pressures within the Dermatology service and the increasing incidence of cancelled operations due to pressure on critical care capacity.

1 further breach was due to a clinical error which led to the delayed processing of a referral for an MRI investigation.

NUSC – performance in January 2019 was above target level.

What are the challenges?
Tertiary centre capacity pressures - continue to present a risk to the Health Board's performance across a number of USC and NUSC pathways with a total of 8 breaches (7 x USC and 1 x NUSC) during the month. These pressures are similarly reflected in performance at Abertawe Bro Morgannwg University Health Board (ABMUHB) which continues to run significantly below the Welsh average. Lead in times to radiotherapy treatments regularly exceed four weeks for many patients and delays for Gynaecology surgery continue to feature as major breach reason. Concerns regarding Tertiary Centre capacity and associated delays continue to be escalated at operational and Executive levels.

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 Multi Discipline Team (MDT) reviews to determine the most appropriate clinical management plan.

Local service capacity pressures – capacity pressures within the Dermatology service have been evident during the past 18 months and further deteriorated during late 2018, leading to the impact on increased breaches in January 2019. 3 breaches were due to cancelled minor procedures on the day of surgery due to the short notice sickness / absence of the doctor scheduled to undertake the procedures.
2 x Urology breaches (1 x USC, 1 x NUSC) were also due to the increasing incidence of cancelled surgical procedures due to pressure on available critical care capacity on the day of scheduled surgery. This is reflective of a number of factor including critical care nurse staffing vacancies, limitations in the supply of agency nurses, peaks in ITU (Level 3) demand and unscheduled care pressures which compromise the flow of Level 1 patients from the critical care units to general ward beds.

These pressures are expected to compromise performance in the short term whilst recovery actions already commenced take effect. The extent to which these risks impact upon overall performance varies month to month depending on the volume of Hywel Dda patients requiring tertiary treatment and overall demand at ABMUHB.

What is being done?
The table below provides a current status assessment of the key risks:

Gynaecology	Current Position:
• Delays for surgical treatment at the tertiary centre in Swansea; • Situation reflects ongoing sickness/ absence within the ABMUHB Gynaecology consultant team and periodic bed capacity pressures at Morriston.	• This remains a risk to sustained performance improvement; • ABMUHB have advised that improvement will not be expected without an additional (4th) Gynaecology Cancer Surgical post; • No available capacity at alternative units in Wales; • ABMUHB has advised for a 4th surgeon although no firm applications have yet been received; • This risk will continue until a 4th surgeon is recruited.

Dermatology	Current Position:
- Local diagnostic/treatment delays due to significant vacancy factor within service.	- Performance in January 2019 reflects the impact of capacity gaps during the late 2018 period; - 2 staff grade doctors have been appointed and locum consultant is due to commence late Spring 2019; - The insourcing provider supporting the RTT pathway has been commissioned to prioritise minor procedures for the USC pathway pending the impact of the above recruitment; - A joint planning workshop has been agreed with ABMUHB to consider further opportunities for regional solutions and a development / supervision programme for GPs with an interest in Dermatology.
Urology	**Current Position:**
- Delays for tertiary surgery; - Incidence of cancelled local surgery due to availability of local critical care capacity.	- Continuing pressures on the tertiary pathway including delays for tertiary outpatient reviews and subsequent treatment; - ABMUHB has advised that solutions to increase capacity before July 2019 are unlikely; - The incidence of cancelled procedures due to availability of a critical care bed has increased through 2018/19. The Planned Care Directorate is progressing a review of Critical Care admission / discharge protocols and opportunities to re-model Level 1 capacity at hospital sites to improve flow through current Critical Care Units. Recruitment attempts in respect of critical care nursing are continuing.

When can we expect an improvement and by how much?
Data for February 2019 indicates that USC performance will show a partial recovery compared to January 2019 – this is subject to current review and validation. The Dermatology actions outlined above are expected to support performance recovery from April 2019.

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 – Referral to Treatment (RTT)

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Keith Jones / Steph Hire**

Metrics (targets):	Status as at Jan 2019	Performance the past 12 months
• % Patients waiting less than 26 weeks from referral to treatment (Target = 95%)	🟡	Improving
• Number of patients waiting 36 weeks and over (Target = 0)	🔴	Improving

Latest data

Please refer to the RTT charts and the table below:

Specialty	Feb-19		
	Profile	Actual	Variance
General Surgery	10	21	11
Urology	15	19	4
Trauma & Orthopaedics	175	381	206
ENT	38	59	21
Ophthalmology	29	54	25
Oral Surgery	0	0	0
Neurosurgery	0	0	0
Pain Management	0	0	0
General Medicine	1	5	4
Gastroenterology	3	0	-3
Endocrinology / Diabetes	12	0	-12
Clinical Haematology	0	0	0
Audiological Medicine	0	0	0
Cardiology	16	30	14
Dermatology	84	51	-33
Respiratory	11	3	-8
Nephrology	0	0	0
Neurology	3	0	-3
Clinical Neurophysiology	0	0	0
Rheumatology	0	0	0
Paediatrics	0	0	0
Gynaecology	0	10	10
Non-Clinical Haematology	0	0	0
Total	**397**	**633**	**236**

Where are we and are we on target?

The number of 36 week + breaches in February 2019 was 633 which represents a reduction of 675 compared to January 2019 and compares favourably to 2,430 reported breaches in the same month last year (74% reduction). The overall breach cohort of patients (to be treated before 31st March 2019) is 1,797 fewer than at the same time last year. Delivery plans remain in place to support achievement of zero breaches by March 2019 (although at time of production of this report, risks remain in respect of a small cohort of approximately 20 orthopaedic patients) and these are summarised in this report. The percentage of patients waiting less than 26 weeks from Referral To Treatment (RTT) was 90% in February 2019 (48,560 patients) which is the highest compliance in several years. Both metrics have shown improvement during the past 12 months.

Why has this situation occurred?

The main variances against profile were seen in the following specialties:

- Orthopaedics – although 206 breaches above the previously forecast profile, this represents a significant reduction of 232 breaches since end January 2019. February 2019 performance reflects the combined impact of slower than required progress in the delivery of outsourced treatments via St Joseph's Hospital in Newport and the treatment 'out of turn' of some patients depending on their availability to attend outsourcing locations for treatment during the month;
- ENT – 21 breaches above profile which represents a further improvement since end January 2019. February 2019 performance reflects the impact of reduced outpatient activity year to date as a combined result of vacancies within the medical team and the supporting Audiology service;
- Ophthalmology – 25 breaches above profile which represents a further improvement since end January 2019.

What are the challenges?

- Orthopaedics – continuing challenges to secure the necessary volume of in-month and overall cohort treatments via St Joseph's Hospital in Newport to match both monthly breach profiles and the total contracted volume. There is also an ongoing risk of cancellations of planned treatments due to unscheduled care pressures. Encouragingly, the overall breach cohort of orthopaedic patients (to be treated before 31st March 2019) is 1,140 patients fewer than at the same time last year;
- ENT – recruitment of Audiology capacity to support planned clinics to address remaining cohort patients;
- Ophthalmology – arrangement of additional outsourcing capacity to replace lost internal capacity following the failed appointment of 2 planned consultant posts during the Autumn 2018.
- Dermatology – effective and timely recruitment of replacement locum or substantive clinical capacity to support the service in the short /medium term along and supporting programmes to develop a more community-based delivery model for the longer term.

What is being done?

- Orthopaedics – There are no remaining cohort patients in Stage 1. Internal core and backfill Stage 4 delivery capacity has been maximised and further enhanced from January 2019 via additional weekend Waiting List Initiative (WLI) sessions at Prince Philip Hospital (PPH). External (St Joseph's) delivery plans have been reviewed to confirm the maximum anticipated volume. At the time of production of this report, risks remain in respect of a small cohort of approximately 20 orthopaedic patients due to sickness / absence of one surgeon and limited sub-specialty capacity for specific procedures. Mitigation plans continue to be explored by the operational team. Achievement of zero breaches will also necessitate prioritisation of planned orthopaedic bed capacity to support internal treatments.
- ENT – 3 Audiology locums recruited to support additional outpatient clinic activity. There are no remaining cohort patients in Stage 1. Planned available treatment capacity remains sufficient to accommodate the forecast year end cohort of patients;
- Ophthalmology– to mitigate the lost capacity associated with the failed appointment of 2 consultant posts, an extension of existing outsourcing contracts for a further 380 cataract treatments has been secured, which commenced January 2019. There are no remaining cohort patients in Stage 1. The combination of internal and external treatment capacity available to 31st March 2019 remains sufficient to accommodate the forecast year end cohort of patients;
- Dermatology – to mitigate the lost capacity associated with current vacancies, an additional externally provided in-sourcing contract has been secured for 700 patients which commenced during February 2018. 2 specialty doctors have been recruited. The combination of internal and externally provided in-source capacity available to 31st March 2019 is sufficient to accommodate the remaining year end cohort of patients.

When can we expect improvement and by how much?

Delivery plans remain in place to achieve zero 36 week breaches by 31st March 2019 (subject to the risks outlined in respect of a small cohort of orthopaedic patients)

How does this impact on both patients and finances?

Achievement of zero 36 week breaches will represent 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 Abertawe Bro Morgannwg University Health Board (ABMUHB) and Welsh Government to address this.

Timely Care – External Health Board Referral to Treat (RTT)

Lead Committee: BPPAC **Executive Lead: Huw Thomas** **Senior Responsible Officer: Rhian Davies**

Metrics (targets):	**Status as at Jan 2019**	**Performance the past 12 months**
- RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers (0)	●	Improving

Where are we against target

As at the 31st January 2019, there were 4,906 Hywel Dda University Health Board residents on open pathways at other provider sites, 97% are waiting to be treated in Wales. Of these 4,906 residents, 225 patients were breaching the maximum backstop of 36 weeks (220 in Wales; 5 in England).

English Provider Sites:

The main three hospitals in England treating Hywel Dda residents are, University Hospital Bristol, Robert Jones & Agnes Hunt (RJAH) and University Hospital Birmingham.

- There are 3 patients breaching in RJAH, all in Trauma & Orthopaedics with the longest week wait of 50 weeks;
- There are no patients breaching in University Hospital Birmingham and University Hospital Bristol;
- There is 1 patient in Royal United Hospital Bath in Rheumatology breaching 41 weeks;
- There is 1 patient in Shrewsbury & Telford in Oral Surgery breaching 36 weeks.

Welsh Provider Sites:

Abertawe Bro Morgannwg University Health Board (ABMUHB)

82% of Hywel Dda patients waiting to be treated outside Hywel Dda in Wales are in ABMUHB. In the ABMUHB IMTP 2018/19 plan, the following commitments have been made to reduce waiting times

- There will be no patients waiting over 26 weeks for a first new outpatient appointment (stage 1) by March 2019;
- To clear over 36 week waits in all specialities other than, Orthopaedics, General Surgery, Spinal, Oral Maxillo-Facial Surgery, Cardiology, ENT, Plastic Surgery and Urology by March 2019. These specialties are ranked in order of highest patient numbers.

Outpatients - At the end of January 2019, there were 14 patients waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest Week Wait
Oral Surgery	14	26
Total	14	

36 Week Target – At the end of January 2019, there were 196 patients with waiting times in excess of 36 weeks with the longest wait being 105 weeks:

Specialty	Total Patients	Longest Week Wait
Oral Surgery	24	105
General Surgery	12	105
Cardiology	19	105
Trauma And Orthopaedics	110	101
ENT	3	69
Plastic Surgery	28	61
Total	196	

ABMUHB have been asked to provide a profile setting out when the waiting time reduction targets will be achieved for Hywel Dda residents; however, this is an on-going process.

Cardiff & Vale University Health Board - 16% of Hywel Dda patients waiting to be treated in Wales are in Cardiff & Vale.

Outpatients - At the end of January 2019, there were 35 patients waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest Week Wait
Ophthalmology	6	41
Trauma And Orthopaedics	4	35
Neurology	3	35
Dermatology	2	35
Clinical Immunology & Allergy	16	34
Paediatric Dentistry	1	32
Rheumatology	1	29
Gastroenterology	1	27
Paediatric Surgery	1	27
Total	35	

36 Week Target – At the end of January 2019, there were 21 patients with waiting times in excess of 36 weeks with the longest week wait being 65.

Specialty	Total Patients	Longest Week Wait
Trauma And Orthopaedics	14	65
Neurosurgery	1	45
Urology	1	38
Ophthalmology	3	45
General Surgery	1	44
ENT	1	39
Total	21	

The Head of Healthcare Contracting has been in contact with the Health Board and have confirmed that they have a Waiting Times Plan, which has been agreed with Welsh Government (WG), that no patient will wait longer than 36 weeks by 31st March 2019.

Other Providers in Wales - There are an additional three breaches reported. In Betsi Cadwaladr University Health Board, there is one patient with the longest weeks wait at 45 weeks in Trauma & Orthopaedics. Betsi Cadwaladr University Health Board has commented that the patient has not been dated due to capacity issues. In Cwm Taf University Health Board, there is one patient waiting 39 weeks in Gynaecology, The Health Board has requested an update, but to date has not received a response. In Aneurin Bevan University Health Board, there is one patient with the longest weeks wait at 39 weeks in Trauma & Orthopaedics. The Health Board has requested an update, but to date has not received a response.

Timely Care – Dietetics - Therapy waits over 14 weeks

Lead Committee: BPPAC	**Executive Lead: Joe Teape**	**Senior Responsible Officer: Zoe Paul-Gough/Karen Thomas**

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
• Number of patients waiting 14 weeks plus for Dietetics (Target = 0)	●	Improving

Latest data
The latest available data can be viewed within the therapies graphs.

Where are we and are we on target?
The number of patients waiting over 14 weeks has reduced from 71 in January 2019 to 11 in February 2019.

Why has this occurred?
There was additional clinic activity during February and increased clinic capacity in the adult weight management service following recruitment in January.

What are the challenges?
The service has a - 20% vacancy & maternity rate which means core clinic capacity is difficult to sustain; the reduction in waiting times is largely predicated on delivery of non- sustainable additional sessions.

What is being done?
Staff are continuing to deliver additional clinics and additional locum support is still being sought to cover short term vacancy gaps.

When can we expect an improvement and by how much?
The trajectory for improvement is zero breaches by the end of March 2019. This projected position is however based on no further loss of core capacity due to unplanned vacancy or sickness through March. It will be challenging to maintain zero waits over 14 weeks for the first quarter of 2019-20 because vacancies and maternity rate will continue to impact until end June when recent recruitment of graduates takes effect.

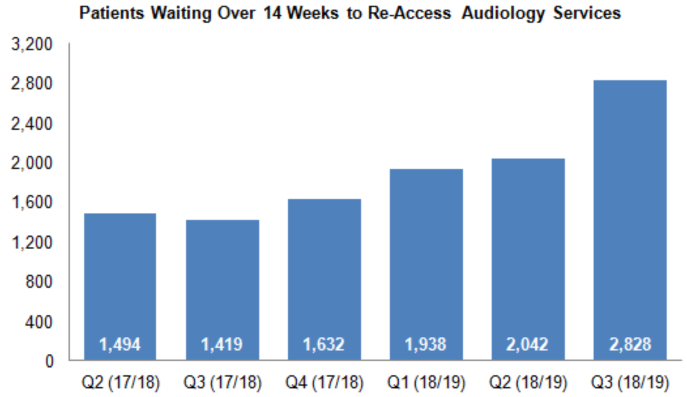
How does this impact on both patients and finances?
Delays in dietetic access lead to increased clinical risk for patients whose nutritional status is declining with potential for escalation of healthcare needs. Being unable to respond in a timely way to patients referred for weight management services can adversely impact on subsequent engagement.
The service is delivering additional sessions within the agreed RTT funding.

Timely Care – Audiology - Therapy waits over 14 weeks

Lead Committee: BPPAC	**Executive Lead: Joe Teape**	**Senior Responsible Officer: Caroline Lewis**
Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
• Number of patients waiting 14 weeks plus for Audiology (Target = 0)	●	Improving
• Number of patients waiting 14 weeks plus for Re-Accessing Audiology (Target = 0)	●	Declining

Latest data

The latest available Audiology data for patients waiting over 14 weeks for new assessments can be viewed within the therapies graphs. The graph below shows the number of patients waiting 14 weeks plus to re-access the Audiology service.



Where are we and are we on target?

At the end of March 2019, there were 10 patients waiting longer than 14 weeks for an Audiology appointment, with the longest waiting 16 weeks. This represents an improvement of 48 patients since January 2019. The re access waiting list has grown due to the resources being prioritised to referral to treatment (RTT) ear, nose and throat (ENT) and the 14 week target.

Why has this occurred?

Current staff reduction due to maternity leave, the vacancy position and a recent increase in demand for new patient referrals at the Glangwili General Hospital (GGH) site has reduced the capacity of the service to see the number of patients both being newly referred in and those needing to re-access the service for review.

What are the challenges?

Currently the service is 6.22 Whole Time Equivalent (WTE) below funded establishment; this is a worsening position from the previous month with the appointment being made for maternity cover withdrawing. Sickness within the team has also had an impact; this has now resolved.

What is being done?

- Audiology appointments are being offered at all sites where possible and staff are being re-prioritised from work on other non-Referral to Treat (RTT) waiting lists (e.g. balance and tinnitus and reassessments) to address the long waiting times in the re-assessment list;
- 3 Locums have been brought in as additional capacity to target the long waiting patients and support the ENT clinics; one locum commenced 26 November 2018 providing an additional 32 appointments per week, a further 2 locums commenced on 14/01/19. Two of the locums will be terminating their contracts with Health Board on 15/03/19;
- The Service Delivery Manager is working with the Audiology Admin Manager and the Band 7 Audiologists on Demand and Capacity for each of the waiting lists held within Audiology, this will establish whether further locums are required. One Band 5 Audiologist has been appointed and a further Band 5 will be returning from Maternity leave on 21/05/19;
- The Head of Service post has been appointed, with a commencement date of 29th July 2019;
- The department continues to support the training of two Fast Track Trainees; they will be able to provide capacity to the team from mid January 2019 onwards (20 appointments per week);
- Two members of staff have undergone further training to fill roles of Assistant Audiologists; they have commenced working to their new skill levels during the past month which will free up Audiologist capacity to see new referrals (approximately 20-25 appointments per week depending on case mix);
- The department continues to review the administration of the waiting lists through validation and prioritising the longest waits;
- Both receptionist posts for Carmarthenshire and Pembrokeshire are in the process of going out to advert.

When can we expect improvement and by how much?

The situation is expected to improve by year end to achieve no waits over 14 weeks as the additional capacity (as described above) takes effect. The continuing staffing review, in conjunction with the ongoing mapping of the capacity and demand, will ensure the longer term sustainability of the service. As a result of the actions highlighted above capacity for the 14 week and ENT RTT pathways is now broadly in balance, which will allow the service to reprioritised the re-access pathway. This will be further informed by the current Demand and Capacity work referenced above.

How does this impact on both patients and finances?

More than 70% of over 70 year olds have a hearing loss. Hearing loss increases the likelihood of dementia, depression, obesity and other mental health conditions (please refer to BBC awareness campaign regarding hearing loss). A person with a hearing loss is three times more likely to suffer a serious fall. Effective early intervention and continued support to hear well is crucial for maintaining an individual's wellbeing and independence. Whilst fitting hearing aids is not a preventative measure for hearing loss, it is known that people who communicate well stay socially active and manage their own health, which improves their wellbeing. Long term savings result by reducing non-concordance with advice, misunderstanding of diagnosis or treatment and failure to take medication, reducing the burden on other healthcare services.

Timely Care – Occupational Therapy (OT) – Therapy waits over 14 weeks (excludes MHLD)

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Alison Shakeshaft/Claire Sims**

Metrics (targets):	Status as at Feb 2019	Performance the past 12 months
• Number of patients waiting 14 weeks plus for Occupational Therapy (Target = 0)	●	Improving

Latest data

The latest available data can be viewed within the therapies graphs.

Where are we against target?

In February 2019, there were a total of 7 patients waiting 14 weeks and over, which is a decrease of 130 patients compared to February 2018. All 7 patients are children.

Why has this situation occurred?

Long-term build-up of waits for children's occupational therapy (OT) are due to prolonged periods of reduced service capacity with sustained increased demand. Additional waiting list initiative funding has improved position, however, improvement has been slower than predicted due to the challenges outlined below.

What are the challenges?

- Sustaining the improvement in paediatric OT without additional capacity. This service has a small workforce across 3 counties which is vulnerable to fluctuations in capacity (due to recruitment, planned and unplanned leave), as well as the nature of the caseload. The caseload is predominantly complex and progressive, often requiring long term service involvement;
- Paediatric locum occupational therapist has now left the Health Board;
- No further locum paediatric locums have been available;
- Paediatric OT is specialist area of practice, which means locum staff are not readily available, vacancies can take longer to fill, and there are limited opportunities to utilise staff from the wider occupational therapy workforce.
- New & unpredicted long term sickness in the paediatric service;
- New vacancy in the paediatric service from February 2019;
- 1x ongoing maternity leave;
- Service undertaking activity for social care and housing in Carmarthenshire within core capacity, pending agreement to reinstate ongoing funding;

What is being done?

- Weekly monitoring of performance against target;
- Additional Band 4 hours have been engaged from bank;
- New 0.5wte vacancy is being progressed through recruitment process;
- Long term sickness absence being managed in line with policy;
- Additional plan implemented to meet target, including additional hours, diverting staff from other duties, suspending acceptance of housing referrals;
- Progressing agreement with Carmarthenshire Social Care & Housing to fund capacity;
- Care Aims approach is being implemented in paediatric service, which will contribute to managing service demand in the longer term;
- Additional capacity to sustain waiting times position after April 2019 has been submitted to inform annual plan.

When can we expect improvement and by how much?

If no further significant challenges in workforce capacity arise, paediatrics improvement will continue on a month-by-month basis and is on course to achieve 0 over 14 week waits by March 2019.

How does this impact on both patients and finances?

Children waiting for OT are experiencing significant problems participating in everyday activities that are vital for their health, well-being, and development, including developing skills in self-care, bathing, learning to feed, being able to play with their friends or engage in education. Waiting for OT also impacts on the health and well-being of the child's family and carers, who may experience significant challenges physically and psychologically caring for the child. Earlier OT assessment and subsequent intervention/rehabilitation for children can resolve issues and improve lifelong outcomes, reducing need and costs of treatment, equipment, and long term care. Implementing plan to recover position involves;

- Existing staff taking a higher proportion of new referrals, which will delay follow on intervention for children;
- Diverting staff from other activity and areas impacts on housing service, stroke service, neonatal service, and education agreements.

Timely Care – Therapy waits - Pulmonary Rehabilitation

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Alison Shakeshaft/ Vicky Stevenson**

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
- Number of patients waiting 14 weeks plus for Pulmonary Rehabilitation (Target = 0)	●	Improving

Latest data

Location	Under 14 Weeks	14 to 35 Weeks	36 to 52 Weeks	Over 52 Weeks	Total Waiting more than 14 weeks
Amman Valley	11	10	5	4	19
Glangwili	14	12	10	4	26
Prince Philip	30	30	14	24	68
North Ceredigion	0	3	1	43	47
South Ceredigion	3	1	0	5	6
Withybush	29	22	3	1	26
Total	**87**	**78**	**33**	**81**	**192**

Where are we against target?

At present, the waiting times are in excess of 52 weeks. The total number of patients waiting over 14 weeks has increased from 170 at the end of January 2019 to 192 at the end of February 2019.

Why has this occurred?

Extremely long waits are due to very limited staffing capacity for demand in this speciality and significant variation in service delivery across the Health Board localities. The number of waits has increased this month due to courses running and with no further patients being taken off the waiting list.

What are the challenges?

There is currently no robust provision in Ceredigion. In Pembrokeshire, the location of programme delivery impacts on the individual's ability to access Pulmonary Rehabilitation (PR) within a recommended timescale i.e. the programme rotates around the County. Carmarthenshire service is provided by single-handed practitioners within physiotherapy and occupational therapy. Each county is experiencing significant numbers of patients admitted and re-admitted to all four hospitals with Chronic Obstructive Pulmonary Disease (COPD) and referred for PR as part of their management.

What is being done?

The service has worked collaboratively with Primary Care to develop and pilot an innovative approach using a hub and spoke model and digital technology. Following the success of this, the service is working to roll this model of care out across the Health Board. A business case has been developed and a sustainable plan has been included in the Annual Plan for consideration.

When can we expect an improvement and by how much?

The Service requires a clear plan of direction in terms of Health Board priorities. To date the Service has prioritised delivery through the hub and spoke model pilots, alongside core delivery. A multi-disciplinary team business case Virtual Pulmonary Rehabilitation (VIPAR) supporting 2 hub and 2 spoke models which evidences prudency and efficiency has been submitted and will form part of Integrated Medium Term Plan IMTP submission. This supports redesign of PR and a decision in terms of support for this model of delivery will be considered. Delivery of on hub and spoke until end of March 2019 has been agreed to address waits in Ceredigion.

How does this impact on both patients and finances?

Pulmonary Rehabilitation is for people with Chronic Obstruction Pulmonary Disease. It is evidenced to:

- Reduce mortality;
- Support earlier discharge from Acute hospital care;
- Reduce unplanned readmissions;
- Increase positive health behaviours;
- Increase engagement with social and vocational activities.

Timely Care – Podiatry - Therapy waits over 14 weeks

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Alison Shakeshaft/ Mike Mulroy**

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
• Number of patients waiting 14 weeks plus for Podiatry (Target = 0)	●	Improving

Latest data
The latest available data can be viewed and interrogated within the Therapies Graphs.

Where are we and are we on target?
The number of patients waiting over 14 weeks has reduced from 29 in January 2019 to 19 in February 2019.

Why has this occurred?
The Podiatry Service has consistently managed increased demand over recent years despite a limited growth in the service. Podiatry undertakes one of the highest patient direct contact treatments per year in therapies (60,000). Significant innovation and service improvement measures have been implemented to enable this. Demand consistently outstrips available capacity and short term funding has been relied upon to manage the waiting list position.

What are the challenges?
Within Podiatry, there is a significant requirement for follow up appointments as part of patient management due to the range of conditions being referred e.g.

Diabetic foot ulceration is likely to gradually deteriorate over the years as the underlying peripheral vascular disease worsens. Similarly, children with long-term chronic conditions will need ongoing care and re-provision of appliances as the patient develops. In addition, the service has evolved to manage musculoskeletal patients that previously may have gone to Orthopaedics or other Health Board services such as A&E; many of these patients are not simply a see and treat-discharge type. As a result, increasing numbers of referrals have an impact on follow up demand, which is consistently outstripping available capacity.

What is being done?
Short term referral to treatment (RTT) funding is being utilised to increase new patient capacity. This will not deal with the impact on increased follow up requirements. Robust discharge processes are in place in addition to detailed eligibility criteria to be able to access the service.

Podiatry's Expert Patient Programme (EPP) programme commenced in August 2018 and is the latest innovation to try to streamline referrals and reduce waiting times.

When can we expect an improvement and by how much?
Utilising RTT funding, the service has committed to eliminate 14-week breaches by March 2019. Expert Patient Programme (EPP) should help reduce patient numbers; however, a long term, sustainable approach is required and a sustainability plan for the service is being developed. Long-term sustainable improvement would need investment or further changes in eligibility criteria to limit patient access and the availability of certain products and treatments.

How does this impact on both patients and finances?
A sustainable solution is required to address the demand and capacity gap across the service. Priority areas will be identified through the department's Integrated Medium Term Plan (IMTP). This in effect means ensuring that all possible efficiencies and new ways of working are undertaken to ensure value for money. If this is the case and without further investment, the result will be increased patient waiting times and possible increased morbidity and mortality rates. If no investment, possible then significant changes to eligibility criteria need to be adopted to ensure patients are seen in other sectors such as private practice. This could affect patient experience and could result in complaints from patients and other services that are having access restricted.

Timely Care – Physiotherapy - Therapy waits over 14 weeks

Lead committee: BPPAC	Executive Lead: Joe Teape	Senior Responsible Officer: Helen Annandale

Metrics (targets):	Status as at Feb 2019	Performance the past 12 months
• Number of patients waiting 14 weeks plus for Physiotherapy (Target = 0)	●	Improving

Latest data

The latest available data can be viewed within the therapies graphs.

Where are we against target?

There were 4 breaches of the 14 week target in February 2019 compared to no breaches in February 2018 no. The overall 12-month trend shows increasing numbers of patients on the waiting list, however, the numbers of breaches over the last 6 months have been small.

Why has this occurred?

During 2017/18 the service experienced a significant number of patients breaching the 14 week target due to a demand and capacity gap. Short-term funding tackled the backlog and enabled a significant reduction in patients waiting over 14 weeks but the situation began to deteriorate when this funding ceased. There has been a slow increase in numbers of patients on routine waiting lists.

What are the challenges?

- Service capacity is challenged due to baseline staffing compounded by recruitment challenges and vacancies e.g. maternity leave and availability of newly qualified staffing. The latter is a national issue;
- Increasing service demand including transforming services to focus on prevention e.g. increasing access with self-referral services, alternative services to Consultant assessment, pilot projects to support primary care musculoskeletal (MSK) caseloads;
- Clinical Musculoskeletal Assessment and Treatment Service (CMATS), new primary care first contact practitioner (First Contact Practitioner) roles and the core MSK physiotherapy service are interlinked and capacity has been flexed between the services e.g. service cover for maternity leave. This decreases capacity within core MSK services, which compounds the capacity issue.
- Fixed term funding of new roles in primary care increases service reliance on agency backfill to maintain routine waiting times in core MSK services.

What is being done?

Service redesign including:

- Skill mix review;
- Signposting/delegation to partners e.g. National Exercise Referral Scheme (NERS);
- Development of integrated community based education and rehab programs collaboratively delivered with local authority (NERS);
- Empowering self-management of chronic conditions;
- Recruitment and retention strategy to attract and support skilled practitioners to service;
- Appropriate utilisation of agency staffing via direct engagement;
- Continue performance management strategies e.g. patient management in line with national standards, electronic systems, and template based clinical diary systems;
- The service is working collaboratively with primary care to develop new roles in GP practices to allow early expert first point of contact support, improve quality, and reduce some of the demand into core MSK Physiotherapy/CMAT services.

When can we expect improvement and by how much?

It is anticipated that the service will achieve no breaches by the end of March 2019. This is dependent on the availability of agency workforce to back fill for service vacancies.

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 – 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 Feb 2019	**Performance the past 12 months**
●	Improving

Latest data

Reported Diagnostic Tests	Total Waiting List	Waiting List > 8 Weeks
Cardiology	1,795	1
Diagnostic Endoscopy	1,022	0
Imaging	45	0
Neurophysiology	319	0
Physiological Measurement	8	0
Radiology - Consultant referral	3,199	0
Radiology - GP referral	2,418	0
Total	8,806	1

Where are we and are we on target?

In February 2019, there was 1 diagnostic breach in excess of the 8 week target which represents a significant improvement in line with expectations. The 1 reported breach was a Dobutamine Stress Echocardiogram (DSE) diagnostic investigation. All other Cardiology and Diagnostic Endoscopy breaches have been resolved.

Why has this occurred?

Prior to April 2018 reported diagnostics against the eight week target only included four cardiology tests. Since April 2018, a total of 11 cardiology tests are now reported (although only nine are provided and reported by Hywel Dda). It is expected this will add 6,000 additional patients to be reported over the year. The DSE was missed due to an administration error with the transfer of the patient from Withybush to Glangwili General Hospital.

What are the challenges?

Cardiology:

- Reduced consultant availability;
- Dobutamine Stress Echocardiogram (DSE), Nurse availability to support;
- Fortnightly performance meeting with Heads of Departments chaired by General Manager;
- Bespoke Solus software system has been delayed. A project group has now been set up and the focus is on Myrddin booking of all activity and referrals. This aligns to other Health Boards in Wales as Myrddin has been updated and improved this has enabled to booking process to be undertaken. Project commenced January 2019 at Prince Philip Hospital (PPH) and is planned to commence in Bronglais General Hospital (BGH) from April 2019. Solus will still be progressed for the pacing module. Across the service the challenges for Endoscopy and Radiology remain as previously reported in M10 2018/19 IPAR (page 72).

When can we expect improvement and by how much?

Further work is being progressed to confirm a more detailed capacity / demand assessment for the cardiology diagnostic service to inform more sustainable solutions for the remainder of 2018/19. Additional management support is being provided, two days a week, to support demand and capacity modelling in terms of mapping referrals, current waiting lists, and available staff. No breaches are expected for March 2019.

How does this impact on both patients and finances?

Early diagnosis can 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 HB, patients are being asked to travel further from home.

Timely Care – Delayed Follow Up Appointments

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Stephanie Hire/Keith Jones**

Metrics (targets):

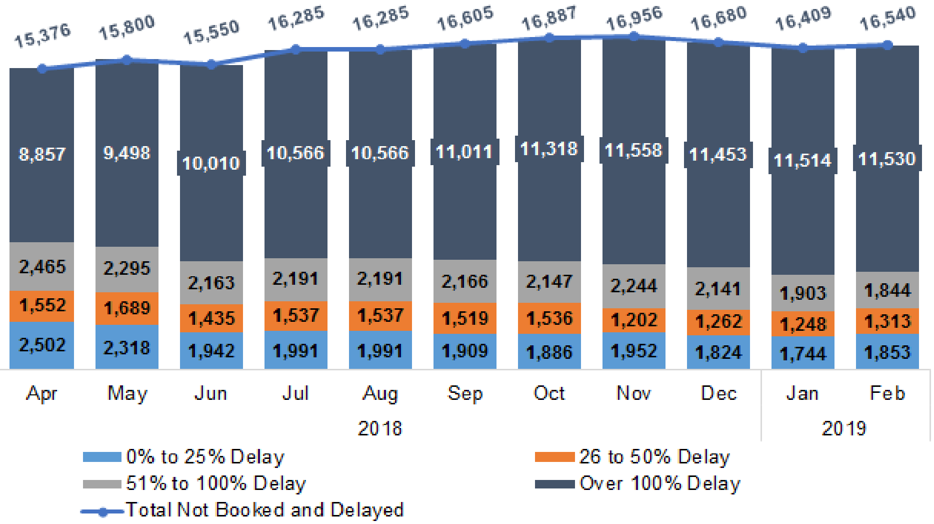
- Delayed follow-up appointments booked and not booked – 5 planned care specialties (12 month reduction target)

Status as at Feb 2019
●

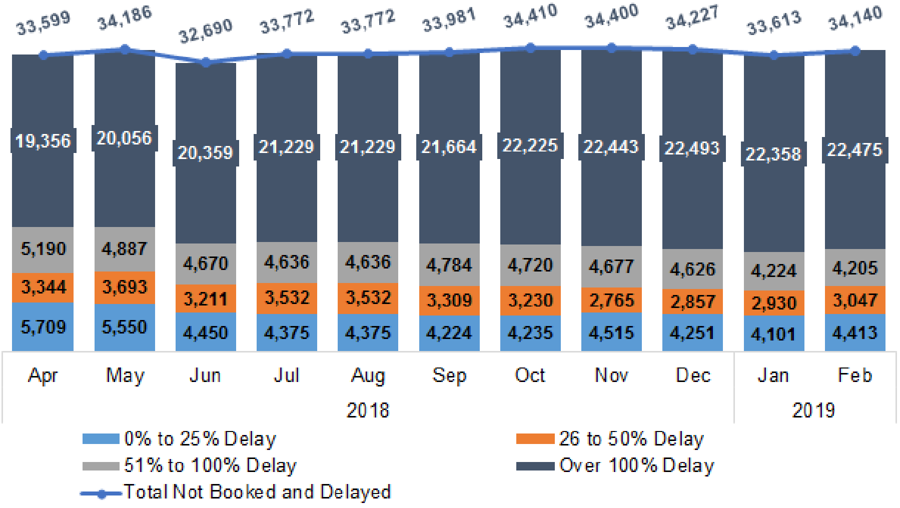
Performance the past 12 months
Declining

Latest data

5 Planned Care Specialties



All Specialties

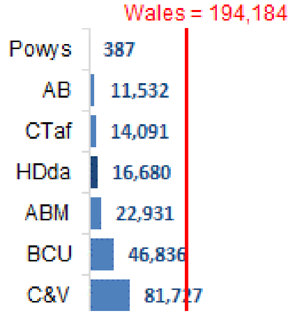


Where are we and are we on target?

The total number of delayed follow-ups (booked/unbooked) in February 2019 was 34,140 which represents an increase of 527 patients compared with the previous month. This is the first monthly increase since October 2018. Notwithstanding the increase in February 2019, unlike previous years a significant increase in the total number of patients delayed year to date has been avoided with an overall increase since April 2018 of 1.6%. From April 2018 the 2018/19 Delivery Framework (page 26, measure 45) altered this metric to include the 5 Planned Care Programme (PCP) specialties only. These are Trauma and Orthopaedics, Ear, Nose and Throat, Urology, Dermatology and Ophthalmology. In February 2019, the total number of patients waiting for a follow-up appointment past their target date in these specialties was 16,540 (an increase of 131 compared to the previous month).

It is notable that for both metrics the number of patients delayed in the 0%-25%, 26%-50% and 51%-100% delayed categories show an overall reduction year-to-date which indicates that improvement work to change follow-up practice in various specialties is having a positive effect. However, it is noted that the recent trend in monthly improvements was not sustained in the 0-25% and 26-50% delayed categories in February 2019. The Health Board (HB) is not currently meeting its 12 month reduction target and ranks 4th in Wales for this measure when benchmarked using the 5 planned care specialties (December 2018 data).

Benchmarking (December 2018)



Why has this occurred?

It is recognised that the overall volume of reported delayed follow-up appointments is inflated by data accuracy challenges which reflect a range of clinical, administrative and service transformation priorities. The increase in reported delayed follow-ups during February 2019 part reflects:

- prioritisation of outpatient clinic capacity in key specialties towards clearance of stage 1 RTT cohort patients, and;
- targeting of limited validation team capacity towards Referral to Treat (RTT)/PTL (Patient Tracking List) patients.

With the clearance of 2018/19 RTT Stage 1 cohort patients and the re-balancing of capacity within the HB's internal validation team towards delayed follow-up patients, the reported number of delayed follow-ups is expected to improve during March 2018/19.

What are the challenges?

Access Policy variations – review of administrative policies has highlighted variations in practice relating to new and follow-up appointments such that follow-up patients are not routinely discharged if they do not respond to appointment invitations. This consequently inflates reported delayed follow-up numbers. Action is being taken to address this variation in accordance with the Access Policy.

Service / clinical transformation – it is acknowledged that historical clinical practice and supporting administrative systems promotes 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?

Our overall approach to reducing follow-ups not booked (FUNB's) is reflected in a number of parallel work streams and actions relating to administrative validation, clinical validation, informatics / administrative transformation, duplicate records and clinical transformation continue to be progressed. With specific reference to the 5 PCP specialties:

- ENT – continuing work within the specialty to identify alternatives to routine follow-up review and adoption of the clinical guidance developed by the ENT Planned Care Board. Positive progress is being achieved in reducing the total number of delayed follow ups (reduced by 287 patients / 45%) over the period.
- Orthopaedics – in accordance with national PCP guidance, the specialty is currently progressing plans to reduce the volume of routine follow-up appointments offered to patients who have undergone hip/knee replacement surgery. Early progress is being achieved in reducing the number of follow ups delayed by < 100% with a 20% improvement (reduction of 192 patients) achieved since April 2018.
- Ophthalmology - the specialty is working towards implementation of the new Eye Care Measures and plans are the subject of a bid submitted to the Welsh Government (WG) Eye Care Sustainability Fund. Whilst significant improvement in the volume of delayed Ophthalmic follow-ups is not expected until full implementation of the supporting Eye Care Improvement Plan to review high priority glaucoma follow-up patients via community based Optometrists, early progress is being achieved in reducing the number of follow ups delayed by < 100% with a 27% improvement (reduction of 963 patients) achieved since April 2018.
- Urology – the national PCP Board has confirmed approval in principle for an all Wales invest to save initiative to promote a self-care programme for prostate patients which is expected to significantly reduce the number of delayed Urology follow-ups across all Health Boards. Whilst significant improvement in the volume of delayed Urology follow-ups is not expected until full implementation of the self-care programme, small improvements have been achieved in the 0-25%, 25-50% and 50-100% delay categories.

In addition to these specialties, the Outpatient Turnaround process is continuing to focus on reducing delayed follow-ups across all specialties. Early progress is being achieved in Gynaecology (reduced by 301 patients / 38%), Paediatrics (reduced by 371 patients / 12%) and Respiratory Medicine (reduced by 189 patients / 15%)

When can we expect improvement and by how much?

The delayed follow-up improvement plan for 2019/20 is designed to support an approximate 25% improvement in reported delayed follow-ups by March 2020.

How does this impact on both patients and finances?

See the Month 9 IPAR (page 37) for details.

Staff and Resources

I can find information about how the NHS is open and transparent on its use of resources and I can make careful use of them.

Lead Executives: Lisa Gostling, Joe Teape, Karen Miles and Huw Thomas.

Exception reports:

- 🟥 Mandatory training
- 🟩 Sickness absence
- 🟥 Medical Appraisal/Performance Appraisal and Development Review (PADR)
- 🟥 Consultant/SAS Doctor job planning
- 🟥 Finance
- ⬜ NHS external providers – direct patient care

Our Staff & Resources – Mandatory Training

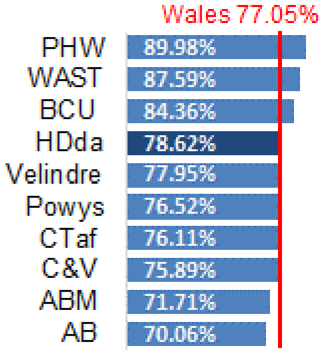
Lead Committee: QSEAC
Executive Lead: Lisa Gostling
Senior Responsible Officer: Cheryl Raymond/Sian Hall

Metrics (targets):	**Status as at Feb 2019**	**Performance the past 12 months**
• % compliance for each completed Level 1 competency with Core Skills & Training (>85%)	●	Improving

Latest data

Monthly Measures: Our Staff	**Historical Data**			
Target >85%	**Feb 19 %**	**Jan 19 %**	**Prior 12m %**	**Trend**
Core Skills Training Framework	79.1	78.5	64.0	⇧
Equality, Diversity & Human Rights	79.8	79.2	65.1	⇧
Fire Safety	68.1	67.1	36.4	⇧
Health, Safety and Welfare	79.1	78.6	65.7	⇧
Infection Prevention & Control - Level 1	82.2	82.3	74.8	⇩
Information Governance	78.5	77.8	62.7	⇧
Moving and Handling - Level 1	78.2	77.7	70.5	⇧
Resuscitation - Level 1	81.9	81.2	70.3	⇧
Safeguarding Adults - Level 1	79.2	78.7	65.4	⇧
Safeguarding Children - Level 2	76.4	75.5	57.0	⇧
Violence & Aggression - Module A	87.3	86.7	72.2	⇧

Benchmarking (December 2018)



Where are we and are we on target?

The overall increase during February was 0.6%, which is lower than previous months. However, all subjects except Infection Control are improving.

Why has this situation occurred?

There remains focus through guides, on-line and telephone support but improvement is still failing to meet the required WG targets.
Time to undertake the e-learning modules remain a problem with many staff citing IT and ESR issues adding to this.

What are the challenges?

E-learning access is still causing a challenge for some staff groups and there is limited capacity to provide dedicated support sessions.

What is being done?

All existing mechanisms to increase mandatory training compliance are being maintained including supported e-learning sessions.
Mandatory training days for Consultants continue to be rolled out. These face–to-face sessions concentrate on the Core Skills subjects which are assisting the rise in compliance.

When can we expect improvement and by how much?

All previous reports have shown month on month improvement. We hope to see a higher percentage level of improvement for the next reporting month.

How does this impact on both patients and finances?

Completion of mandatory training underpins all other staff development, ensuring the Health Board has a skilled and trained workforce, able to work safely.

Our Staff & Resources – Sickness absence

Lead Committee: QSEAC **Executive Lead: Lisa Gostling** **Senior Responsible Officer: Steve Morgan**

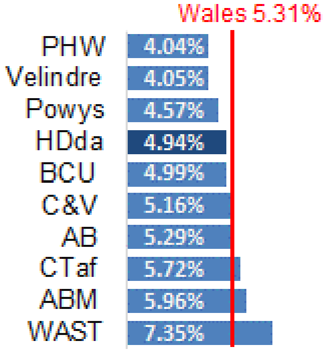
Metrics (targets): **Status as at Jan 2019** **Performance the past 12 months**

- % of full time equivalent (FTE) days lost to sickness absence for rolling 12 months (Target = reduction) ● Improving

Latest data

Monthly Measures: Our Staff	Current	Historical Data	
% of full time equivalent (FTE) days lost to sickness absence for rolling 12 month period	Jan 19	Dec 18	Jan 18
Health Board Total	4.88	4.95	4.93
Unscheduled Care	4.89	4.98	4.79
Planned Care	4.32	4.41	4.86
Women & Children	4.45	4.60	5.20
Oncology & Cancer Care	2.43	2.45	4.21
Monthly Measures: Our Staff	**Current**	**Historical Data**	
% of full time equivalent (FTE) days lost to sickness absence – in month	Jan 19	Dec 18	Jan 18
Health Board Total	5.52	5.11	6.31
Unscheduled Care	5.26	5.20	6.38
Planned Care	5.16	4.94	6.24
Women & Children	4.60	4.76	6.27
Oncology & Cancer Care	1.95	1.19	3.36

Benchmarking (December 2018)



Where are we against target?

The sickness information reported relates to the position as at 31/01/19. The in month actual figure reported for January 2019 equates to 5.52% which is an increase on the previous month (5.11%) although represents a decrease against the corresponding rate in 2018 (6.31%). The rolling 12 month rate has again improved and is now 4.88% which is only marginally above the Welsh Government (WG) target and is likely to now be the lowest rate of the larger Health Boards (HB) in Wales.

Why has this situation occurred?

The in-month position as at 31st January 2019 is very slightly above the Welsh Government (WG) target although below the Wales average. There is a new All Wales Attendance Policy with training being rolled out across the HB. This policy offers managers more discretion when escalating staff through the policy and emphasises a more compassionate approach to the management of attendance.

What are the challenges?

The challenge is to achieve the WG target and be able to maintain and sustain this level. This will remain a challenge throughout the remainder of the winter months.

What is being done?

The HB is continuing to monitor and manage sickness closely throughout the organisation; sickness auditing is targeted to the ward and department areas with the highest levels of absence and training is continuing. In addition, the performance assurance process is also continuing to maintain a focus on sickness. Training in the new All Wales policy is also underway.

When can we expect improvement and by how much?

It is anticipated that the rolling 12 month rate will continue to decrease and be nearer the WG target over the remainder of the financial year. We are anticipating reporting an improved absence rate in comparison to last year.

How does this impact on both patients and finances?

Poor sickness impacts on quality of care and also on variable pay costs.

Our Staff & Resources – Medical Appraisal/Performance Appraisal and Development Review (PADR)

Lead Committee: QSEAC **Executive Lead: Lisa Gostling** **Senior Responsible Officer: Rob Blake**

Metrics (targets): **Status as at Feb 2019** ● **Performance the past 12 months** Improving

- % staff undertaking PADR: Medical and Non Medical (Target > 85%)

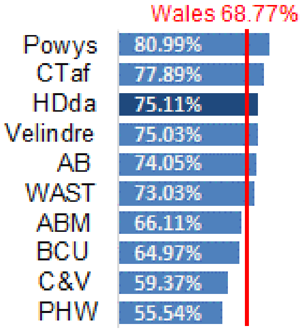
Latest data

Appraisal	Feb-19	Jan-19	12m	Trend
Health Board Total (Combined)	**77**	**74**	**64**	⇧
Total Medical Appraisal	96	95	95	⇧
Total Non-medical appraisal	75.31	71.85	60.93	⇧
Medical Appraisal				
Unscheduled Care	92	91	94	⇧
Planned Care	95	96	97	⇩
Women & Children	94	93	96	⇧
Mental Health & Learning Disabilities	100	100	90	⇔
Non-Medical Appraisal				
Unscheduled Care	70.35	66.29	54.72	⇧
Planned Care	71.54	66.80	56.69	⇧
Women & Children	79.56	77.20	65.92	⇧
Mental Health & Learning Disabilities	80.79	79.71	71.69	⇧
Estates and Facilities	87.99	84.58	69.18	⇧
Carmarthenshire County	83.99	82.95	54.62	⇧
Ceredigion County	63.91	62.13	61.14	⇧
Pembrokeshire County	88.41	87.64	59.11	⇧
Director of Therapies & Health Science	81.97	74.72	69.48	⇧
Deputy CEO/DOE	76.53	73.39	60.64	⇧
Corporate Governance	77.78	88.89	50.00	⇩
Director of Finance	67.82	67.06	38.75	⇧
Director of PPIC	86.08	85.26	58.60	⇧
Director of Partnerships and Corporate	64.44	73.33	40.82	⇩
Medical Director	72.94	77.38	69.14	⇩
Director Nursing, Quality & Experience	37.96	32.43	46.61	⇧
Director of Public Health	41.28	32.48	44.26	⇧
Director of Workforce & OD	94.94	81.67	86.08	⇧

Where are we against target?

Hywel Dda compliance is 6.34% higher than the NHS Wales average as of February 2019. Non-medical appraisal/PADR has improved by 3.5% but didn't meet the target of 5.5% for the month. Medical Appraisal improved by 1% and remains above target. 7 areas are on or above and 17 have improved from January 19, with only three dropping from previous the month. It is vital that PADR is undertaken as compliance is now linked to pay progression.

Benchmarking (December 2018)



Why has this situation occurred?

Overall PADR performance improved by 13% over the last 12 months and is in part due to the attention it is given within the performance monitoring process. There remains ongoing focus through training and support mechanisms via the Workforce & OD teams, but improvement is still failing to meet required targets and urgent escalation is required if the Health Board is to meet the 85% target by March 2019.

What are the challenges?

Time to undertake the process effectively remains the main. There is also limited training available for managers with the Managers Passport the only recognised programme offering PADR training. The ESR team still resolve any reporting issues.

What is being done?

Continuation of all support from the Corporate Workforce & OD function remains in place. It remains the responsibility of managers to undertake meaningful PADRs with staff encouraged to engage with the process.

When can we expect improvement and by how much?

Focus on PADR continues. A 10% rise is required to reach target by March 2019, which means an improvement by this figure next month.

Our Staff & Resources – Job Planning

Lead Committee: QSEAC **Executive Lead: Phil Kloer** **Senior Responsible Officer: John Evans/Helen Williams**

Metrics (targets):

- Consultants/SAS Doctor have up to date job planning (Target 85%)

Status as at Feb 2019
●

Performance the past 12 months
Improving

Latest data

Role	% in February 2019				% in February 2018			
	None	Job plan in place needs review	Current Job plan in place	Current + Needs review	None	Job plan in place needs review	Current Job plan in place	Current + Needs review
Consultant	0.3%	48.7%	51%	99.7%	15%	50%	35%	85%
SAS Doctor	56%	16%	28%	43%	65%	20%	15%	34%
Total	21%	37%	43%	79%	35%	38%	27%	65%

Where are we and are we on target?

February 2019 compliance across all roles has risen by 9% since January 2019, with an increase of 14% since February 2018. There is a need to further improve the number of Consultant job plan reviews undertaken and the number of SAS (specialist or associate specialist) doctor job plans will need to rise significantly if targets are to be met.

Why has this situation occurred?

Consultants and SAS doctors are required as part of their contract to have an up to date job plan. Following receipt of the 2016 Welsh Audit Office report of the review of the job planning process across Hywel Dda, emphasis has been put on raising the standard of the job planning process across Hywel Dda and increasing the numbers of Consultant and SAS Doctor job plans. Well-constructed and current job plans are beneficial both to the doctor, the team they work in and the organisation as they can provide helpful information to support delivery of services. Job plan compliance has been traditionally very low across specialties in the Health Board and concerted effort has been made in the last year to increase the number and quality of job plans.

The 0.3% of Consultants without a job plan represent one Locum Consultant who was previously an SAS doctor and is currently working up to Locum Consultant level.

What are the challenges?

Ongoing challenges include:-

- Ensuring time is allocated to meet with clinicians to agree the content of individual job plans, which accurately reflects the work being undertaken, whilst also taking into account the needs of the service;
- Ensuring a consistent approach to the job planning process across sites and specialties.

What is being done? Meetings continue to be held to discuss job planning and General Managers and Service Delivery Managers continue to be provided with job planning information on a regular monthly basis, in the form of a tracking report. Statstics are being regularly reported to the Executive Team Performance Review Meetings. The Head of Medical Workforce East has designated time to support the Serice Delivery Managers with the completion of Consultant and SAS doctor job plan reviews and to ensure on-call calculation accuracy.

When can we expect improvement and by how much?

The service will continue to communicate the importance of job planning and the targets set. Job plan review meetings continue to be undertaken and every effort will be made to complete the job plan reviews in accordance with targets.

How does this impact on both patients and finances?

Effective job planning results in the alignment of individual's work, departmental objectives and strategic objectives resulting in a much more cost effective delivery of healthcare.

Our Staff & Resources – Finance

Executive Lead: Huw Thomas **Senior Responsible Officer: Rebecca Hayes**

Metrics :	**Status as at Feb 2019**
• 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)	🔴
• Stay Within Capital Resource Limit (cumulative year to date position)	🟢
• Cash Expenditure is less than the Cash Limit	🟢
• The Savings Plan is on target (cumulative year to date position)	🔴
• Variable pay (Agency, Locum, Bank & Overtime)	🔴
• Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	🟢

Latest data

Metric	**Target**	**Feb-19**
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 position)	<=0	£32.687m Deficit
Stay Within Capital Resource Limit (cumulative year to date position)	<=0	0
Cash Expenditure is less than the Cash Limit	Year end	£1.074m surplus
The Savings Plan is on target (cumulative year to date position)	100%	80.55%
Variable pay (Agency, Locum, Bank & Overtime)	Achievement of 2018/19 variable pay savings plans	£3.949m
Metric	**Target**	**Oct-Dec 18**
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	97.0%

Where are we against target?

- It is a statutory duty to achieve financial breakeven. On 29th March 2018, the Health Board approved the 2018/19 interim financial plan which outlined a deficit plan of £62.5m;
- During 2017/18, Welsh Government (WG) commissioned a 'Zero Based Budgeting Review' of the Health Board's financial position, reflecting an assessment of the impact of rurality on our deficit. This has recognised that there are additional costs involved in providing health services in our rural communities. On 23rd May 2018, the Cabinet Secretary announced additional recurrent funding of £27m for the Health Board to recognise these costs. The revised deficit plan is therefore £35.5m;
- The Health Board's financial position at the end of Month 11 represented an adverse variance against plan of £0.1m;
- This deficit position will need to be recovered through a turnaround and recovery programme over the medium term.

What are the challenges?

The detailed narrative setting out the key changes in the month and the main drivers affecting this position are contained within a separate paper on the agenda of the March 2019 Board.

What is being done?

The actions being taken through increased control, use of slippage and reserves and the Turnaround process are detailed in the separate paper on the agenda.

Performance Against Key Financial Targets Current Month **(Statutory Financial Duties on Revenue & Capital)**				
	Cumulative to Previous Month	**Current Month**	**Cumulative to Current Month**	**Statutory Financial Duty**
Revenue: **Ytd** **Forecast/Outturn**	£29.925m deficit £35.550m deficit	£2.762m deficit	£32.687m deficit £35.550m deficit	Stay within Revenue Resource Limit
Capital: **Ytd** **Forecast/Outturn** **Current CRL**	£15.445m £29.378m £29.378m	£2.654m	£18.767m £30.327m £30.327m	Stay within Capital Resource Limit
Performance Against Key Financial Targets Current Month **(Other Financial Duties)** **Public Sector Payment Performance**				
Year to Date **Forecast Year End**	Not available	This information is completed quarterly	97.0% >95%	Pay 95% of Non NHS Invoices within 30 days (basis of calculation changed in Nov 2015 to exclude Primary Care Contractor payments)
Savings Schemes				
	Cumulative to Previous Month	**Current Month**	**Cumulative to Current Month**	**Savings Plans to achieve Statutory Duty**
Ytd **Full Year** **Forecast/Outturn**	£21.804m £26.698m	£2.220m	£24.024m £26.437m	These are gross savings as reported to Welsh Government, excluding the impact of cost pressures.
Closing Cash Balance	£3.801m		£1.847m	Cash management plans aim to deliver the ‘best practice’ period end balance 5% of the forecast monthly cash draw down from WG.

Staff and Resources – NHS external providers – direct patient care

Lead Committee: BPPAC **Executive Lead: Huw Thomas** **Senior Responsible Officer: Rhian Davies**

Latest data

Financial Position – All Providers (to Month 11)

Direct Patient Care Summary	Annual Budget	YTD Budget	YTD Estimated Expenditure	YTD Variance	Projected EY. Position
	£'000	£'000	£'000	£'000	£'000
ABMU	33,428	30,643	29,259	(1,384)	(1,245)
C&V	5,978	5,480	4,680	(800)	(845)
Other Welsh	2,912	2,670	2,555	(115)	(110)
Other UK	1,251	1,147	940	(207)	(245)
NCA	1,348	1,236	1,154	(82)	(172)
IPC	2,495	2,287	1,398	(889)	(1,277)
WHSSC	84,347	77,318	77,772	454	495
TOTAL - Direct Patient Care	**131,760**	**120,780**	**117,758**	**(3,022)**	**(3,399)**

Current and Forecast Position – Activity (to Month 10)

External Provider Agreements	Annual Target	YTD Target (M10)	YTD Actual	YTD Variance
Abertawe Bro Morgannwg				
Scheduled Care	13,163	10,969	11,517	548
Unscheduled Care	7,285	6,071	5,585	(486)
Cardiff & Vale				
Scheduled Care	5,513	4,594	4,218	(376)
Unscheduled Care & Cancer	462	385	324	(61)
Orthopaedics	481	401	326	(75)
High Cost Contract Exclusions	118	98	73	(25)
Other Welsh Providers				
Scheduled Care	2,282	1,902	1,724	(178)
Unscheduled Care	2,078	1,732	1,687	(45)
Other UK Providers				
Scheduled Care	1,765	1,471	1,231	(240)
Unscheduled Care	84	70	308	238
Total Direct Patient Care	**33,231**	**27,693**	**26,993**	**(700)**

Why has this occurred?

Current Issues & Resolution: External Referral to Treatment Time (RTT)

Abertawe Bro Morgannwg University Health Board (ABMUHB)

Currently, 82% of Hywel Dda patients waiting to be treated outside Hywel Dda in Wales are in ABMUHB. In the ABMUHB IMTP 2018/19 plan, the following commitments have been made to reduce waiting times:

- There will be no patients waiting over 26 weeks for a first new outpatient appointment (stage 1) by March 2019;
- To clear over 36 week waits in all specialities other than, Orthopaedics, General Surgery, Spinal, Oral Maxillo-Facial Surgery, Cardiology, ENT, Plastic Surgery and Urology by March 2019. These specialties are ranked in order of highest patient numbers;
- The number of patients waiting over 26 weeks for an outpatient appointment has remained static from December 2018 to January 2019, with 14 patients waiting;
- The number of patients breaching the 36-week RTT pathway has reduced from 205 in December 2018 to 196 in January 2019.

Cardiff & Vale University Health Board

16% of patients waiting to be treated in Wales are in Cardiff & Vale.

- There has been an increase in the number of patients waiting over 26 weeks for an outpatient appointment from 25 in December 2018 to 35 in January 2019.
- The number of patients breaching the 36-week RTT pathway has also increased slightly from 18 in December 2018 to 21 in January 2019.

Other Welsh and United Kingdom Providers.

- There are currently a low number of patients breaching the RTT pathway in the other Welsh and United Kingdom providers;
- The number of patients breaching the 36 week RTT pathway in the other Welsh providers has remained the same in December 2018 and January 2019 and stands at 3 (2 T&O and 1 Gynaecology patients);
- The number of patients breaching the 36-week RTT pathway in the other United Kingdom providers has increased slightly from 4 in December 2018 to 5 in January 2019 (3 T&O, 1 Rheumatology and 1 Oral Surgery).

What are the challenges?

Direct patient care is under spent by £3.022m to Month 11; £3.399m forecast to year-end.

Abertawe Bro Morgannwg:

Financial Position:

- The Long Term Agreement and High Cost Drugs element continue to underspend and an RTT abatement of £0.064m has been identified to date relating to the additional funding from Welsh Government (WG) to providers used to treat Hywel Dda residents;
- Discussions are currently underway to agree the value of the year-end settlement and the basis of the 2019/2020 Long Term Agreement.

Activity Position:

Unscheduled Care specialities continue to under-perform but there is an over-performance on Scheduled Care specialties to date. Significant under-performing specialities are Orthopaedics, Obstetrics, Gynaecology and Clinical Oncology.

Cardiff & Vale:

Financial Position:

- The Long Term Agreement is currently underperforming in Scheduled and Unscheduled Care but over performing in Regular Day/Night Attenders in Haematology. Trauma and Orthopaedics (Spinal) is currently underperforming at £0.505m (projected to £0.627m to year-end), but this is counter-balanced with over-spend of £0.056m on High Cost Drugs;
- The end of year settlement is currently being discussed with the Health Board and the Month 11 activity will be used as a basis for the 2019/2020 Long Term Agreement;

Activity Position:

- Scheduled and Unscheduled Care is over performing in most specialties with the exception of Regular Day/Night Attenders in Haematology. Orthopaedics continues to show a significant under performance based on the latest monitoring information. In terms of case mix, this primarily relates to procedures in Spinal, with other underperforming areas being complex hip and complex knee.

Welsh Health Specialised Services Commission (WHSSC)

The provider risk shared contribution is financially volatile, due to the range of specialist services commissioned on behalf of the Health Boards in Wales. Due to ongoing negotiations with NHS England over the HRG4+ costings in Long Term Agreement (LTA) contracts, potentially there will be a better than anticipated financial position at year end, but at this stage, no agreement has been reached between NHS Wales and NHS England, there should be an update at the next WHSSC Management Group Meeting at the end of March 2019.

What is being done?

- Requesting patient profile plans to address waiting time issues from the relevant providers, ensuring the providers meet waiting times targets, as agreed with WG;
- Regular communications with WHSSC to understand the potential future impact and status of HRG4+ (Health Related Groups) discussions and risk sharing arrangements for the services managed on the Health Board’s behalf;
- Regular Long Term Agreement (LTA) meetings with providers to review activity, resolve any capacity or service issues and to develop better working relationships;
- Validation of LTA performance activity and Non Commissioned Activity (NCA) invoices backing information to identify and challenge inappropriate charges;
- Regular assessment of end of year financial projections to provide a best estimate of current provider over and under performance to inform the year-end financial position with providers.

When can we expect improvement and by how much?

For non-WHSSC commissioned services, patient waiting times are heavily reliant on the other providers to deliver improvements in line with their RTT agreement with the WG.

For WHSSC commissioned services, patient waiting times can be improved by the performance management escalation process implemented by WHSSC in problem areas, which is a system approved by the Joint Committee of which Health Board is a member.

Direct patient care is closely monitored by both the Health Board and the providers under the LTA contract mechanisms, which regulate costs and service developments. In order to achieve any significant reductions in costs over and above what has already been achieved, there needs to be a significant reduction in referrals to out of area providers. To deliver this, a fundamental review of the referral processes are needed in collaboration with the Referral Management Centre, Primary and Secondary Care Clinicians.

Waiting Times/Referral to Treatment Time (RTT)

Provider/Specialty	Abertawe Bro Morgannwg						Cardiff & Vale						Other Welsh Providers						Other UK Providers						Total Patient Breachers		
	Patients Breaching			Longest Week Waits			Patients Breaching			Longest Week Waits			Patients Breaching			Longest Week Waits			Patients Breaching			Longest Week Waits					
	Jan	Dec	Var	Jan	Dec	Var	Jan	Dec	Var	Jan	Dec	Var	Jan	Dec	Var	Jan	Dec	Var	Jan	Dec	Var	Jan	Dec	Var	Jan	Dec	Var
Outpatients Waiting Over 26 Weeks																											
Clinical Immunology & Allergies							16	11	5	34	35														16	11	5
Dermatology							2	2		35	31	4													2	2	
ENT																											
Gastroenterology							1		1	27		27															
General Surgery																											
Neurology							3	3		35	31	4													3	3	
Ophthalmology							6	6		41	37	4													6	6	
Oral Surgery	14	13	1	26	29	(3)																			14	13	1
Paediatric Dentistry							1	1		32	27	5													1	1	
Paediatric Surgery							1		1	27		27													1		
Respiratory Medicine																											
Rheumatology							1	1		29	29														1	1	
Trauma and Orthopaedics							4	1	3	35	31	4													4	1	3
Total	**14**	**13**	**1**				**35**	**25**	**10**																**48**	**38**	**9**
Patients Waiting Over 36 Weeks																											
Anaesthetics																				1	(1)					1	(1)
Cardiology	19	23	(4)	105	105																				19	23	(4)
ENT	3	3		69	65	4	1		1	39		39		1	(1)		40	(40)							4	4	
General Surgery	12	13	(1)	105	105		1	1		44	40	4													13	14	(1)
Gynaecology													1		1	39		39									
Neurosurgery							1	2	(1)	45	52	(7)													1	2	(1)
Ophthalmology							3	1	2	45	41	4													3	1	2
Oral Surgery	24	20	4	105	105														1		1	1	36	(35)	25	20	5
Plastic Surgery	28	22	6	61	61																				28	22	6
Rheumatology																			1	1		41	37	4	1	1	
Trauma and Orthopaedics	110	124	(14)	101	105	(4)	14	13	1	65	85	(20)	2	1	1	39	49	(10)	3	2	1	50	46	4	129	140	(11)
Urology							1	1		38	48	(10)		1	(1)		37	(37)							1	2	(1)
Total	**196**	**205**	**(9)**				**21**	**18**	**3**				**3**	**3**					**5**	**4**	**1**				**224**	**230**	**(6)**

Additional Reports

Welsh Health Specialised Services Committee (WHSSC) Management Group meeting

Welsh Health Specialised Services Committee (WHSSC) Management Group meeting

The information below is an update from 21st February 2019 WHSSC Management Group meeting:

Minutes of the Previous Meeting and Action Log

The minutes of the meeting held on 24th January 2019 were approved and Members noted the action log and received updates on:

- MG086 In Vitro Fertilisation (IVF): Royal Shrewsbury Hospital Referral to Treatment Time (RTT) Escalation – Update deferred to March 2019, following escalation meeting on 27th February;
- MG088 Bone Marrow Transplant (BMT) investment in south Wales: Overview to follow;
- MG099 Invest to save: Medicines Management – Closed;
- MG103 Tertiary Cardiology Services – Agenda item 2.2;
- MG106 MAIR (Financial Costing Software): Health Boards roll out – S Tallon has made contact with all Health Boards regarding roll out and is awaiting responses, except for Cardiff & Vale UHB who have responded;
- MG107 Rehabilitation: Incentivisation to change – Deferred to March 2019;
- MG108 Invest to save: Referral management co-ordinator – Job Description has been drafted, further update to be given in due course. Closed;
- MG110 Perinatal Mental Health (PNMH): Mother and baby unit - Options appraisal coming to March 2019 meeting and on to Joint Committee (JC) in May 2019;
- MG111 WHSSC Organisational Development: MG members had completed or would complete survey during meeting. Closed;
- MG113 Complex cardiac devices: Agenda item 2.2. Closed;
- MG114 Cystic Fibrosis update: Deferred to March 2019;
- MG115 Project Initiation Document for Pulmonary Hypertension Project: Deferred to March 2019;
- MG117 Update on NHS England tariff: Agenda item 3.3.Closed.

Report from the Managing Director

Members received the Managing Director's report. The report included an update on:

- Neonatal transport – K Preece attended recent Network Board meeting, which considered the Terms of Reference (ToR) for the review of neonatal transport. WHSS Team feedback to follow.

WHSSC had received a request from the NHS Health Collaborative to consider commissioning testing for Lynch Syndrome – A paper would be brought to the March 2019 meeting for appropriate scrutiny.

Commissioning of Mechanical Thrombectomy

Members received a paper that provided an update on the progress made for formally commissioning Mechanical Thrombectomy from April 2019. It is anticipated that a workshop would be held during April 2019 to agree the operationalising of the pathway from identification and diagnosis of the patient through to transfer to the treating centre and repatriation to a local stroke unit post intervention. Members noted the progress made for formally commissioning Mechanical Thrombectomy from April 2019.

Tertiary Cardiology Services

Members received a report that informed them of the initial assessment undertaken on the impact of the proposed repatriation of Primary Coronary Intervention (PCI) and Implantable Cardioverter Defibrillators (ICDs) from Cardiff & Vale UHB to Cwm Taf UHB and Aneurin Bevan UHB and to proposed and sought support for further work to take place over the next three months to determine the future commissioning arrangements and process for designating Cwm Taf UHB and Aneurin Bevan as providers of tertiary services.

Members noted the information presented within the report and noted the intention to undertake further work regarding the future commissioning arrangements for PCI and ICDs to best meet the needs of the population approved the release of Quarter 1 and 2 funding (£278k) to Cardiff & Vale UHB for complex cardiac ablation.

In addition, members agreed that Cardiff & Vale UHB should be asked to submit a revised business case before end of Quarter 2 which takes into consideration the impact of repatriation and is not predicated on weekend working; and the WHSSC Team should undertake a piece of scoping work with the Health Boards and supported by the Cardiac Network on Cath laboratory capacity across Wales, bringing a paper back describing a proposed approach to a strategic review of the interlinking strands regarding cardiac surgery and interventional cardiology.

Plastic Surgery

Members received a paper that outlined:

- The elective waiting times performance position of the plastic surgery service at Abertawe Bro Morgannwg UHB;
- The variation in plastic surgery utilisation rates by Health Board of residence and the evidence suggesting high levels of non-specialist activity currently delivered by the service in Abertawe Bro Morgannwg UHB;
- Current contracting arrangements and the need to revise the contract framework and review commissioning responsibilities; and
- Actions - WHSSC intends to take to address the performance and commissioning issues within the service.

Members:

- Noted the deteriorating performance position of the plastic surgery service at Abertawe Bro Morgannwg UHB;
- Noted the significant levels of variation across health boards in plastic surgery activity rates delivered at Abertawe Bro Morgannwg UHB;
- Note current contractual and commissioning arrangements for plastic surgery in Wales; and
- Supported the proposed actions to revise the contract, develop a commissioning policy and consider future commissioning and planning arrangements.

In addition, members encouraged the WHSSC Team to work with the Delivery Unit to identify any relevant data; consider demand and capacity planning data from Abertawe Bro Morgannwg UHB; and include north Wales in the project.

Policy Group Update

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report.

Integrated Performance Report

Members received a paper that provided a summary of the performance of services commissioned by Welsh Health Specialised Services Committee (WHSSC) for December 2018 and noted the actions being undertaken to address areas of non-compliance.

Finance Report 2018-19 Month 10

Members received a report that set out the estimated financial position for WHSSC for the tenth month of 2018-19. The year to date position was a £1,984k underspend and the year-end forecast was a £4,520k underspend. An offer had been made to NHS England providers address the Health Related Group 4+ (HRG4+) dispute that involved Welsh Government funding 2% inflation; a response was awaited. Members noted the current financial position and forecast year-end position.

Supporting data

Supplementary dashboards have been developed for the areas listed below. Currently some users are unable to access the dashboards due to an IT issue so a selection of charts from each dashboard have been made available here as an interim solution.

Unscheduled care

Referral to treatment

Cancer

Stroke

Diagnostics

Therapies

Mental Health

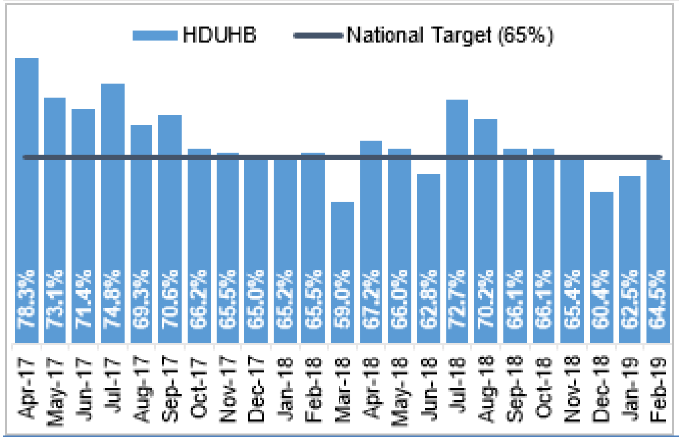
The dashboards can be accessed on the Hywel Dda University Health Board intranet site (NHS only) here.

Unscheduled care

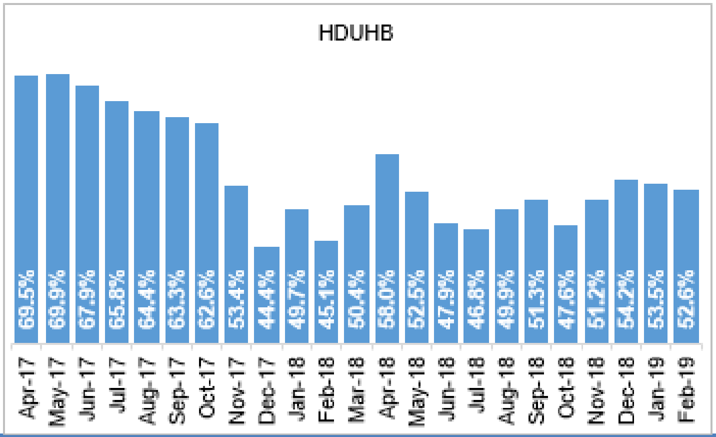
The charts below show the Health Board’s position. Charts are also available by acute site in the unscheduled care dashboard.

Red & amber calls

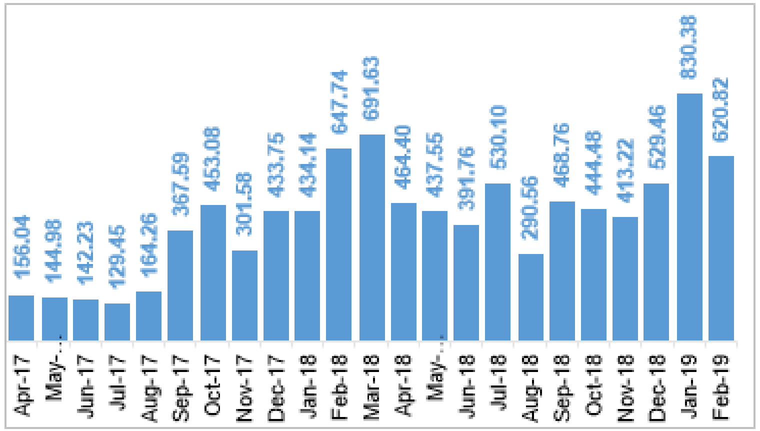
% of Red call responses within 8 minutes



Amber call responses within 20 minutes

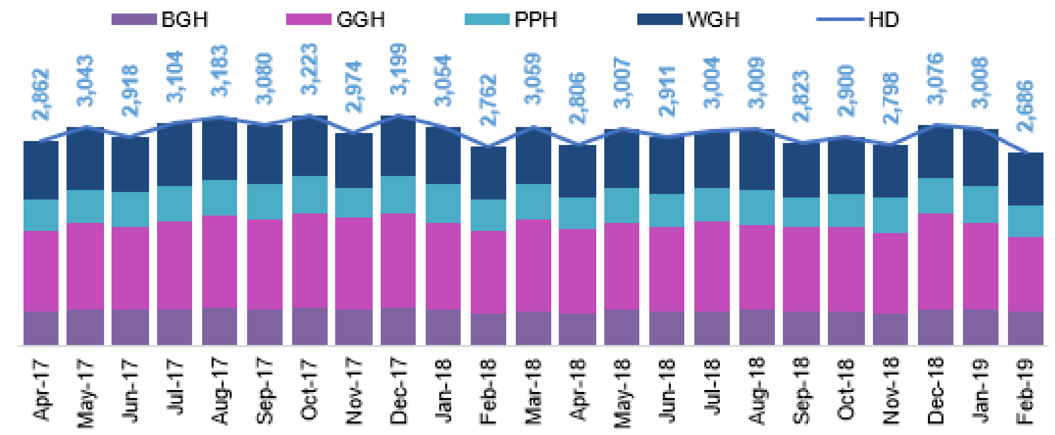


Ambulance lost hours > 15 mins (all WAST crews)

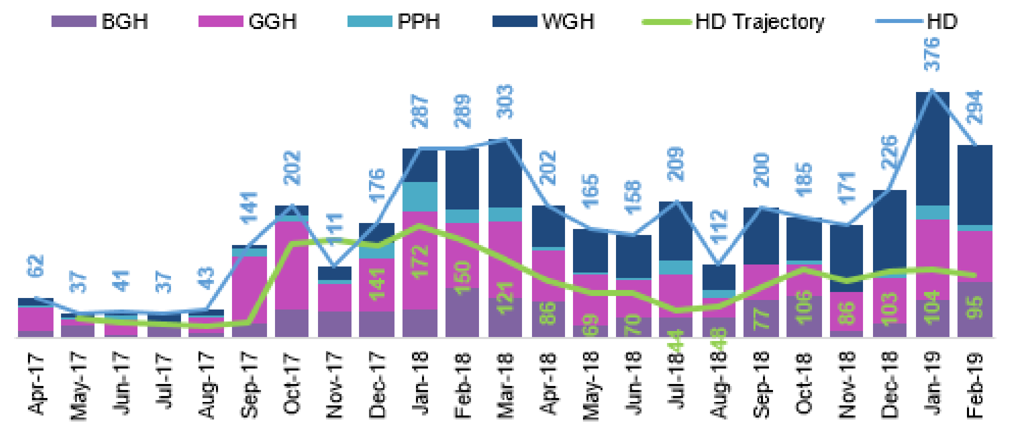


Ambulance arrivals and handovers

Number of arrivals at acute sites

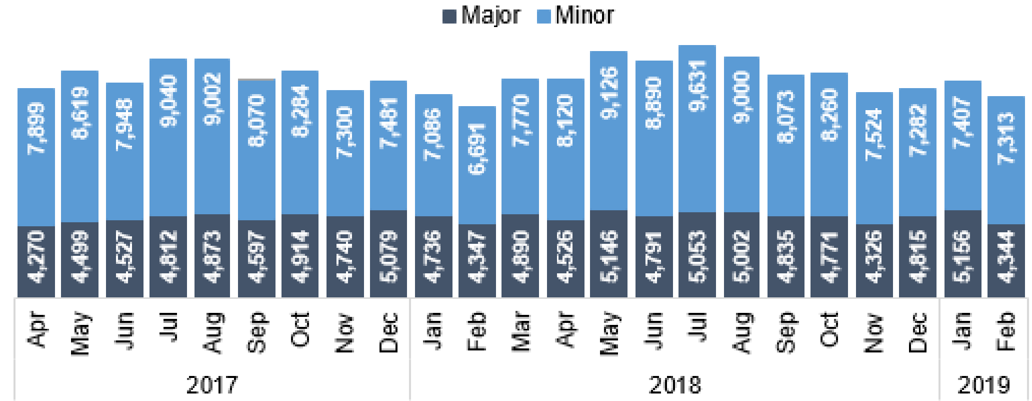


Number of ambulance handovers waiting over 1 hour by acute sites



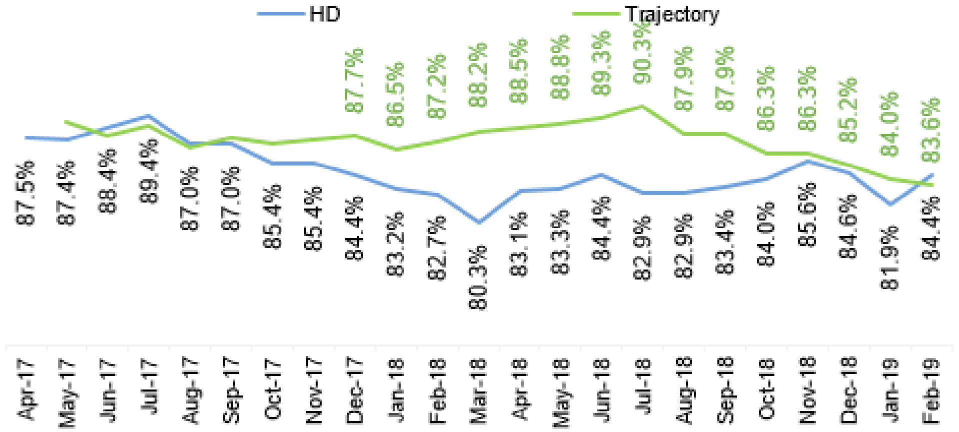
Accident and emergency (A&E) and Minor injury unit (MIU) attendances

A&E and MIU new attendances by type



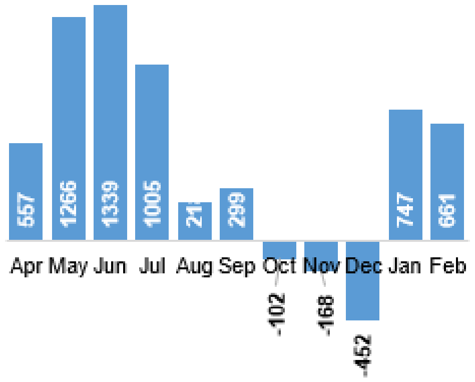
Cardigan Hospital is not included

% new patients spending < 4 hours in A&E and MIU

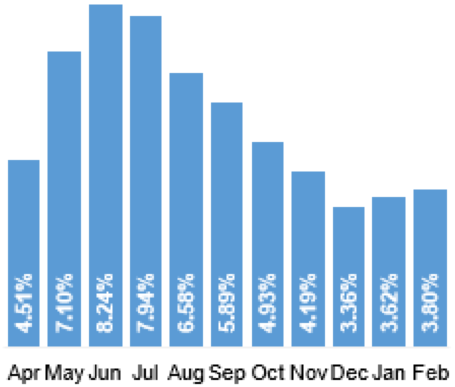


A&E and MIU new attendance - 2 year comparison 18/19 to 17/18

Monthly performance variance compared to the same month the previous year

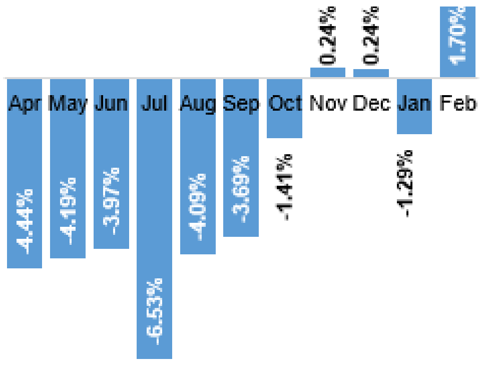


Year to date performance variance compared to the same period the previous year

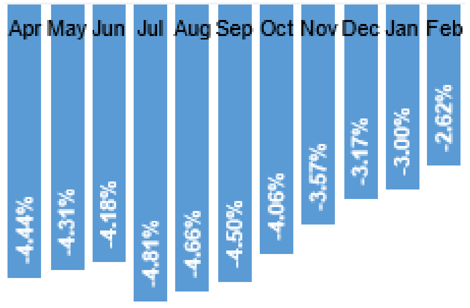


% new patients spending < 4 hours in A&E/MIU - 2 year comparison 18/19 to 17/18

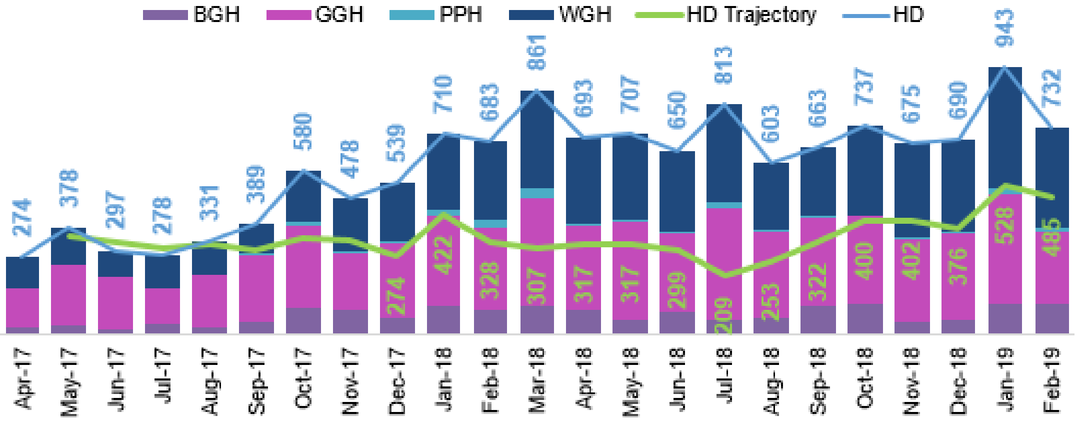
Monthly performance variance compared to the same month the previous year



Year to date performance variance compared to the same period the previous year

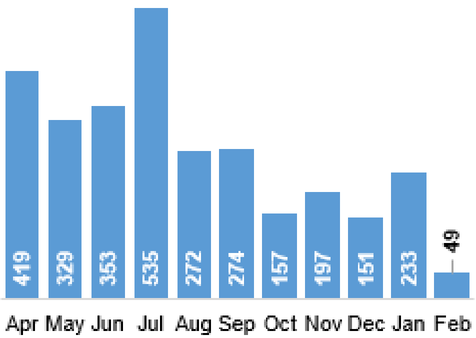


Number of new patients spending > 12 hours in A&E and MIU by acute site

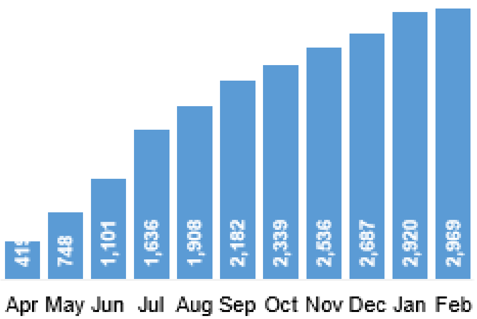


New patients spending >12 hours in A&E/MIU - 2 year comparison 18/19 to 17/18

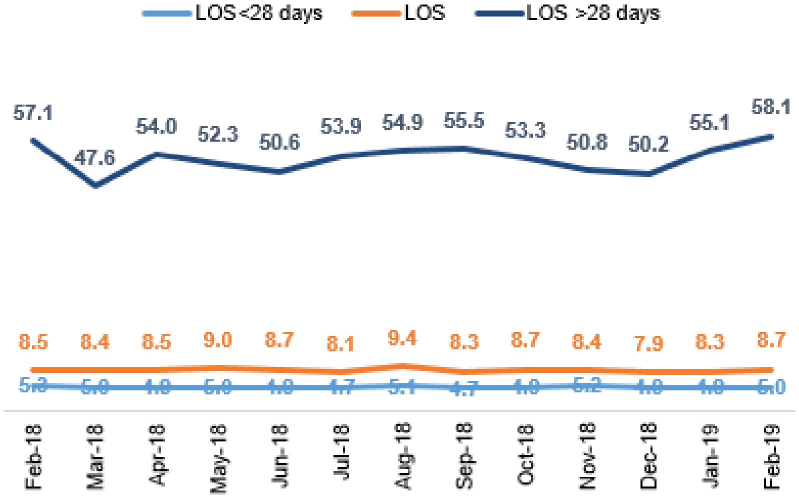
Monthly performance variance compared to the same month the previous year



Year to date performance variance compared to the same period the previous year



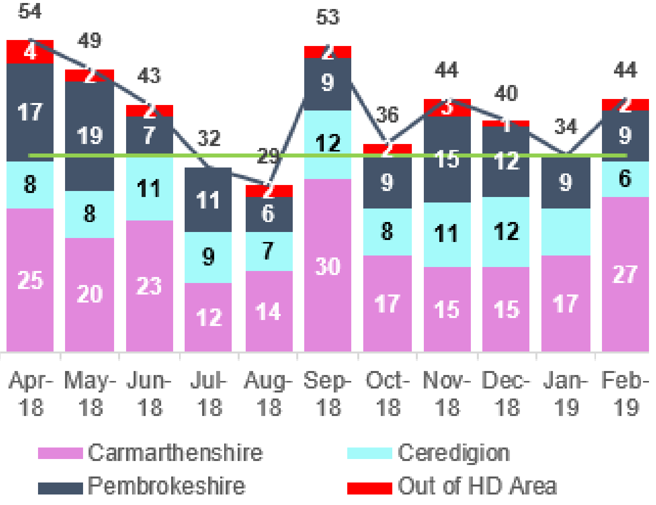
Average length of stay (LOS) - medical emergency in patients including zero days



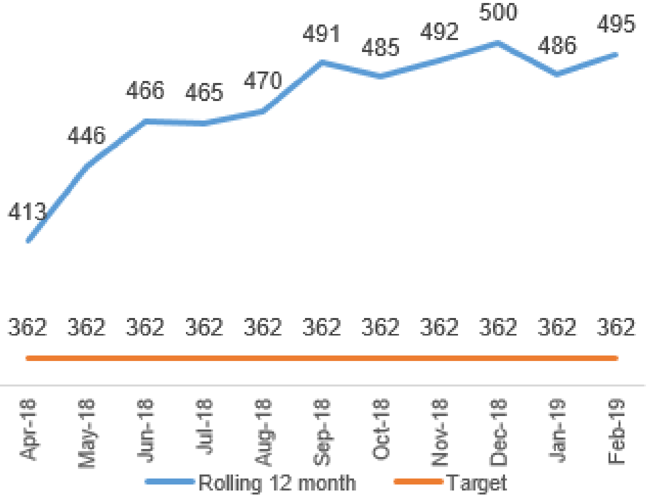
Ceri ward is not included

Non mental health delayed transfer of care (DTOC)

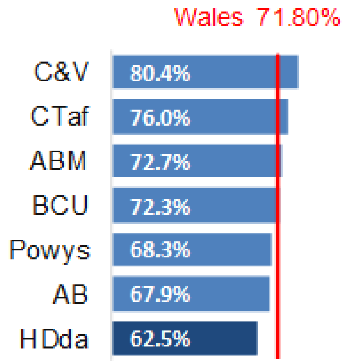
In month numbers

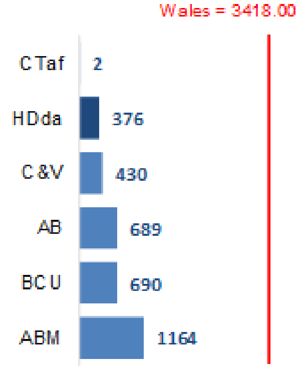


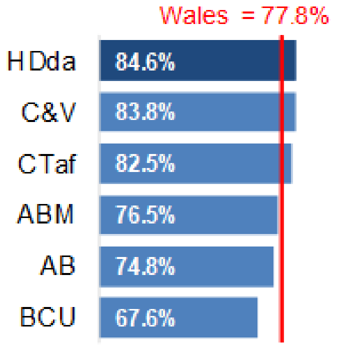
Rolling 12 month numbers to target

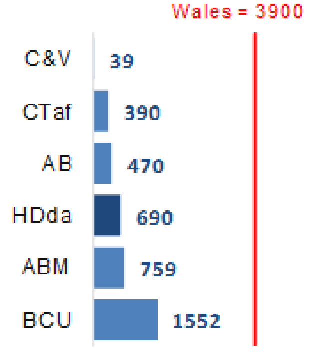


Red calls	Ambulance handovers	Accident and emergency (A&E) and Minor injury unit (MIU) attendances	
% of Red call responses within 8 minutes (Jan-19)	Number of ambulance handovers waiting over 1 hour by Health Board (Jan-19)	% new patients spending less than 4 hours in A&E and MIU by Health Board (Dec-18)	Number of new patients spending more than 12 hours in A&E and MIU by Health Board (Dec-18)







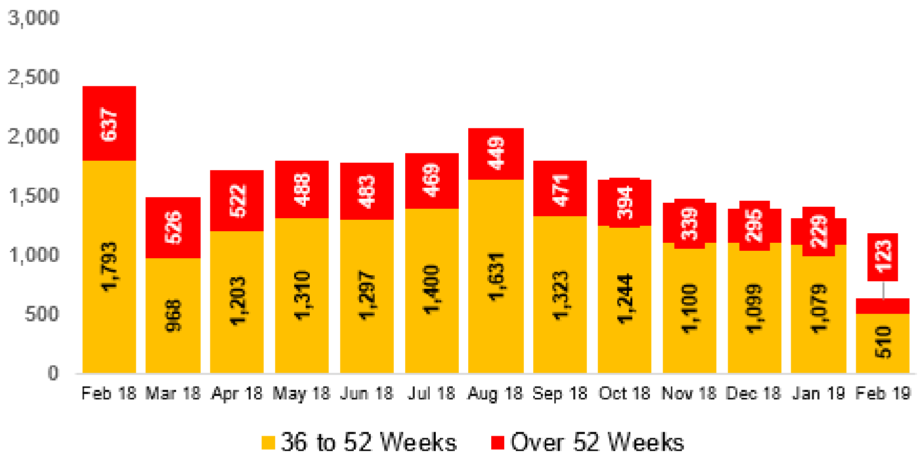


Referral to treatment (RTT)

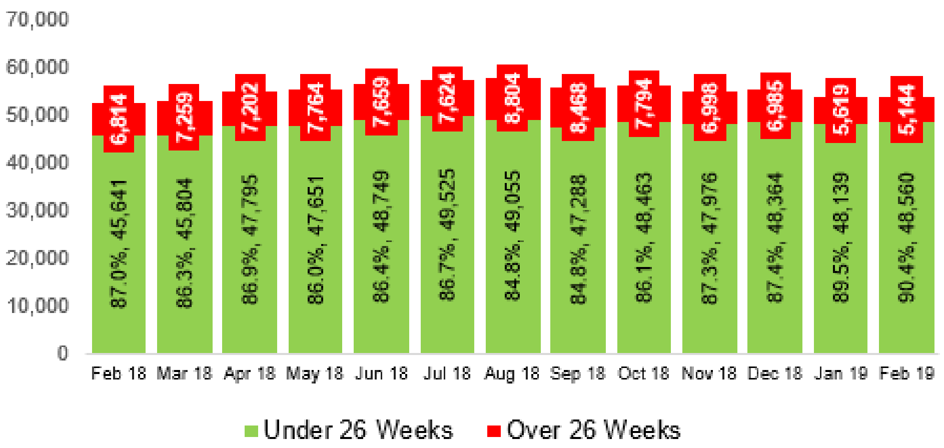
The charts below show the Health Board’s position. In the RTT dashboard the 36 and 26 week charts below can be viewed by pathway stage and specialty.

Graph Demonstrating: Specialty (All) & Pathway Stage - (All)

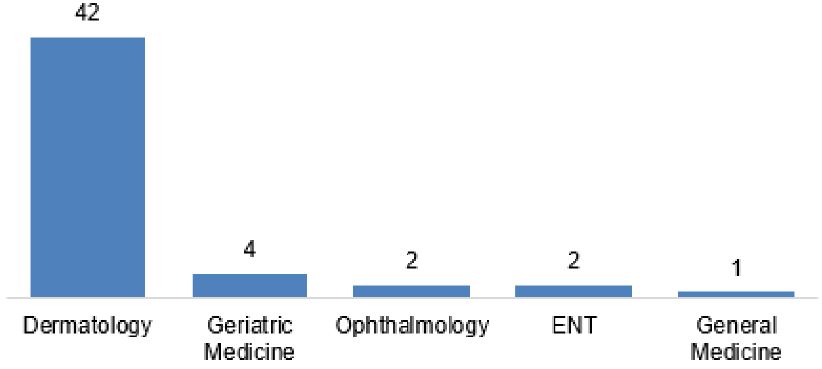
Over 36 Weeks in (All) Specialty/Specialties
Pathway Stage: (All) (Target = 0)



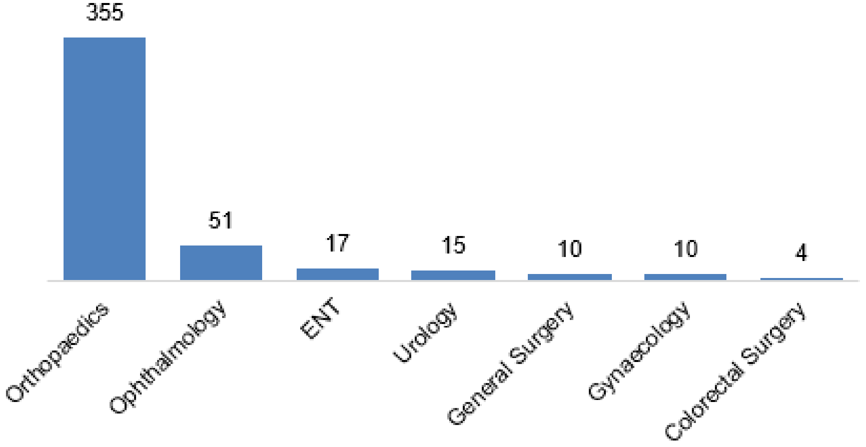
% Under 26 Weeks in (All) Specialty/Specialties
Pathway Stage: (All) (Target = 95%)



Top 10 - Stage 1



Top 10 - Stage 4

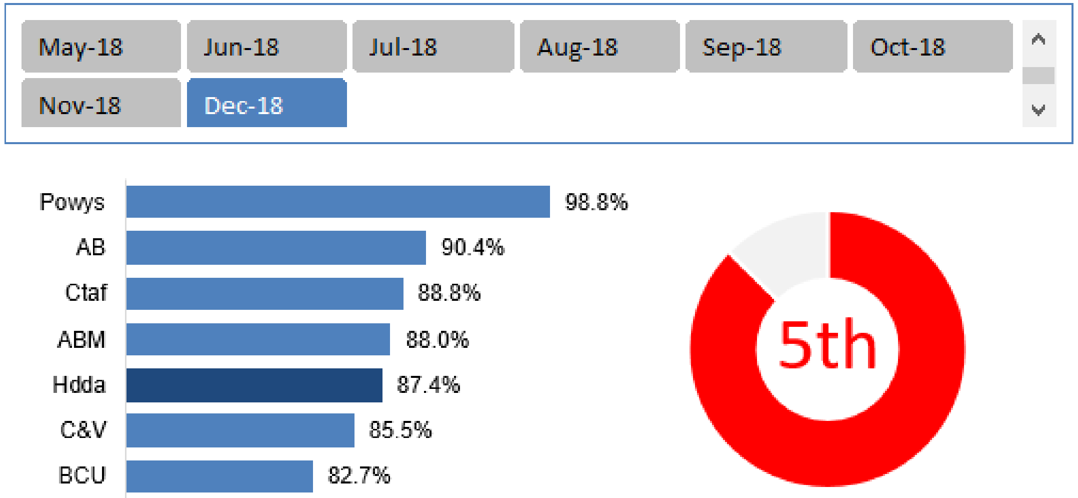


The ‘Top 10’ charts above show the specialities with the highest numbers of 36 week breaches.
In the RTT dashboard the longest weeks wait chart below can also be viewed by pathway stage and month.

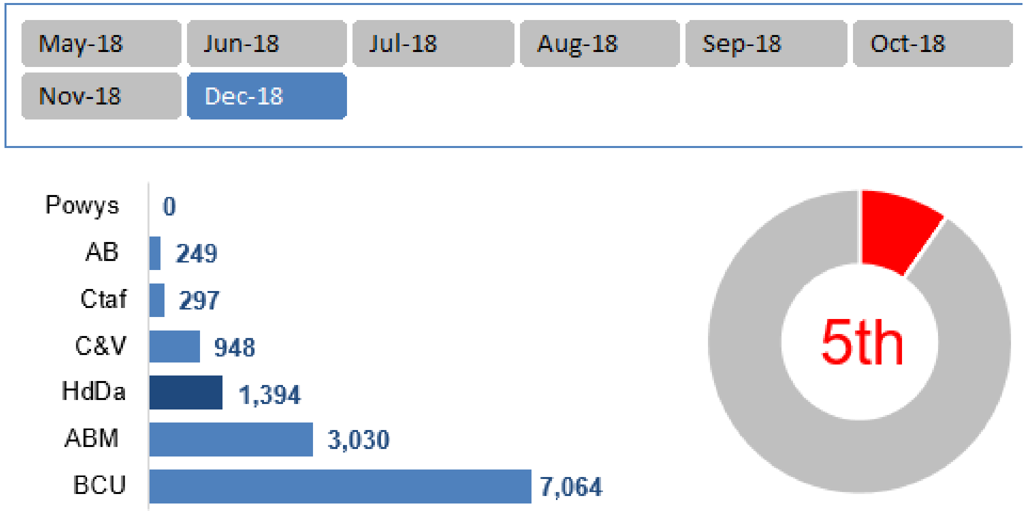
Specialty	Longest Weeks Wait
Breast Surgery	31
Cardiology	89 - 92
Chemical Pathology	20
Clinical Haematology	34
Clinical Neuro-physiology	27
Colorectal Surgery	45 - 48
Dermatology	69 - 72
Diabetic Medicine	31
Endocrinology	31
ENT	61 - 64
Gastroenterology	31
General Medicine	36
General Surgery	40
Geriatric Medicine	45 - 48
Gynaecology	40
Nephrology	30
Neurology	35
Neurosurgery	30
Ophthalmology	57 - 60
Oral Surgery	30
Orthopaedics	105
Paediatrics	34
Pain	35
Rheumatology	35
Stroke Medicine	29
Therapies (999)	18
Thoracic/Respiratory	38
Unknown (998)	13
Urology	57 - 60
Vascular	40
Grand Total	105

In the RTT dashboard the all Wales benchmarking charts below can also be viewed for previous months in the current financial year.

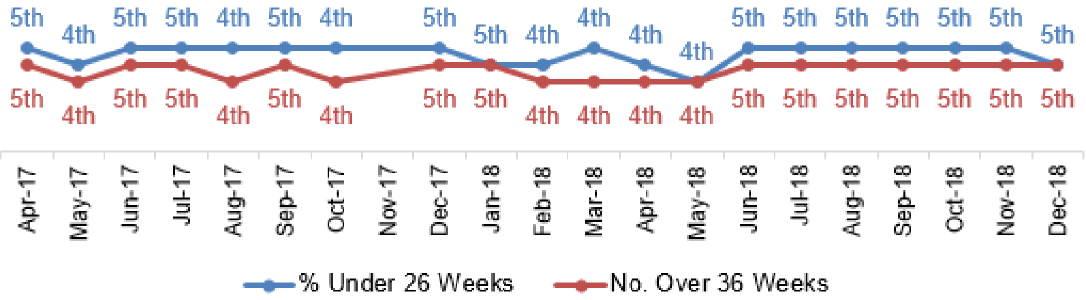
% of Patients Referred for Treatment Within 26 Weeks (Target = 95%)



Number of 36 Week Breaches (Target = 0)



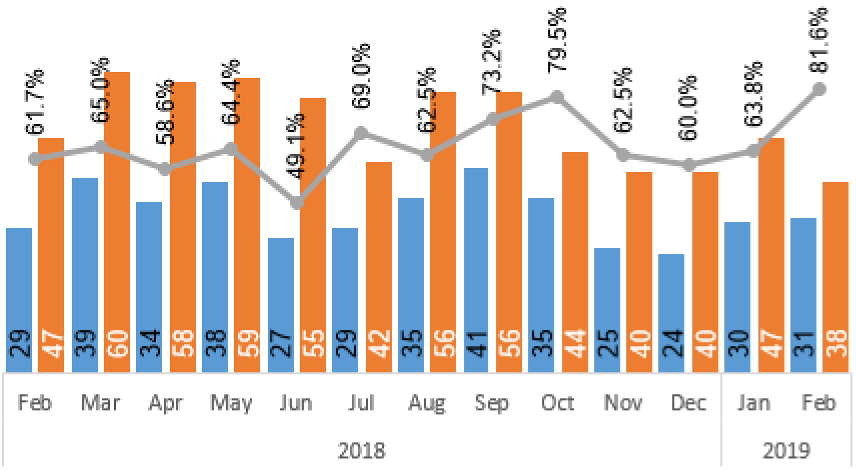
All Wales Ranking (April to latest published data - as at March 2018)



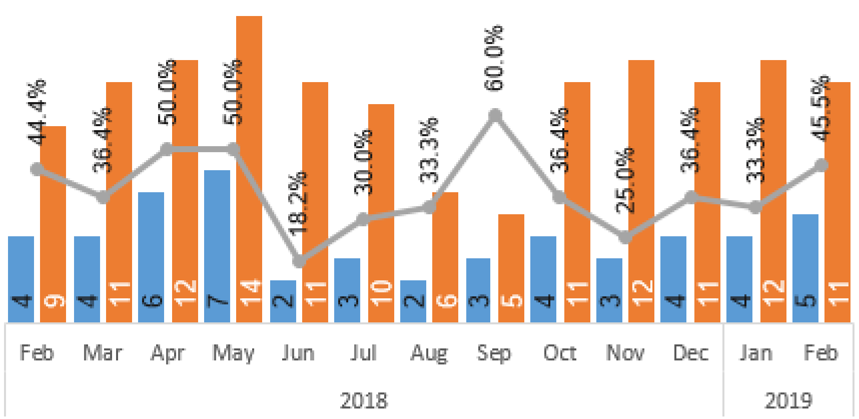
Stroke

In the Stroke dashboard, the 4 Quality Measures below can be displayed by acute hospital site. Data for other stroke measures is also included.

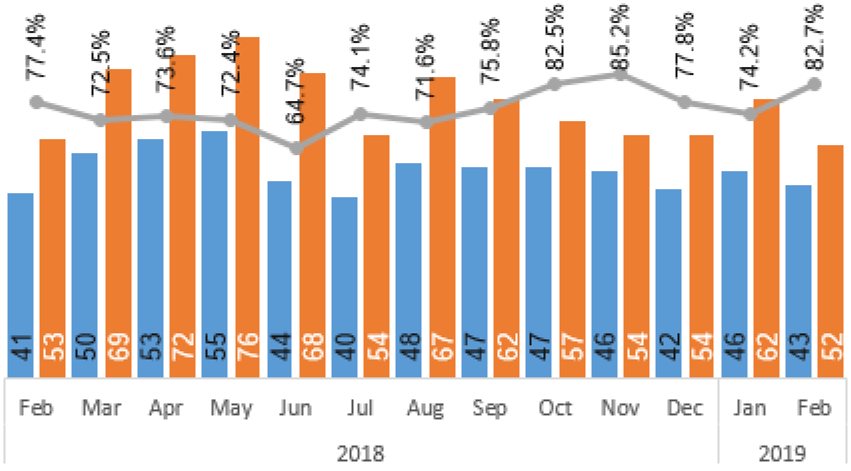
Admission to Stroke Unit < 4 hours | HDUHB - Target 60.2%



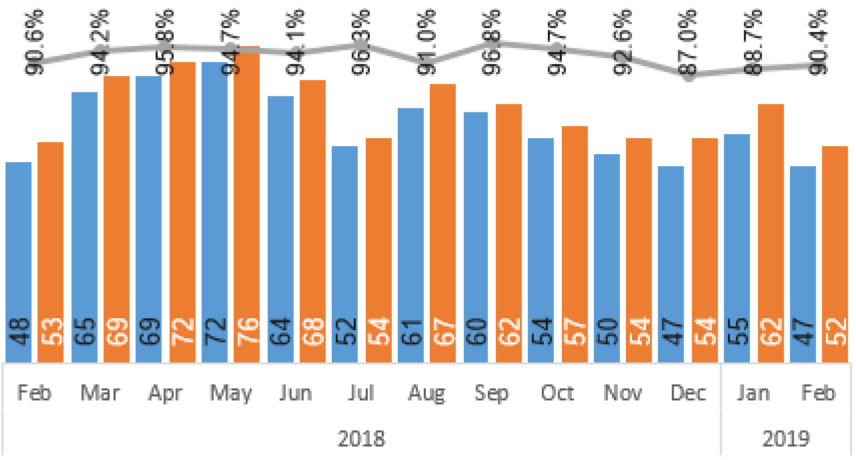
Thrombolysed Patients with Door-to-needle <=45 mins | HDUHB - Target 12 month improvement



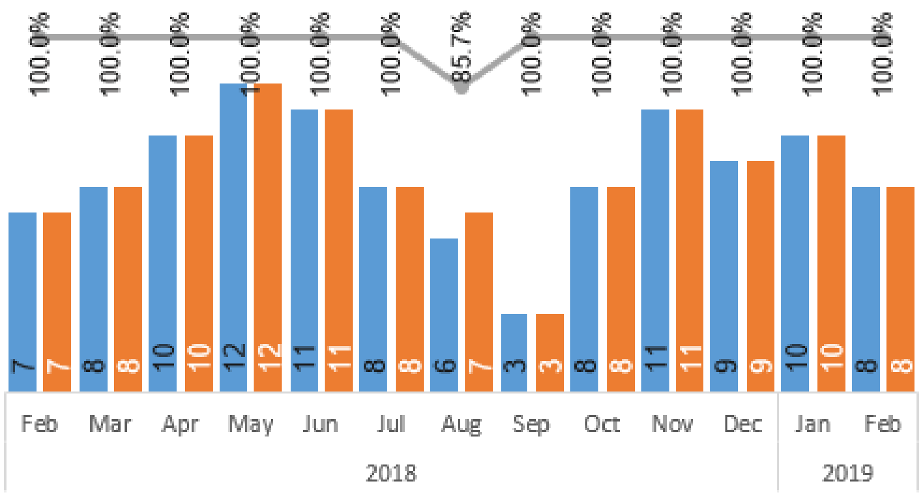
CT scan < 1 hours of admission | HDUHB - Target 52.3%



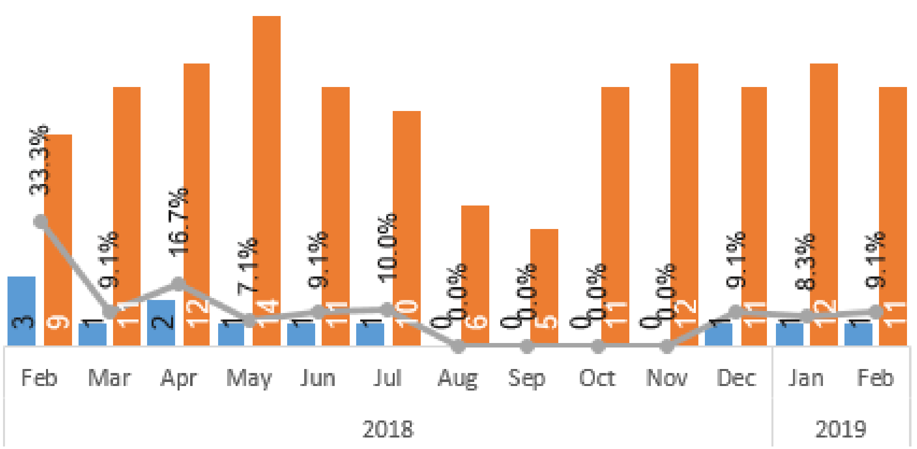
Assessed by a Stroke consultant < 24 hours of admission* | HDUHB - Target 84.2%



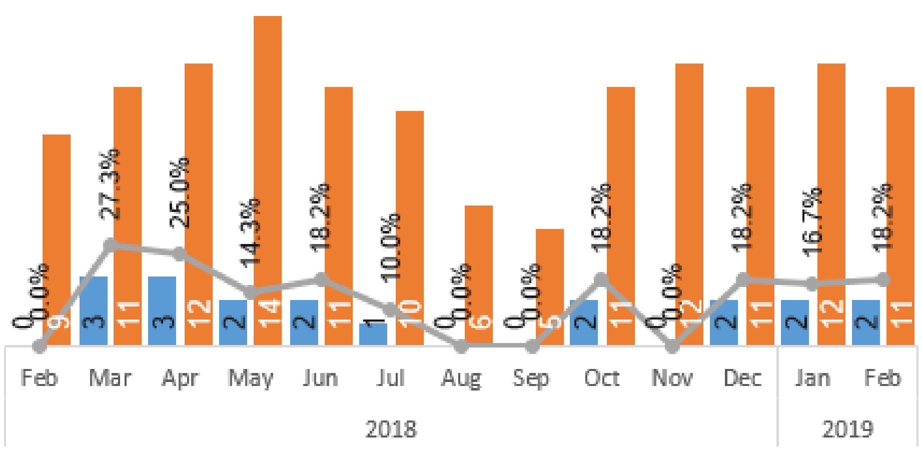
In the Stroke dashboard, the charts below can be displayed at the hospital site level.



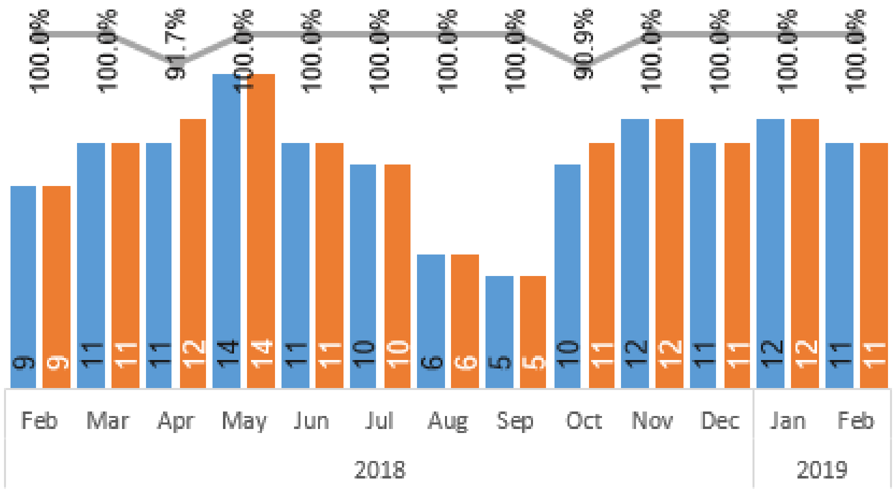
Eligible Stroke Patients Thrombolysed | HDUHB



Thrombolysed Patients with Door-to-needle <=30 mins | HDUHB

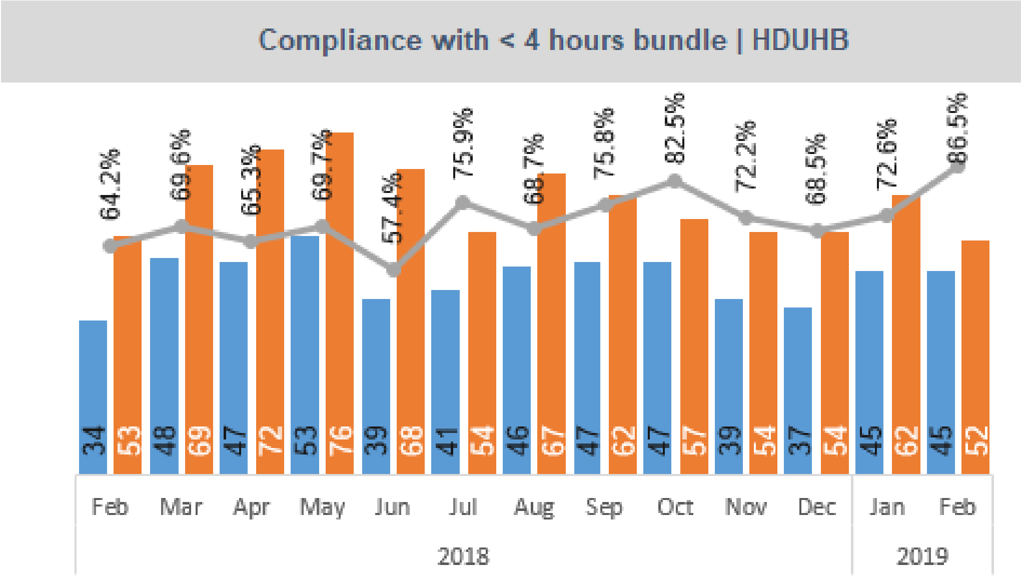


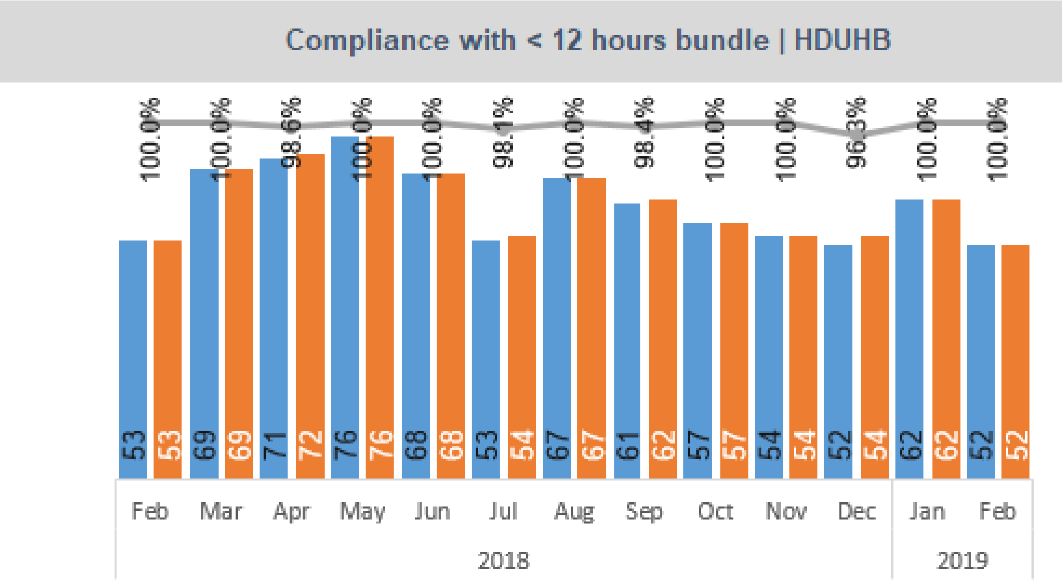
Thrombolysed Patients with Onset-to-needle <=90 mins | HDUHB

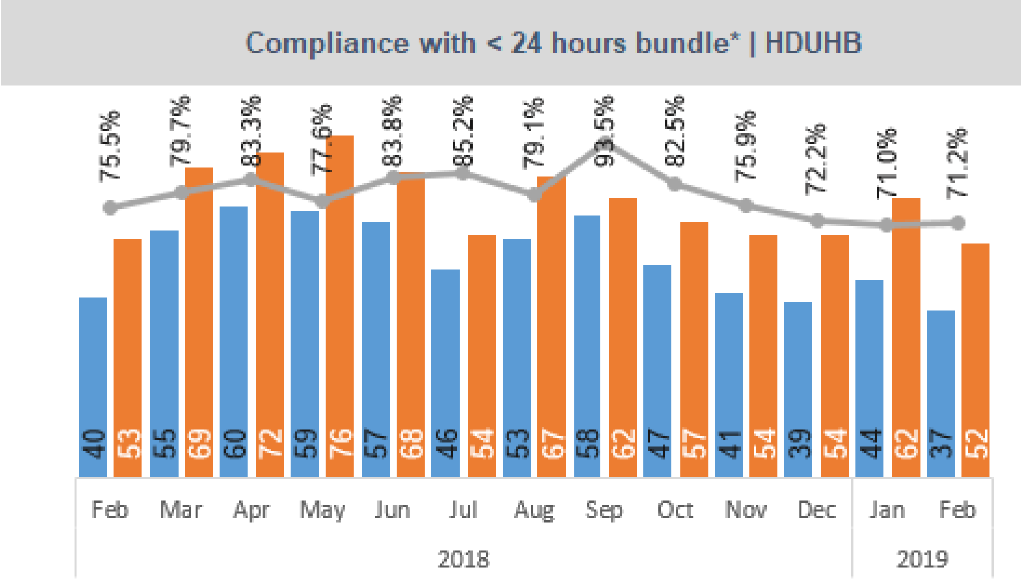


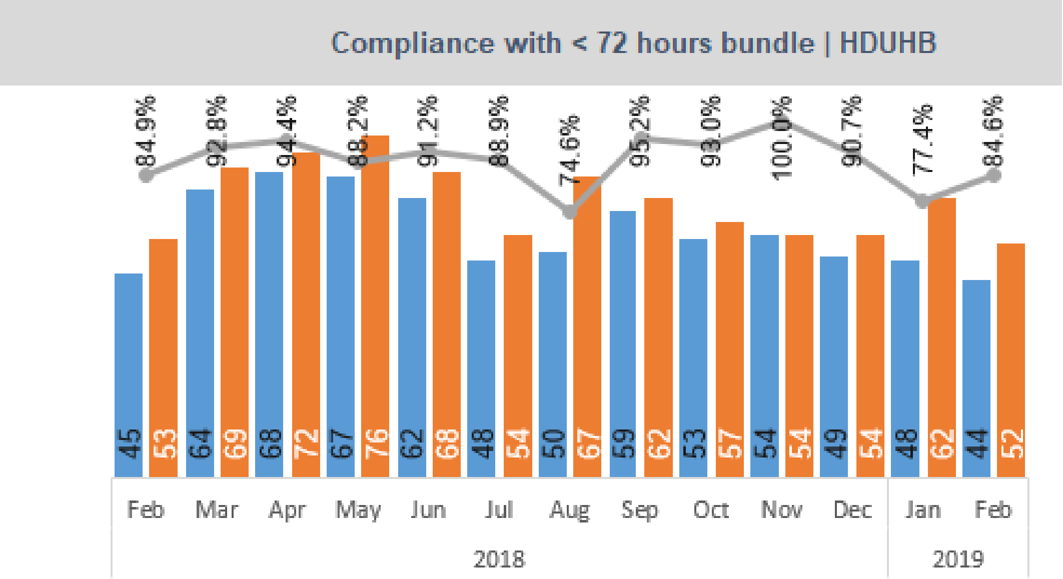
Thrombolysed Patients Pre and Post Thrombo NIHSS Score | HDUHB

In the Stroke dashboard, the charts below can be displayed at the hospital site level.





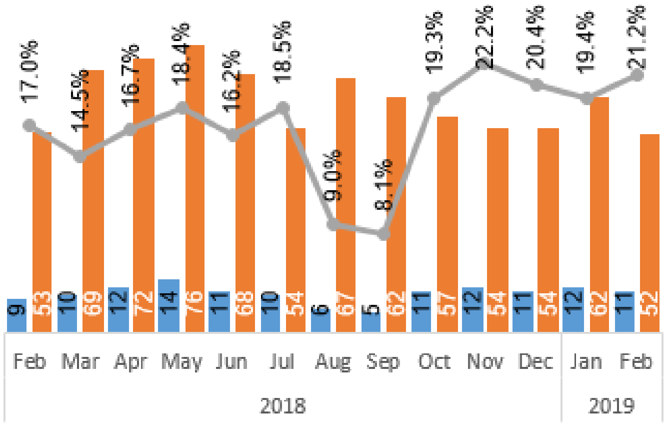




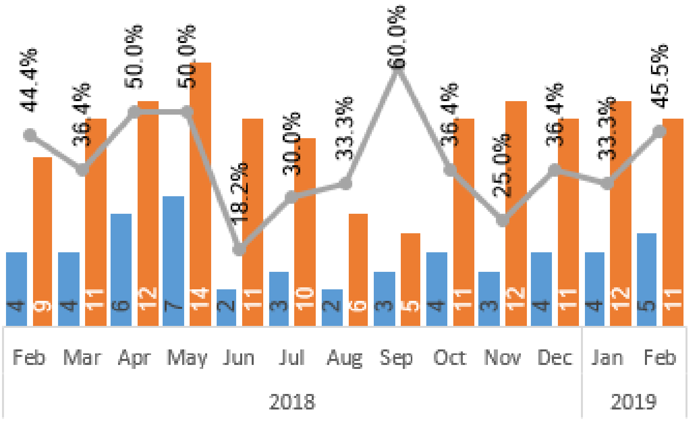
In the Stroke dashboard, the quality improvement charts below can be displayed at the hospital site level.

Urgent intervention | HDUHB

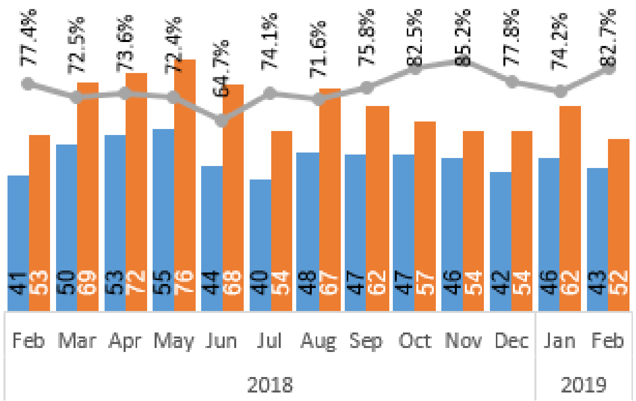
Percentage of all strokes thrombolysed



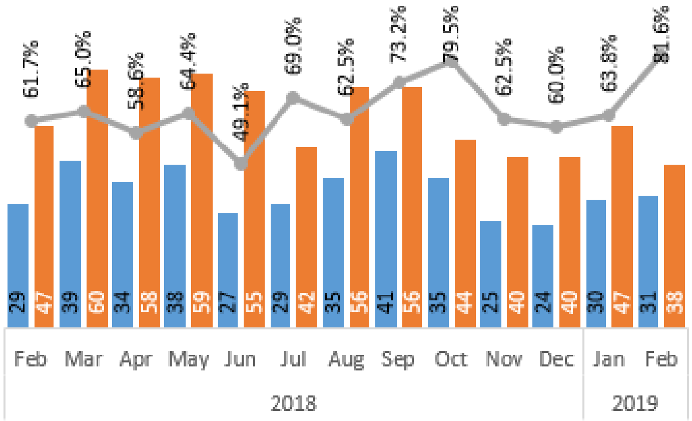
Thrombolysed Patients with Door-to-needle <=45 mins



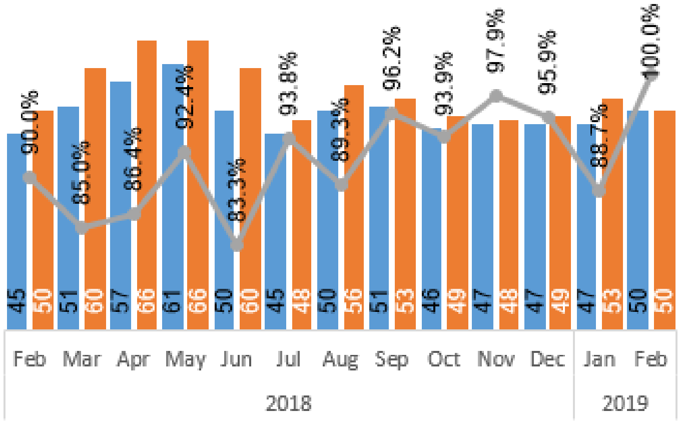
CT scan < 1 hours of admission



Admission to Stroke Unit < 4 hours

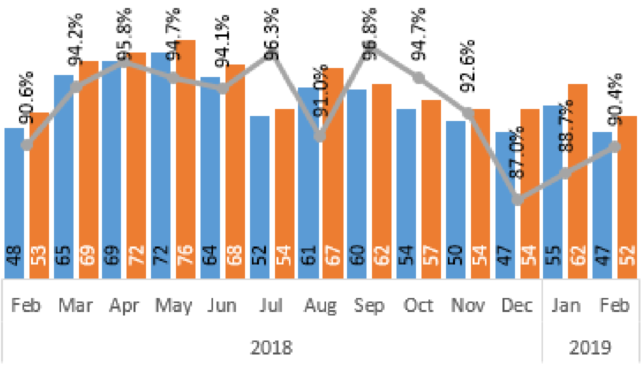


Swallow screening within 4 hours

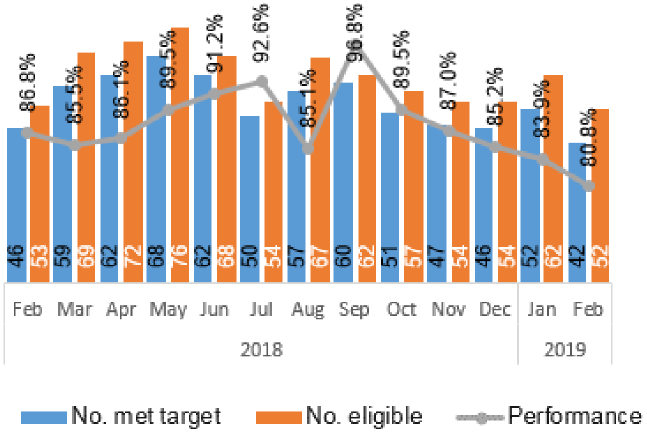


Urgent assessment | HDUHB

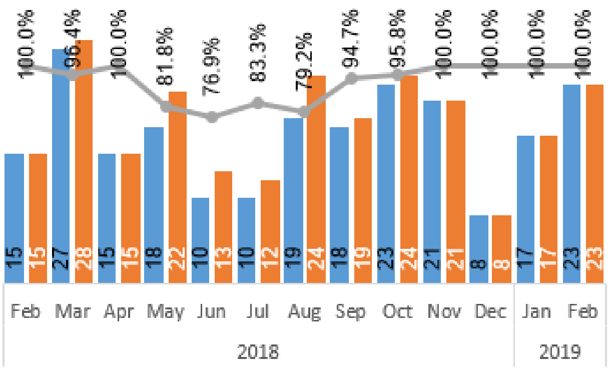
Assessed by a Stroke consultant < 24 hours of admission



Assessed by one of OT, PT, SALT within 24 hours

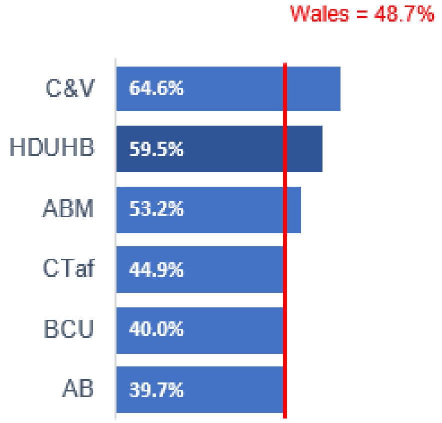


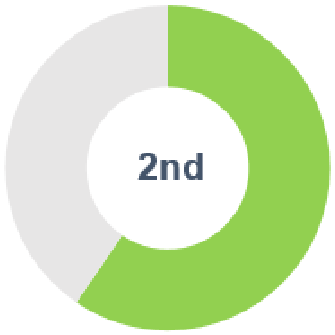
Formal swallow assessment within 72 hours



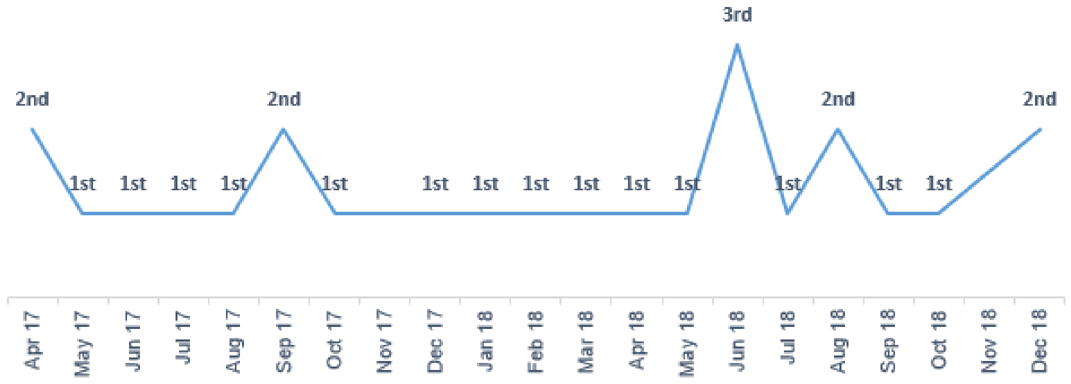
In the Stroke dashboard, the all Wales benchmarking charts below can be also be displayed for previous months in the current financial year.

Direct Admision to the Acute Stroke Unit < 4 hours (Target – 59.7%)

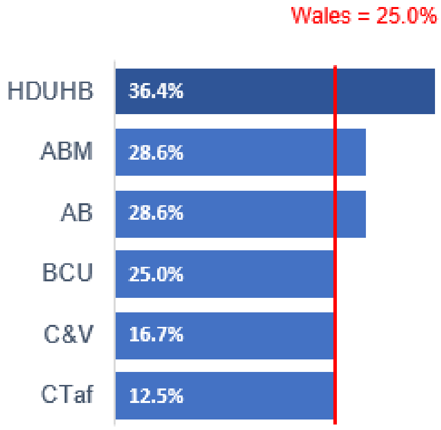


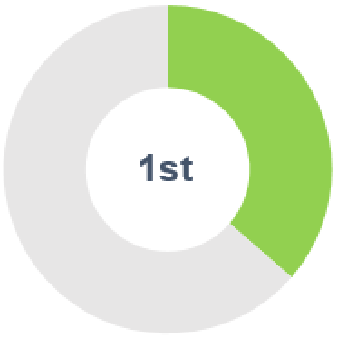


All Wales Ranking (April 17 to latest published data - as at Dec 2018)

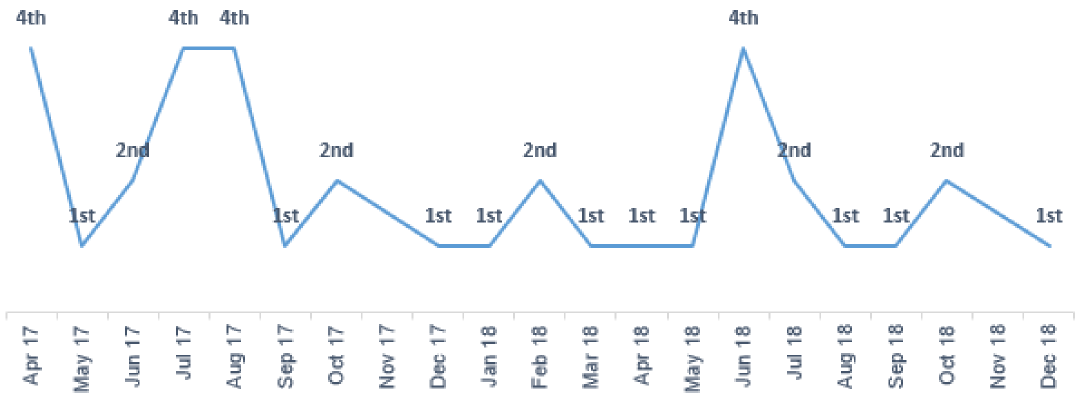


Thrombolysis door to needle <= 45 minutes (Target – 12 month improvement trend)

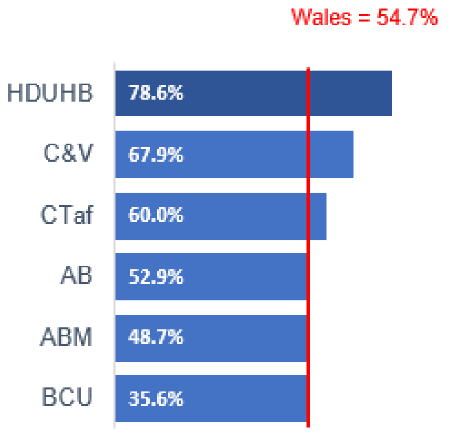


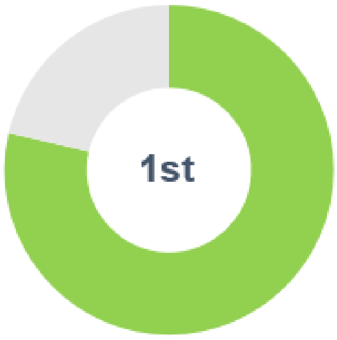


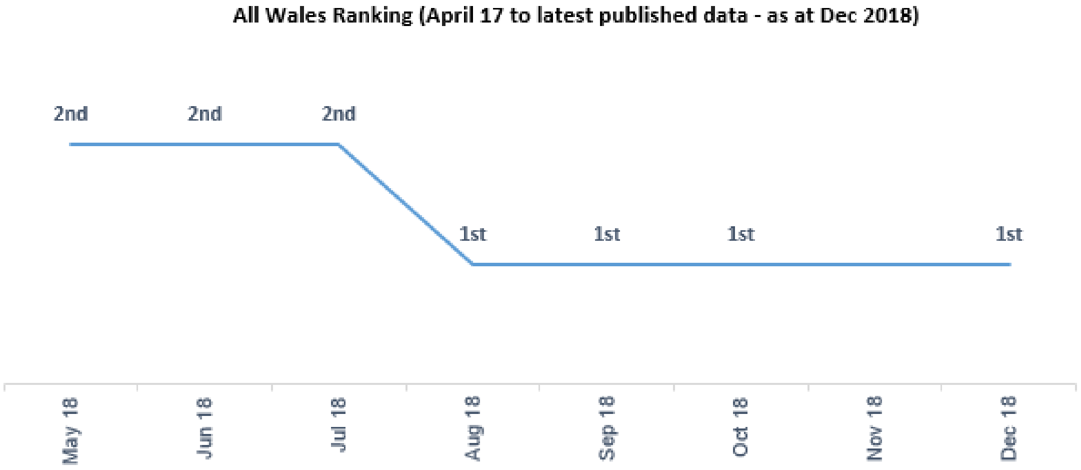
All Wales Ranking (April 17 to latest published data - as at Dec 2018)



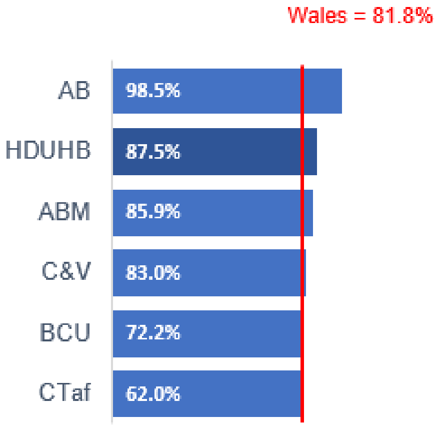
CT scan <1 hour (Target – 12 month improvement trend)

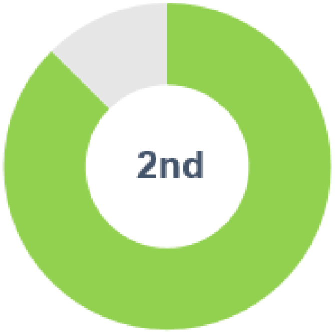


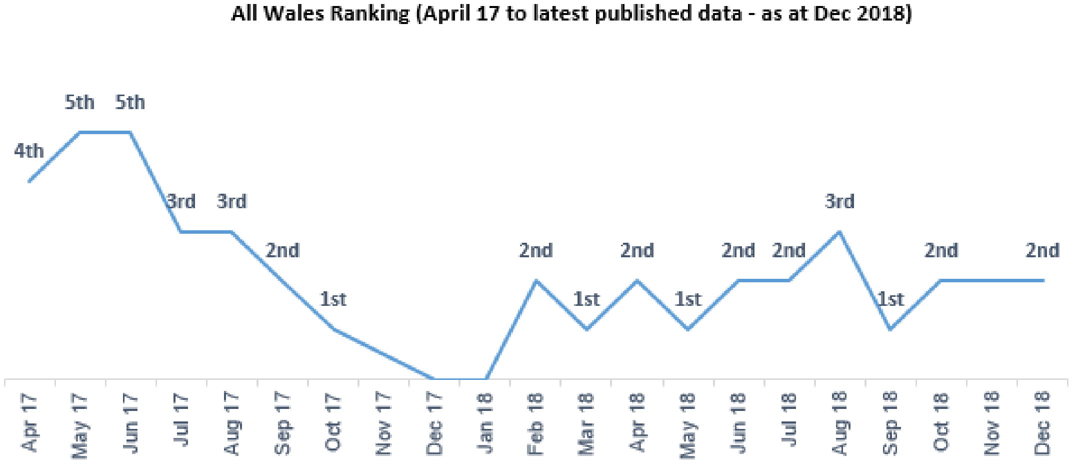



All Wales Ranking (April 17 to latest published data - as at Dec 2018)

Assessed by stroke consltant <24 hours (Target – 84.0%)



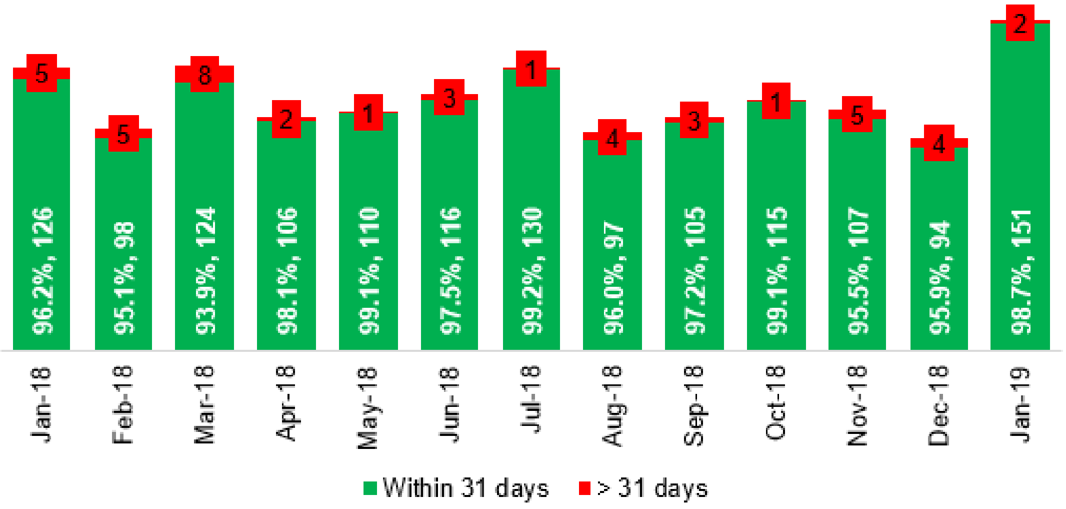



All Wales Ranking (April 17 to latest published data - as at Dec 2018)

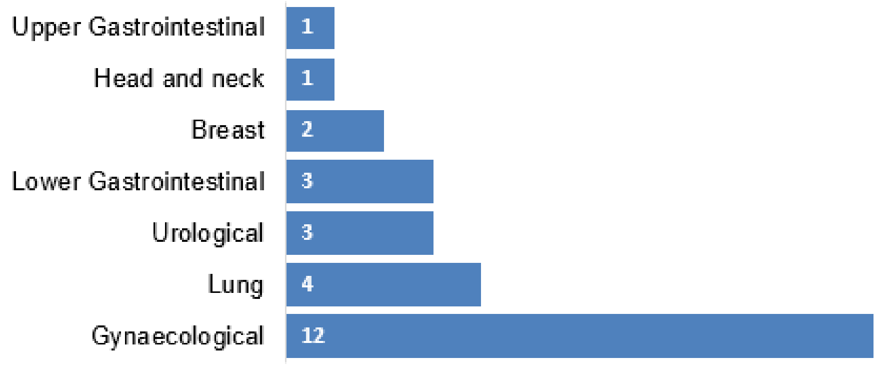
Cancer

In the Cancer dashboard, the Health Board charts below can be also be displayed by Tumour site and month.

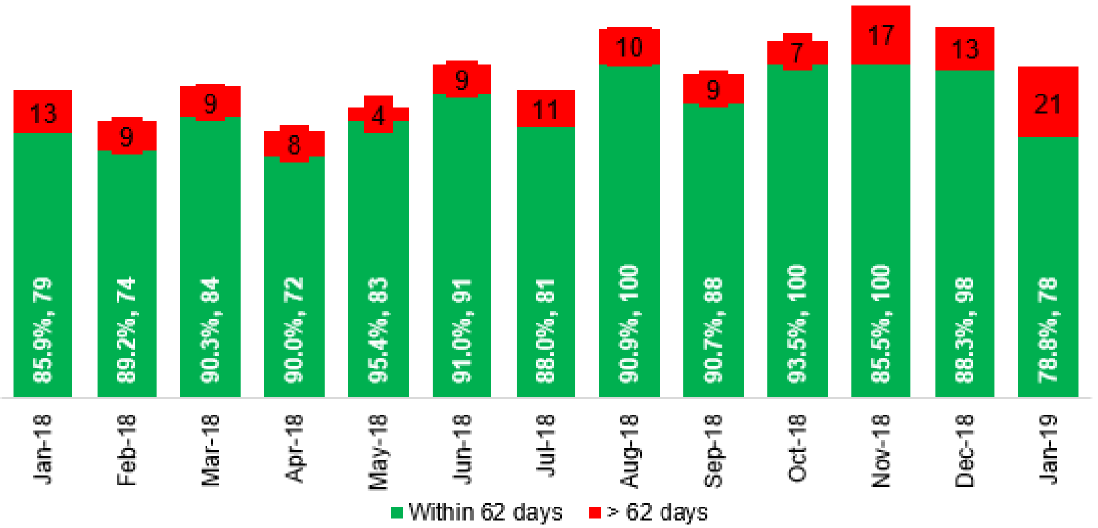
Non Urgent Suspected Cancer Tumor Site: (Multiple Items)

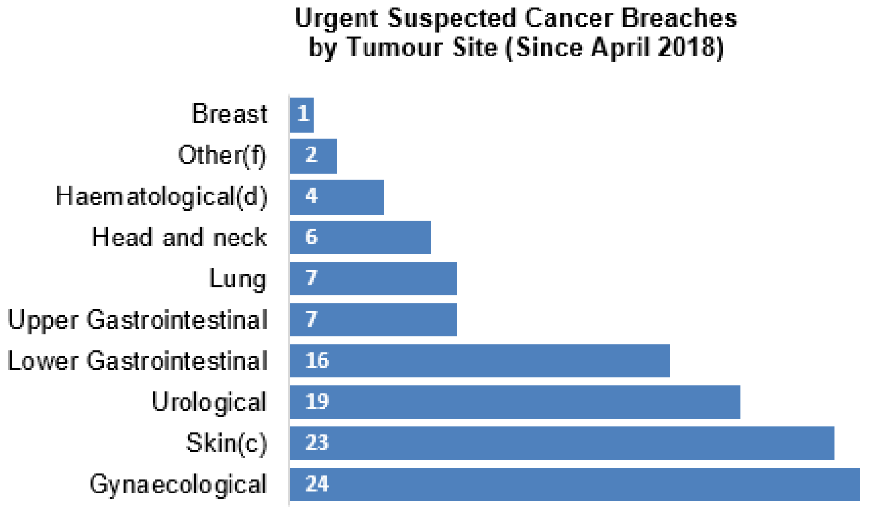


Non Urgent Suspected Cancer Breaches by Tumour Site (Since April 2018)

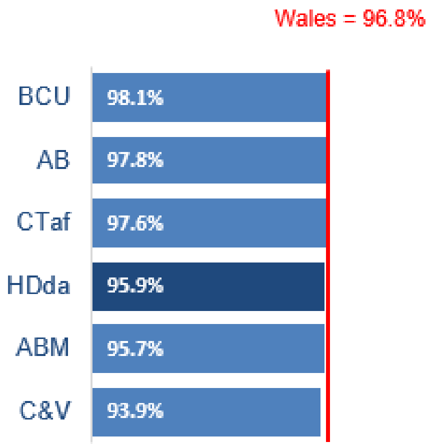


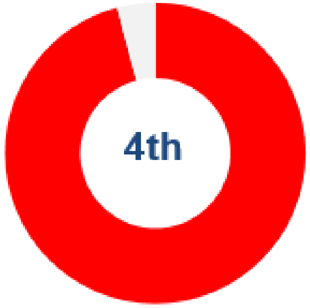
Urgent Suspected Cancer Tumor Site: (All)

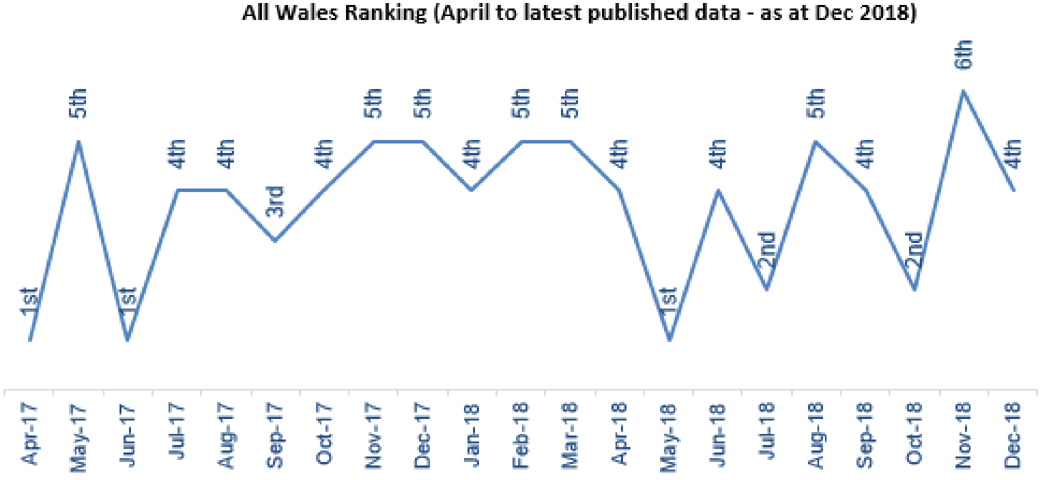




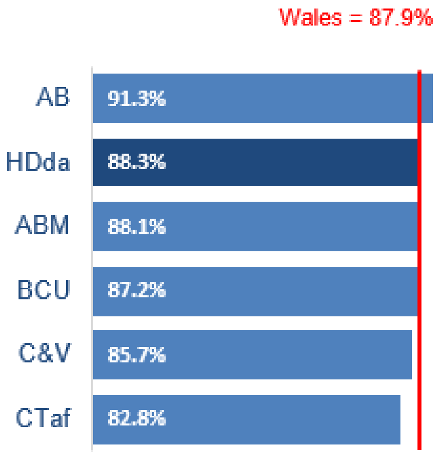
Percentage of patients referred as non-urgent suspected cancer seen within 31 days – Target 98%

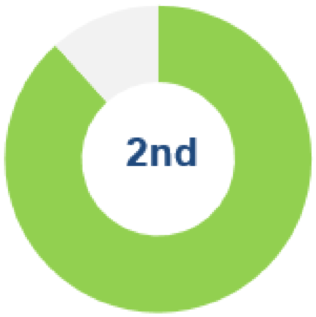




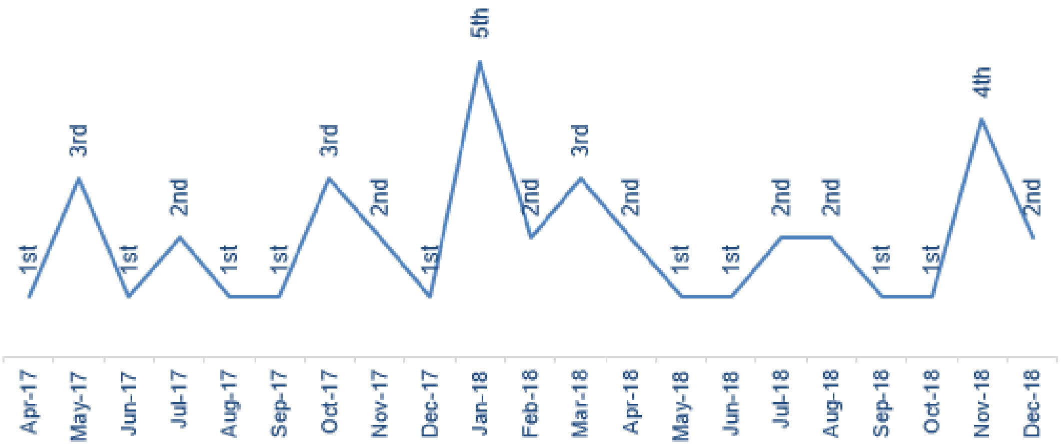


Percentage of patients referred as urgent suspected cancer seen within 62 days – Target 95%





All Wales Ranking (April to latest published data - as at Dec 2018)

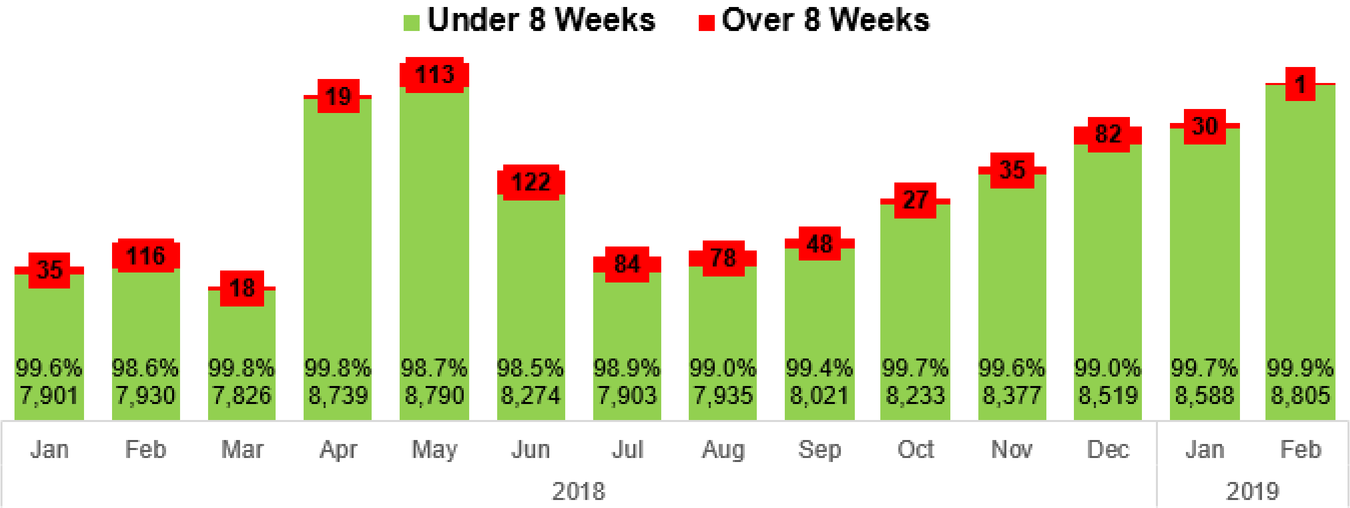


Diagnostics

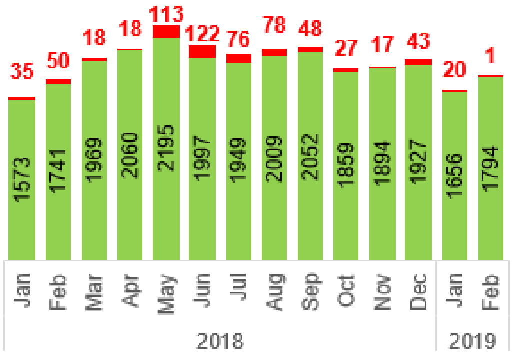
In the Diagnostics and Therapies dashboard the diagnostics metric can also be shown by acute hospital and service area.

Note
From April 2018/19 the diagnostics category was extended to include cardiology. For comparability, with the exception of the All Wales chart (by Health Board), the historic diagnostics figures below have been updated to include cardiology and as such the figures for 2017/18 are showing breaches which were not classed as or reported as breaches during that financial year.

Total number of patients waiting for all diagnostics (Target = 0)

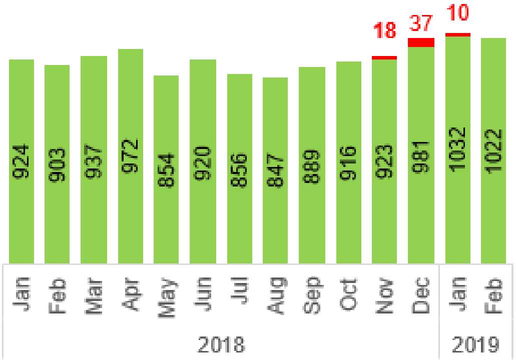


Cardiology* (Target = 0)

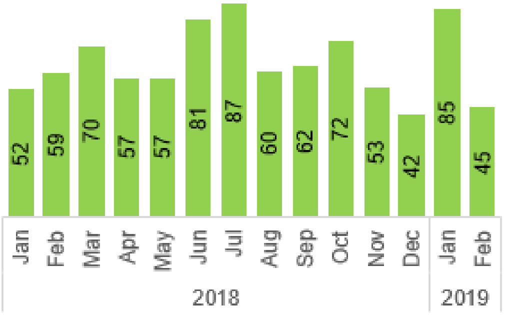


* See the 'Home' tab for information on definition change.

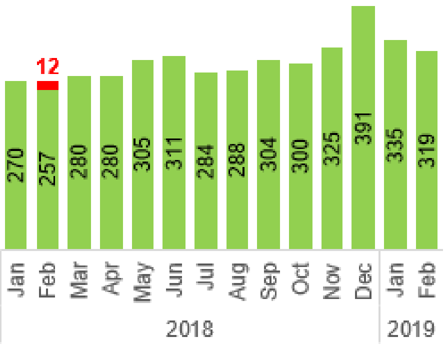
Diagnostic Endoscopy (Target = 0)



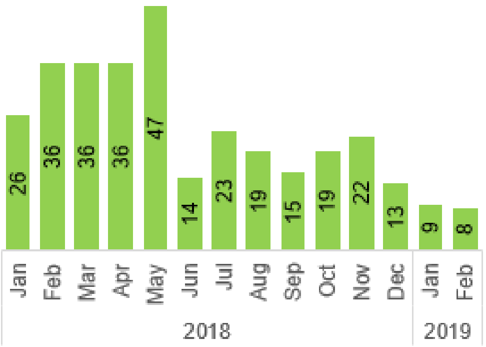
Imaging (Target = 0)



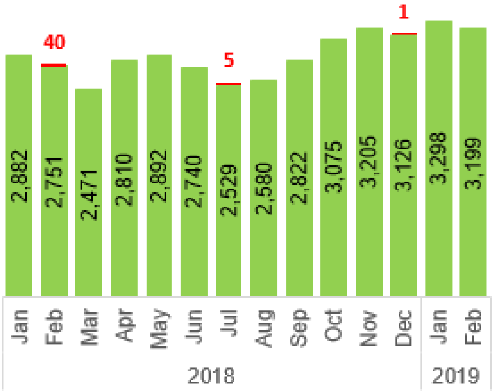
Neurophysiology (Target = 0)



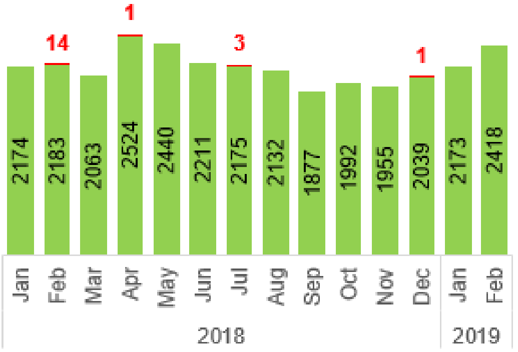
Physiological Measurement (Target = 0)



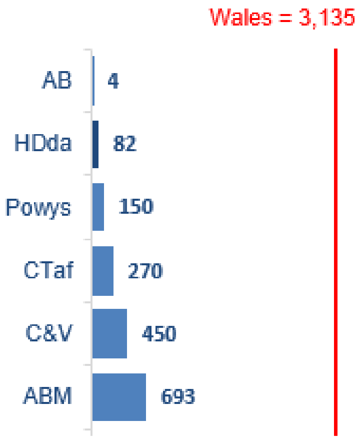
Radiology - Consultant referral (Target = 0)

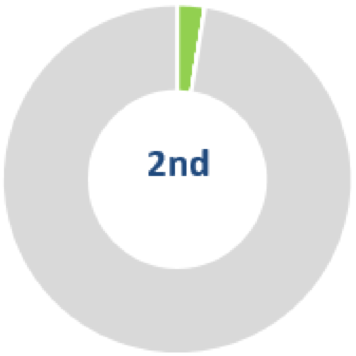


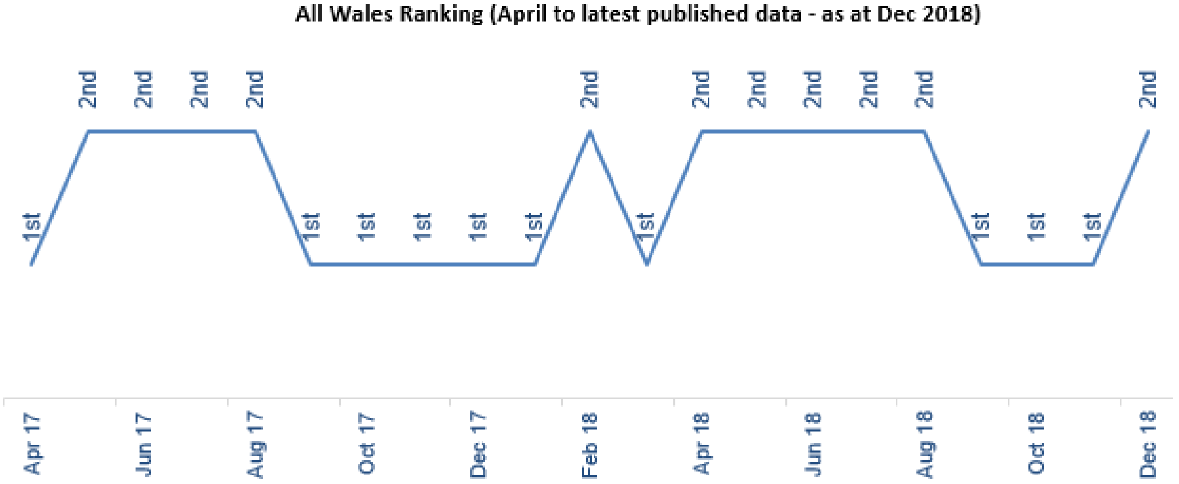
Radiology - GP referral (Target = 0)



Number of patients waiting 8 weeks and over for a specified diagnostic (Target = 0)



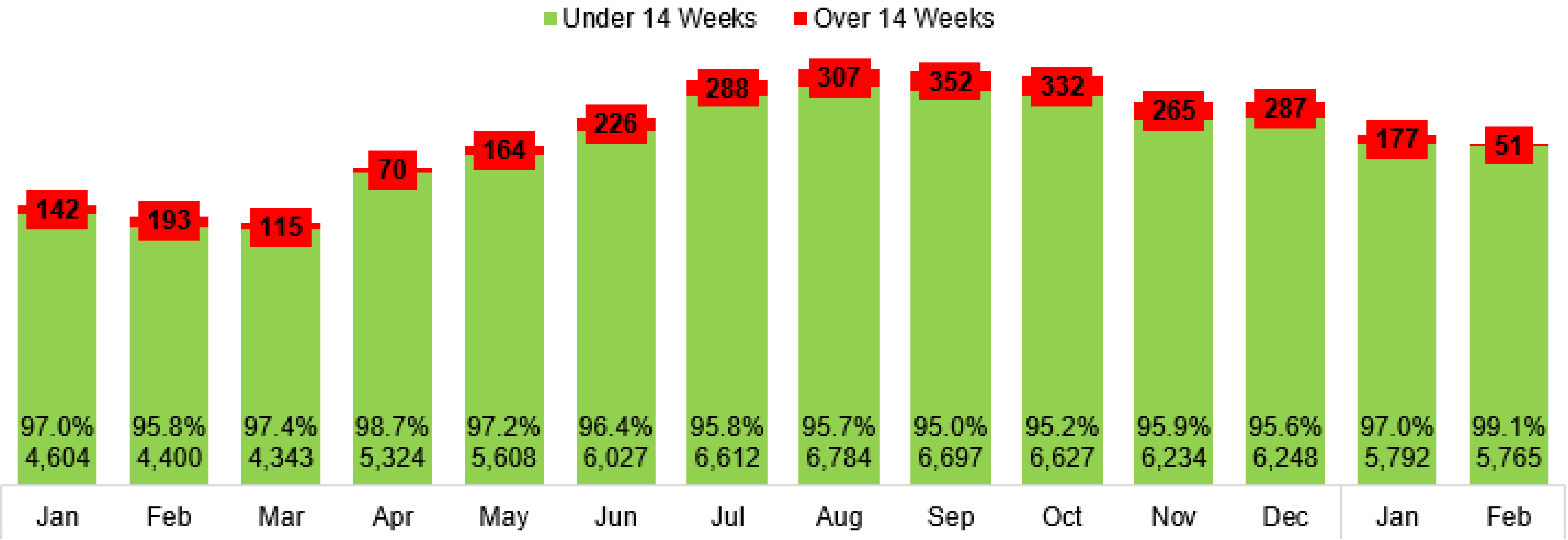




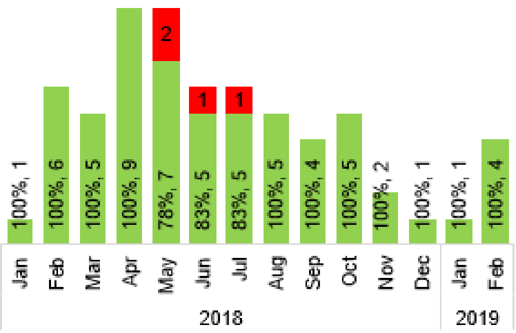
Therapies

In the Diagnostics and Therapies dashboard the therapy waits metric can also be shown by acute hospital and service area.

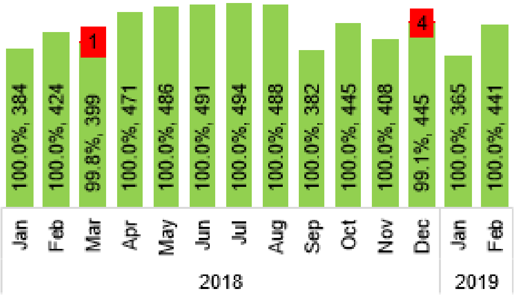
Total number of patients waiting for all Therapies (Target - 0)



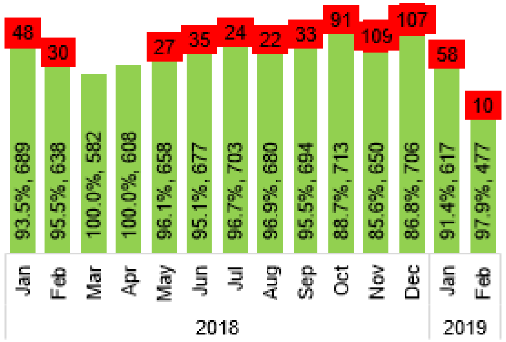
Arts Therapies (Target = 0)



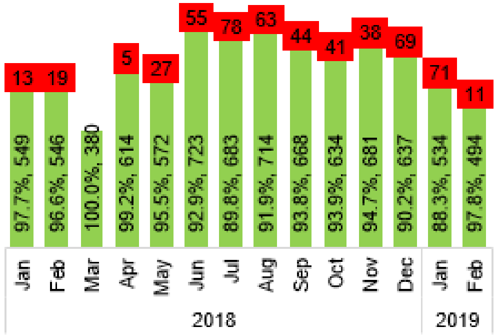
Speech Language (Target = 0)



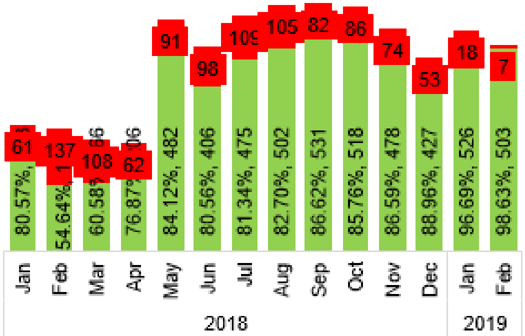
Audiology (Adult hearing aids) (Target = 0)



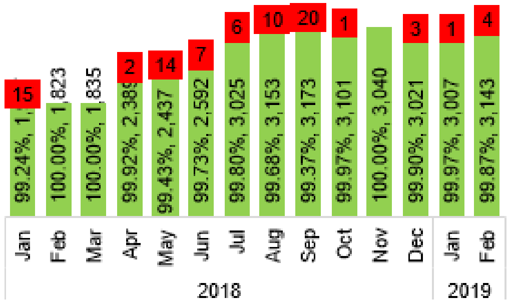
Dietetics (Target = 0)



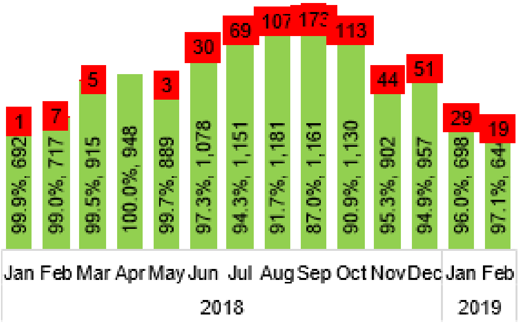
Occupational Therapy (Target = 0)



Physiotherapy (Target = 0)



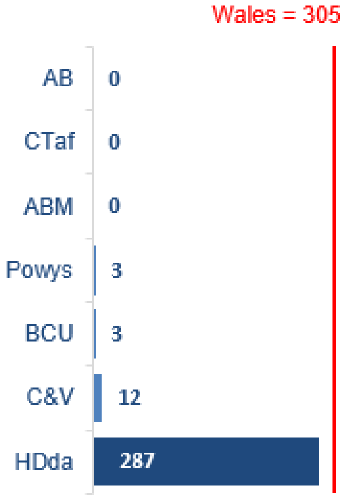
Podiatry (Target = 0)

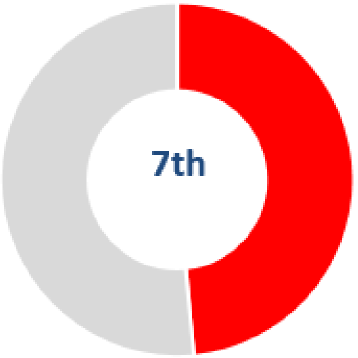


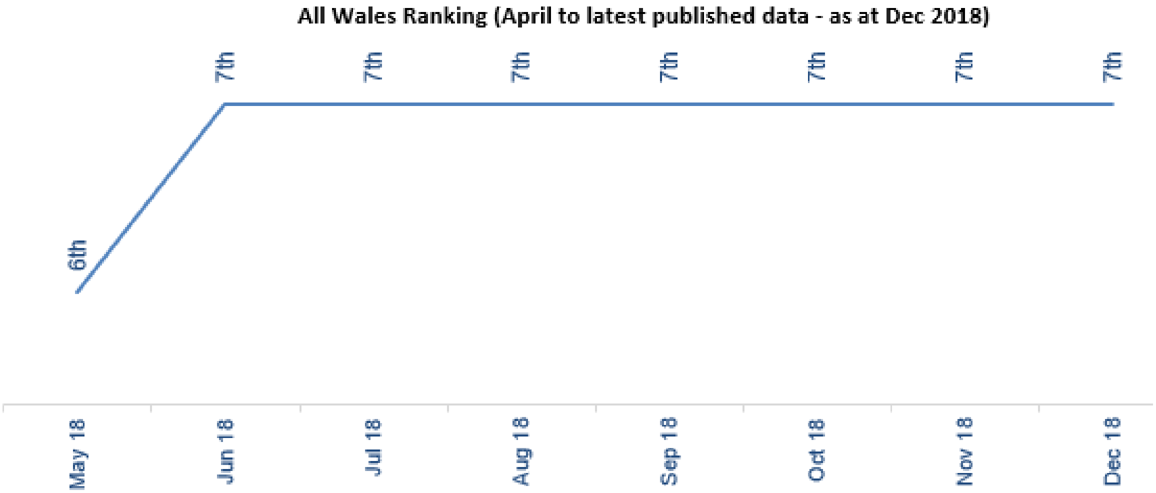
Longest weeks wait for therapies – February 2019

Specialty	Longest Weeks Wait
Arts Therapies	2
Audiology (Adult hearing aids)	16
Dietetics	18
Occupational Therapy	15
Physiotherapy	15
Podiatry	18
Speech Language	13
Grand Total	18

Number of patients waiting more than 14 weeks for specific therapy (Target – 0)

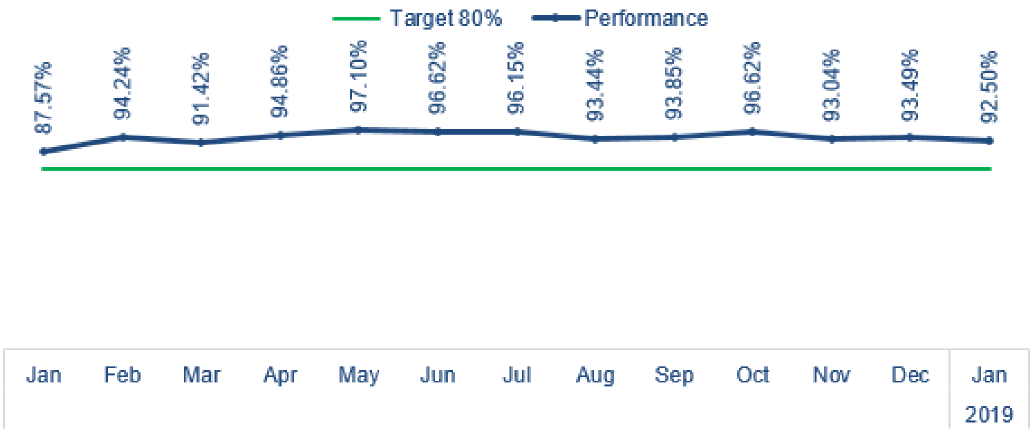


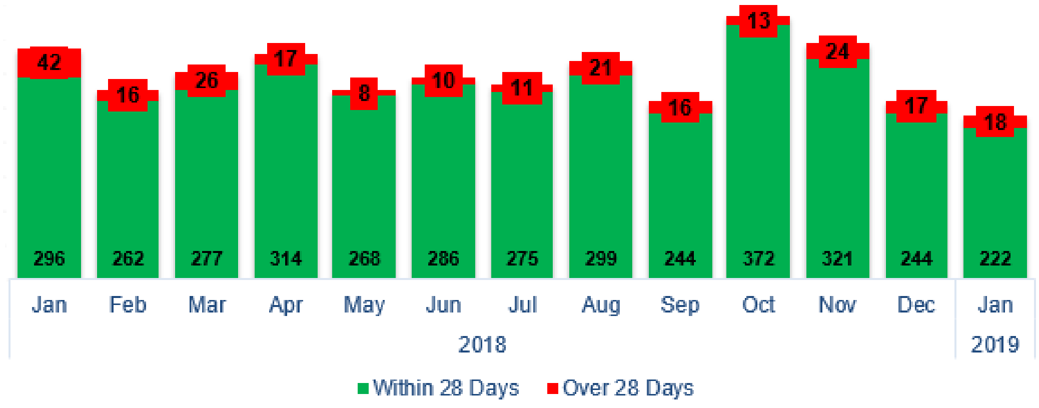




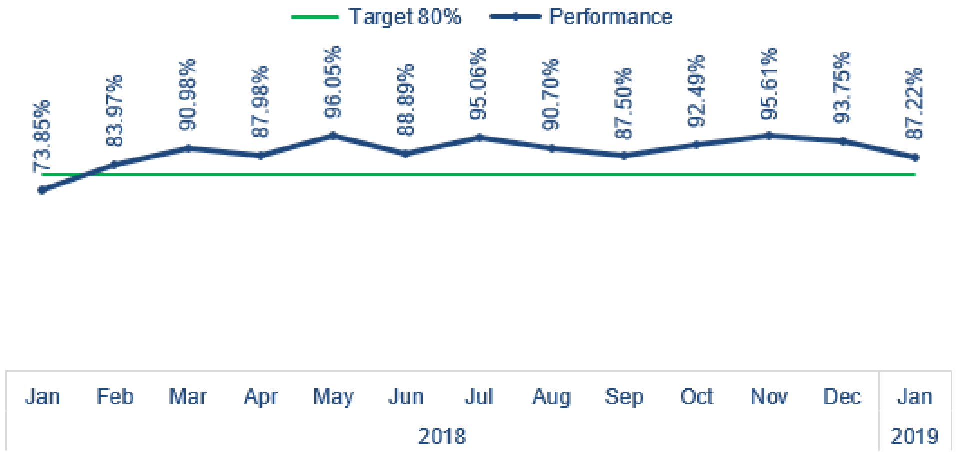
Mental Health

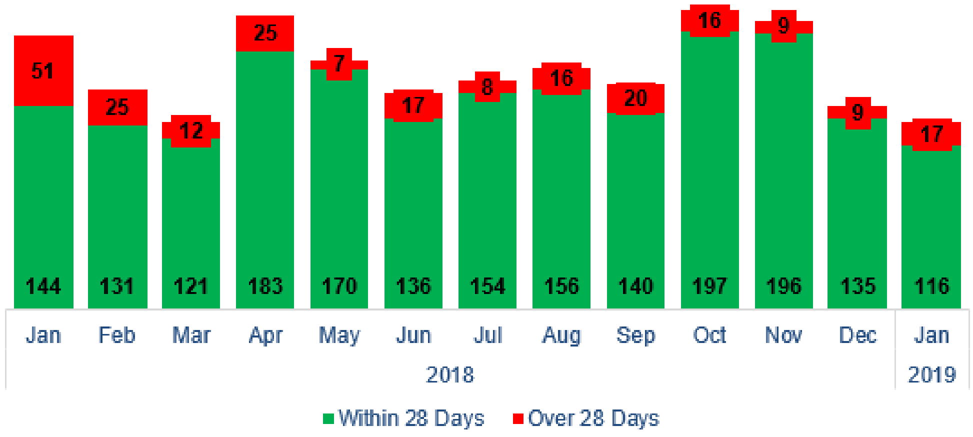
Part 1 (A) - assessed within 28 days of referral





Part 1 (B) - treated within 28 days of assessment





Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee Meeting
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	Meeting held on 5th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Review of the Quality, Safety & Experience Assurance Committee (QSEAC) Terms of Reference (ToR) -** the Committee received the QSEAC Terms of Reference (ToR) for review. It was recognised that certain sections of the ToRs required strengthening and should also include prevention, interventions, patient experience and the integrated nature of the organisation. Following inclusion of the suggested amendments, Members agreed that the revised ToRs would be approved by Chair's Action for onward submission to the Board (see Appendix 1 attached).

- **Quality, Safety & Experience Assurance Committee Self-Assessment 2018/19 Process and Questions -** the Committee received the QSEAC Self-Assessment questionnaire for 2018/19 to consider any amendments or omissions. With the incorporation of a proposed additional question in regard to Sub-Committee reporting, it was agreed that the questionnaire would be issued to Members, with the outcome reported to the next QSEAC meeting.

- **Draft Annual Quality Statement -** the Committee received the draft Annual Quality Statement 2018/19, noting that a significant amount of information had been received from the service during the previous month which would now be cross referenced against the draft Welsh Health Circular (WHC) Annual Quality Statement 2018/19. Members were advised that as the submission date is two months earlier than in previous years, it will pose a significant challenge to complete. Whilst acknowledging the work undertaken to reach this stage in the AQS' development, Members suggested the positive work of the Health Board needed to be more prominent within the document, and suggested that for future years it could align with the health and wellbeing agenda and be more patient outcome focused. It was acknowledged that as the QSEAC meeting takes place after the AQS submission date, a process would need to be agreed for approving the final version.

- **Outcome Report From Board To Floor Walk Arounds -** the Committee received an update on the Board to Floor Walk Arounds, where areas visited to date had been determined following receipt of Healthcare Inspectorate Wales (HIW) reports where improvements had been suggested in order to observe the patient impact. It was agreed that in order to improve the walk around process going forward, consideration could be given to adopting a pathway approach.

- **Operational Quality, Safety & Experience Sub Committee (OQSESC) and Terms of Reference –** the Committee received an update from the Operational Quality, Safety & Experience Sub-Committee (OSQSESC) meeting held on 24th January 2019. Queries were raised regarding the wording within the update in relation to the Health Board being ‘generally’ compliant with the new NICE Guideline 108 ‘Decision-making and Mental Capacity’ recommendations. Members recognised that given the absence of any SMART recommendations within the guideline, the difficulty for organisations to establish compliance was acknowledged.

- **Medicines Management Sub Committee (MMSC) Exception Report –** the Committee received a verbal update from the Medicines Management Sub-Committee meeting held on 30th January 2019. Members were pleased to note that all four Health Board hospital pharmacies had scored satisfactory/good in the recent external audit for all registered pharmacies, representing the highest score obtainable. An update was received on current risks, including RR553 Falsified Medicines Directive, where Members were assured that the risk score would be amended in light of the fact that new scanners have been ordered for hospital pharmacies. Members were also informed that in light of the closure of the Glangwili General Hospital (GGH) Aseptic Unit, a review of the risk score in relation to RR374 Aseptic Units would be required.

- **Mental Health & Learning Disabilities Quality, Safety & Experience Sub Committee (MH&LDQSESC) Exception Report –** the Committee received an update from the Mental Health & LD Quality, Safety & Experience Sub-Committee (MH&LDQSESC) meeting held on 21st January 2019, noting its greater focus on quality issues. Members were advised of the establishment of the MH&LD Written Control Documentation Group as a formal Group of the MH&LDQSESC. Members queried whether the Health Board has full knowledge of the risks and consequences to patients given the current breaches in waiting times for psychological service provision and were assured that there is recognition that further resources are required, and that risks are managed within each service, with practitioners undertaking additional sessions in an effort to reduce waiting lists. In order for QSEAC to gain further assurance, it was proposed that any actions regarding quality and safety impacts on patients on Mental Health waiting lists should be scrutinised by MH&LDQSESC and reported to QSEAC by exception.

- **Fragility Of Mental Health Services -** the Committee was presented with the Fragility of Mental Health (MH) Services report highlighting the key operational risks aligned to MH&LDQSESC. Members expressed concern regarding the 18 month delay on progression to a new Patient Administration System and were advised that this had been escalated to Welsh Government and the risk score updated in light of this. In the interim, a plan would be agreed with the Assistant Director of Informatics to mitigate against the fragilities within the current system. Members expressed further concern that adequate support would be made available to transform to the proposed vision for mental health services acknowledging that alignment of the Transforming Mental Health (TMH) programme and improving the operational skill set within the MH Directorate would be pivotal to moving forward. Members suggested the report offered only limited assurance and that to improve capacity, additional resources would be required.

- **Workforce & Organisational Development Sub Committee Exception Report and Workplan -** the Committee received an update from the Workforce & Organisational Development Sub-Committee (W&ODSC) meeting held on 17th January 2019, together with the Sub-Committee’s workplan. Members welcomed the continual improvement in trajectories in respect of Performance Appraisal and

Development Reviews (PADRs) compliance.

- **Strategic Safeguarding Sub-Committee Exception Report -** the Committee received an update from the Strategic Safeguarding Sub-Committee meeting held on 22nd December 2018. Members were advised that the All Wales Clinical Pathway for Female Genital Mutilation (FGM) had been formally updated in 2018 and recognised the importance of including the reporting of FGM within the Health Board's safeguarding training. Members expressed concern that the learning from safeguarding reviews regularly identifies poor record keeping, information sharing and communication, and requested assurance that this is addressed both in action plans and in staff training. Members were assured that action plans are formulated and taken forward by the relevant Directorate/Service in response to lessons learned and that in addition, Learning from Events forums are arranged to ensure findings are shared.

- **Infection and Prevention Sub-Committee (IPSC) Exception Report –** the Committee received an update from the Infection and Prevention Sub-Committee meeting held on 18th January 2019. Members welcomed the positive performance regarding Clostridium difficile Infections (CDI) and that the Health Board is reporting less CDI compare to the same period last year, however accepted the Health Board is still not achieving the national target.

- **Infection and Prevention Deep Dive Report and Presentation -** the Committee received a report and presentation providing an assurance in relation to the prevention and management of all infections across the Health Board. Recognising that E-coli bacteraemia rates within Hywel Dda are the highest in Wales, Members were assured that this has been designated as a target for the Health Board to reduce. Members were informed of a range of quality improvement projects in place, including a health promotion campaign to educate the public on preventative measures and to empower them to self-manage their conditions where possible. Further work has commenced with the Bevan Commission in a collaborative approach to reduce antimicrobial resistance in Hywel Dda, including an audit of GP practices with high rates of prescribing where initial results demonstrate significant improvements in prescribing practice. Members welcomed the systematic population approach taken by the Infection Prevention Team which is showing demonstrable improvements, and accepted that whilst challenges remain, the detail of the work highlighted within the Sub-Committee report provided assurance to the Committee.

- **Improving Experience – Development Of A Revised Patient Experience Programme -** the Committee received an update on the development of the revised Patient Experience programme where a co-production approach had been taken to include feedback from patients and the Community Health Council (CHC), and where public events would be organised to coincide with Patient Experience Week in April 2019. It is expected that a Patient Charter would be available for presentation for approval to QSEAC in April 2019, with the implementation plan presented for approval in June 2019.

- **Histopathology Staffing And Accommodation Issues -** the Committee received a report outlining the key service risks facing Hywel Dda's histopathology service and their potential consequences on the Health Board's patients and staff in terms of the challenge to recruit new staff given the poor condition of current accommodation and the consequent impact for patients in meeting satsifactory turnaround times to process and report specimens. Despite the recruitment campaigns that have taken place, given the national shortage of Consultant staff within this specialty, compounded by the condition of the laboratory accommodation locally, this is becoming an increasing challenge and options are being considered to appoint Advanced Nurse Practitioners to undertake some of the duties involved. Whilst recognising the Health Board's current financial constraints, Members acknowledged the Committee's responsibility both to challenge and to promote the well-being of staff and it was agreed that regional solutions should be explored with Abertawe Bro Morgannwg University Health Board (ABMUHB) and the Joint Regional Planning and Delivery Committee (JRPDC). The Committee also agreed for an update on the mitigations in place, to include timescales, to be presented to the next QSEAC meeting, with any capital implications to be referred to the Business Planning & Performance Assurance Committee (BPPAC).

- **Pembrokeshire Community Team Update and Presentation -** the Committee received an overview of the future plan for Pembrokeshire County, demonstrating the work undertaken in implementing the Quality Improvement Framework with a specific focus on one service area, Sunderland Ward at South Pembrokeshire Hospital. Members were assured that despite the ward having a higher than average number of elderly patients, falls data has improved over the past 18 months partly due to staff training and to ensuring the needs of the patients are taken into account. Members were further assured that there is dedicated training in pressure damage in place with regular audits and accountability within teams to ensure record keeping is kept up to date. Given that one of the Quality Improvement Goals is to reduce unwarranted variation and increase reliability, this is being progressed with the appointment of a Community Practice and Professional Development Nurse, together with a review of staff mix and skills and the development of Band 4 advanced practitioner roles. There is also an increased focus on listening to patients and their families, with earlier discussions held for any complex discharges and a review of patient and service user questionnaires. Next steps will include the development of a memory room to support dementia patients and the appointment of staff with mental health experience. Whilst the presentation focused on a Pembrokeshire community hospital, Members were assured that the improvements made apply across all community services.

- **Nurse Staffing Levels (Wales) Act - Risk Update -** the Committee received a detailed update on the progress being made at both a local and national level in resolving the ongoing risks associated with achieving full implementation of the Nurse Staffing Levels (Wales) Act (NSLWA). Members were advised that as part of the phasing of the implementation, a number of wards will be provided with resources to ensure that the Senior Sister/Charge Nurse can protect a minimum of 15 hours a week of their time as supernumerary to the planned roster. Where there are deficits identified against the calculated nurse staffing levels in adult acute medical and surgical wards, bank and agency staff will be deployed wherever possible. Members were assured on the actions being progressed and noted that a further update would be presented to QSEAC in June 2019.

- **Quality and Safety Dashboard and Associated Quality Report –** the Committee received the key priority areas contained within the latest version of the Quality and Safety Dashboard and Associated Quality Report. It was suggested that a meeting be arranged between the development team and Independent Members to agree the next steps for the dashboard's development. Members were informed that a number of quality indicators have now been developed and reported upon, and that additional development will support further analysis and triangulation of data. Members welcomed both the data and the accompanying descriptor, and whilst noting positive examples where trend data shows improvements in respect of falls and pressure damage, expressed concern where certain sites are not demonstrating the same improvement as others. For the Committee's assurance, it was agreed that a consistent approach would be taken across the Health Board.

- **External Monitoring (HIW & CHC) Activity –** the Committee received an update on activity undertaken by HIW and the CHC from 1 December 2018 – 31 January 2019. Members were assured that the tracker is now embedded within performance reviews and that recent unannounced visits by HIW have demonstrated that their previous recommended actions have been completed which has been welcomed.

- **Dementia Care Progress Report -** the Committee received the Dementia Care Progress Report and acknowledged that an increase in capacity would be required in order to make progress. Members welcomed the comprehensive report outlining the improving dementia patients' experience, and suggested the inclusion of local teams and partner universities to ensure the Health Board is utilising all available expertise. Members were assured by the progress made and proposed that the Dementia Strategy should be monitored by OQSESC and reported to QSEAC only by exception.

- **WAO Report – Management of Follow-Up Outpatients Across Wales –** the Committee received the WAO Report – Management of Follow-Up Outpatients highlighting the deteriorating position in terms of follow-up outpatient appointments across Wales. Members acknowledged the significant amount of work being undertaken to reduce the 35,000 Hywel Dda patients on the waiting list and were advised that for assurance purposes, the next report to QSEAC in April 2019 would highlight the clinical risks involved, the plan for 2019/20 and the actions that have been completed to date.

- **Report on Royal College of Physicians Medical Records Standards** - the Committee received the actions taken following the Internal Audit Report on Royal College of Physicians Medical Records Standards. Members were informed that the action ascribed to the Medical Director to agree an appropriate process to review health records and identify and address issues of non-compliance, is due for completion in March 2019. It was emphasised that this does not include medical records storage which remains a significant challenge for the Health Board. Members noted that Audit and Risk Assurance Committee (ARAC) have requested a further update on progress.

- **Quality Safety Experience Assurance Committee Work Plan -** the Committee received the QSEAC Work Plan for 2019/20 and Members were advised that a meeting is planned with the Chair of OQSESC, to align both the QSEAC and OQSESC work plans to ensure no duplication or gaps.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- Quality, Safety & Experience Assurance Committee Terms of Reference.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- **Fragility of Mental Health Services** - concerns regarding the 18 month delay on progression to a new Patient Administration System within Mental Health to be addressed by an interim plan put in place by the Assistant Director of Informatics to mitigate against the fragilities within the current system.
- **Strategic Safeguarding Sub-Committee Exception Report** - concerns regarding learning from safeguarding reviews which regularly identify poor record keeping, information sharing and communication to be addressed both in action plans and in staff training.
- **Histopathology Staffing And Accommodation Issues –** key service risks facing the Cellular Pathology (Histopathology) service and the potential consequences of these on the Health Board's patients and staff to be mitigated by consideration of the appointment of Advanced Nurse Practitoners to undertake some of the duties routinely undertaken by Consultant staff within this specialty which is currently a shortage profession, together with an exploration of regional solutions with ABMUHB and the JRPDC.

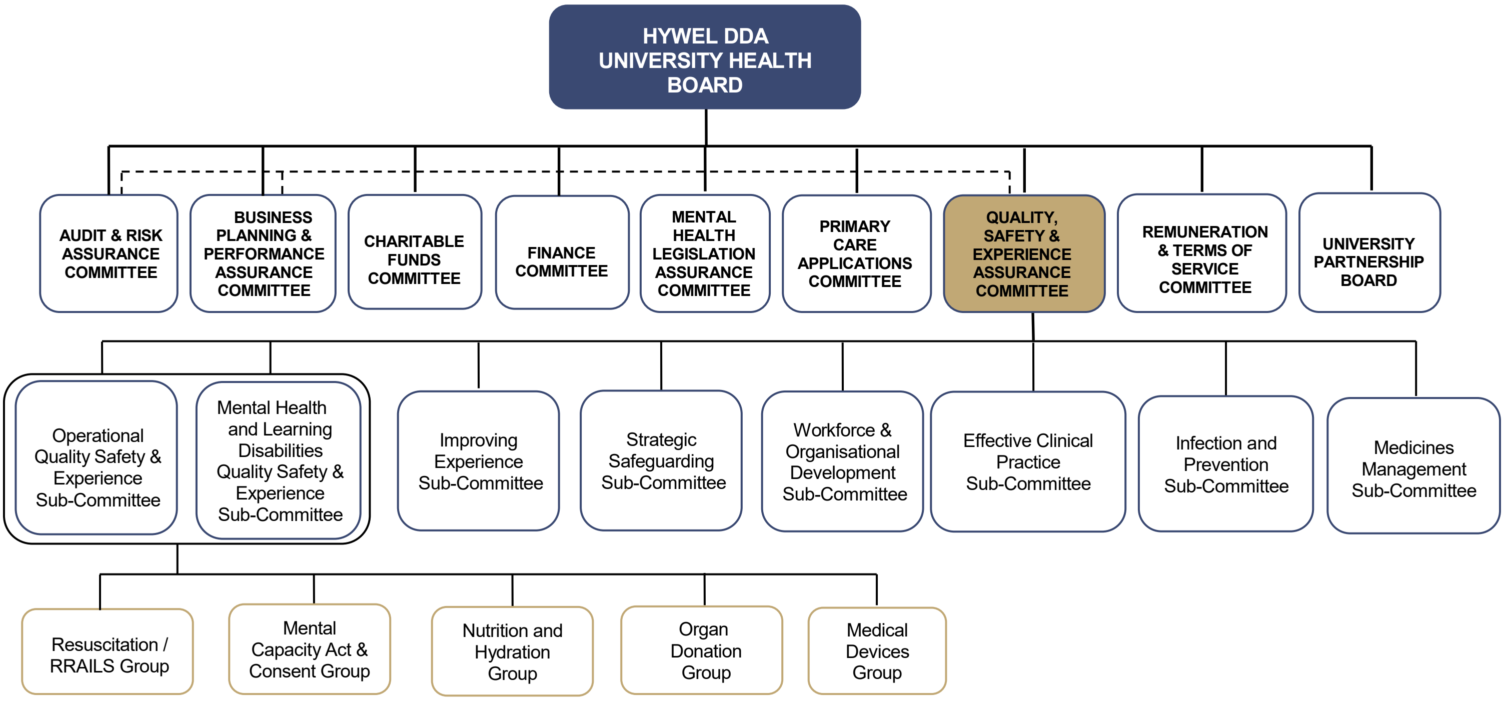
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:

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:

4th April 2019


HYWEL DDA UNIVERSITY HEALTH BOARD
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
REMUNERATION & TERMS OF SERVICE COMMITTEE
UNIVERSITY PARTNERSHIP BOARD
Operational Quality Safety & Experience Sub-Committee
Mental Health and Learning Disabilities Quality Safety & Experience Sub-Committee
Improving Experience Sub-Committee
Strategic Safeguarding Sub-Committee
Workforce & Organisational Development Sub-Committee
Effective Clinical Practice Sub-Committee
Infection and Prevention Sub-Committee
Medicines Management Sub-Committee
Resuscitation / RRAILS Group
Mental Capacity Act & Consent Group
Nutrition and Hydration Group
Organ Donation Group
Medical Devices Group

QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Quality Safety & Experience Assurance Committee	16.06.2015	Approved
V0.2	Hywel Dda University Health Board	30 .07.2015	Approved
V0.3	Hywel Dda University Health Board	26.11.2015	Approved
V0.4	Quality Safety & Experience Assurance Committee	18.10.2016	Approved
V.04	Hywel Dda University Health Board	26.01.2017	Approved
V.05	Quality Safety & Experience Assurance Committee	20.02.2018	Approved
V.05	Hywel Dda University Health Board	29.03.2018	Approved
V.06	Quality Safety & Experience Assurance Committee	05.02.2019	Approved via Chair's Action 20.03.2019
V.07	Hywel Dda University Health Board	28.03.2019	

QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE

1. Constitution

1.1 The Quality & Safety Committee was established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009. On 1st June 2015, the Committee took on an enhanced role and was re-named the Quality, Safety & Experience Assurance Committee.

2. Membership

2.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
6 x Independent Members (including Audit & Risk Assurance Committee Chair and Business Planning & Performance Assurance Committee Chair)

2.2 The following should attend Committee meetings:

In Attendance
~~Chief Executive~~
Deputy Chief Executive/Director of Operations
Medical Director & Director of Clinical Strategy
Director of Nursing, Quality & Patient Experience (Lead Executive)
Director of Planning, Performance & Commissioning
Director of Workforce & Organisational Development (OD)/Chair of Workforce & OD Sub-Committee
Director of Therapies & Health Science/Chair of Operational Quality, Safety & Experience Sub-Committee
Director of Public Health
~~Director of Finance~~
Director of Primary, Community & Long Term Care
~~Director of Partnerships and Corporate Services~~
Assistant Director of Quality Governance/Chair of Strategic Safeguarding Sub-Committee
~~Head of Medicines Management~~
Chair of Mental Health & Learning Disability Services Quality, Safety & Experience Sub-Committee
Chair of Improving Experience Sub-Committee
~~Chair of Strategic Safeguarding Sub-Committee~~
~~Chair of Workforce & OD Sub-Committee~~
Chair of Effective Clinical Practice Sub-Committee
Chair of Infection and Prevention Sub-Committee
Chair of Medicines Management Sub-Committee/Head of Medicines Management
Hywel Dda Community Health Council (CHC) Representative (not counted for quoracy purposes)

2.3 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.

2.4 It is anticipated that the Chief Executive and the Director of Finance will attend QSEAC on an annual basis for the purpose of year end reporting.

2.5 It is expected that Sub-Committee Chairs will attend QSEAC for the purpose of presenting their update reports.

2.6 Membership of the Committee will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than three of the membership, and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.

3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

3.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.

3.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

3.6 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.

3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality Safety & Experience Assurance Committee.

3.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.

3.9 The Chair of the Quality Safety & Experience Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

The purpose of the Quality, Safety & Experience Assurance Committee is to:

4.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.

4.2 Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the University Health Board.

4.3 Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate.

4.4 Assure the development and delivery of the enabling strategies within the scope of the Committee (including Workforce and Organisational Development, Patient and Public Engagement, Equalities and Human Rights), aligned to organisational objectives and the Integrated Medium Term Plan for sign off by the Board.

4.5 Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions (including those provided external to the organisation such as the minutes of the Quality & Safety meetings of the Joint Committees) is based on sound evidence, clinically effective and meeting agreed standards.

4.6 Provide assurance to the Board in relation to the organisation's arrangements for all strategic issues relating to human resources, professionals standards and registration/revalidation, workforce development and organisational development to deliver safe, high quality care and good outcomes and deliver the Board's strategy, plans and standards.

5. Key Responsibilities

The Quality, Safety & Experience Assurance Committee shall:

5.1 Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board's performance will be regularly assessed and reported on.

5.2 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.

5.3 Recommend acceptance of risks that can not be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.

5.4 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

5.5 Ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence.

5.6 Oversee the development and implementation of strengthened and more holistic approaches to triangulating intelligence to identify emerging issues and themes that require improvement or further investigation.

5.7 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.

5.8 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.

5.9 Provide assurance to the Board in relation to its responsibilities for the quality and safety of public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies.

5.10 Ensure that the organisation is meeting the requirements of the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations, and receive detailed quarterly reports on complaints performance.

5.11 Receive details of any concerns investigated by the Ombudsman by exception only in respect of organisational learning, and approve and monitor the required action plans.

5.12 Monitor compliance with incident reporting, agreeing actions as required to improve performance.

5.13 Provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary.

5.14 Provide assurance to the Board in relation to its responsibilities for Equality, Diversity and Human Rights and Welsh Language.

5.15 Approve and monitor delivery of action plans arising from investigation reports and the work of external regulators.

5.16 Shape and approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.

5.17 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board.

5.18 Consider advice from the Effective Clinical Practice Sub-Committee on clinical effectiveness, and where decisions about implementation have wider implications with regard to prioritisation and finances, prepare reports for consideration by the Executive Team who will collectively agree recommendations for consideration through relevant Committee structures.

5.19 Provide assurance in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people.

5.20 Receive decisions made with regard to significant claims against the Health Board, valued in excess of £100,000, or valued under £100,000, but which raise unusual issues or may set a precedent, and ensure that the learning from such cases is considered, with relevant actions agreed as appropriate.

5.21 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.

5.22 Monitor progress of and assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.

5.23 Develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year.

5.24 Review and approve work plans for sub committees and groups to scrutinise and monitor the impact on patients of the Health Board's services and their quality.

5.25 Agree issues to be escalated to the Board with recommendations for action.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Nursing, Quality & Patient Experience) at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director, ensuring these are submitted in accordance with the Standard Operating Procedure for the Management of Board and Committees.

6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
- 10.1.2 sharing of information.

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting providing an assurance on the business undertaken on its behalf. The Sub Committees reporting to this Committee are:
- 10.3.1 Operational Quality, Safety & Experience Sub-Committee
- 10.3.2 Mental Health & Learning Disability Services Quality, Safety & Experience Sub-Committee
- 10.3.3 Workforce & OD Sub-Committee
- 10.3.4 Improving Experience Sub-Committee
- 10.3.5 Strategic Safeguarding Sub-Committee
- 10.3.6 Effective Clinical Practice Sub-Committee
- 10.3.7 Infection and Prevention Sub-Committee
- 10.3.8 Medicines Management Sub-Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
- 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
- 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Progress Against the 2018/19 Dental Investment Plan and a Forward Look to 2019/20.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Mary Owens, Head of Dental and Optometry Services Rhian Bond, Assistant Director of Primary Care

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is to provide the Board with confirmation of progress and delivery of the first year of the Dental Commissioning Plan 2018/19 as approved by the Primary Care Applications Committee (PCAC) in November 2017. The associated funding plan was agreed as part of a three-year investment plan between the Health Board (HB) and the Chief Dental Officer for Wales (CDO).

The Board is asked to note :

- That investment has been made into ring-fenced General Dental Services ;
- That the ongoing annual underperformance issue with one of the Corporate Providers over several Practices is being managed in accordance with the Primary Care General Dental Contract Regulations;
- That Contract underperformance has a net impact on overall investment by partially negating the total investment position;
- The Chief Dental Officer for Wales has made explicit the views of Welsh Government in relation to the management of the Primary Care Dental ring fenced allocation, and any flexibility in relation to associated Dental income and Planning priorities.

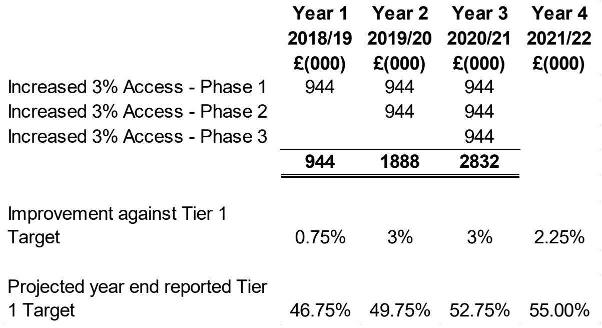
The Board is also asked to note the Welsh Government letter attached at Appendix 1.

Cefndir / Background

General Dental Access

A paper on access to General Dental Services was presented to the Board in July 2016 and updated for the Executive Team in August 2017. The purpose of these papers was to set out how the Health Board could deliver an improving trajectory of dental capacity that would enable a minimum of 55% of the Hywel Dda population to have access to routine NHS Dentistry. The 55% access target is a Tier 1 target set by Welsh Government (WG), and in order to achieve the necessary dental capacity which would provide access for 55% of the population (considered over a 2 year timeframe) the Health Board needs to support service growth by approximately 9% over three years. To achieve this, the plan sets out that the Health Board would need to commission an additional 3% of dental activity per annum at a total cost of £2.832m.

The Health Board does not currently fully utilise the ring-fenced Dental allocation in the provision of General Dental and Orthodontic services. As a result of this, the Chief Dental Officer (CDO) for Wales requested a plan from the Health Board to utilise the full Dental allocation on Primary Care Dental Services. Subsequently the Health Board submitted a three year investment plan (summarised below), of £0.944m per annum to improve access to NHS Dentistry.



	Year 1 2018/19 £(000)	**Year 2 2019/20 £(000)**	**Year 3 2020/21 £(000)**	**Year 4 2021/22 £(000)**
Increased 3% Access - Phase 1	944	944	944	
Increased 3% Access - Phase 2		944	944	
Increased 3% Access - Phase 3			944	
	944	**1888**	**2832**	
Improvement against Tier 1 Target	0.75%	3%	3%	2.25%
Projected year end reported Tier 1 Target	46.75%	49.75%	52.75%	55.00%

It is important to note that the Tier 1 Target is a two year rolling target and there is, therefore, a delay in any improvement being reported. However this plan, if fully implemented, will deliver the appropriate level of commissioned activity required to achieve the forecast activity increase. It may, however, take until 2021 for the reported figures to reflect the full effect of the commissioned activity. The additional investment described above will be supported by a robust approach to Contract management. There does, however, remain a fundamental risk to delivery of this plan in that it relies on the assumption that recruitment and retention of the Dental and Dental Nursing workforce required for this Plan will be achieved, enabling the delivery of all existing Contracts and newly awarded Contracts. Recruitment and retention is already proving to be challenging in specific geographical areas which has had limited negative impact on service delivery. Furthermore, with the potential of a no-deal Brexit there could be an additional impact on the current and future workforce, particularly in relation to Corporate Providers who represent 21.3% of Dental Practices within Hywel Dda.

Orthodontic Services

The paper presented to Board in July 2016 included details of the potential investment required to improve Orthodontic waiting times in Specialist Practice. This paper was updated and submitted to the Executive Team in November 2018 for further consideration. At the meeting the Executive Team approved the following schemes:

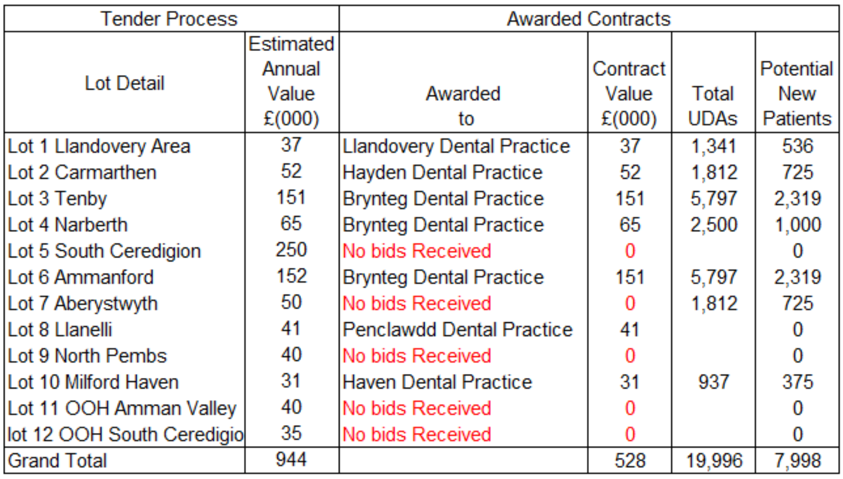
- With the current Orthodontic Contract ending on 31st March 2019, the Health Board to tender for Contracts based on population need; requiring an additional £428k recurrent funding to be released;
- Non-recurrent slippage in the dental budgets to be utilised to commission Orthodontic Waiting list Initiatives in order to reduce the average waiting time of 8.2 (based on November 2018 waiting list) to 5.5 years, by 31st March 2019.

Asesiad / Assessment

General Dental Access Phase 1 investment 2018/19

As set out earlier in this report, in line with the plan agreed by the CDO and Chief Executive Officer (CEO), the Health Board went to tender for additional activity in December 2017. The tender exercise was completed in May 2018 and new Contracts were awarded from 1st June 2018, as set out in Table 1 below

Table 1



Tender Process		Awarded Contracts			
Lot Detail	Estimated Annual Value £(000)	Awarded to	Contract Value £(000)	Total UDAs	Potential New Patients
Lot 1 Llandovery Area	37	Llandovery Dental Practice	37	1,341	536
Lot 2 Carmarthen	52	Hayden Dental Practice	52	1,812	725
Lot 3 Tenby	151	Brynteg Dental Practice	151	5,797	2,319
Lot 4 Narberth	65	Brynteg Dental Practice	65	2,500	1,000
Lot 5 South Ceredigion	250	No bids Received	0		0
Lot 6 Ammanford	152	Brynteg Dental Practice	151	5,797	2,319
Lot 7 Aberystwyth	50	No bids Received	0	1,812	725
Lot 8 Llanelli	41	Penclawdd Dental Practice	41		0
Lot 9 North Pembs	40	No bids Received	0		0
Lot 10 Milford Haven	31	Haven Dental Practice	31	937	375
Lot 11 OOH Amman Valley	40	No bids Received	0		0
lot 12 OOH South Ceredigio	35	No bids Received	0		0
Grand Total	944		528	19,996	7,998

The initial investment of £528k (full year effect) has resulted in increased access to NHS Dental Services for up to 8,000 patients. Where it was not possible to award a Contract this has resulted in a recurrent investment shortfall under Phase 1 of the plan of £416k, and a non-recurrent slippage of £505k in 2018/19. The slippage against the dental budget has been utilised on the following basis:

Non-recurrent Funding to be used in year 2018/19

In order to maintain the agreed investment for 2018/19, the in-year slippage of £505k has been invested in the following non recurrent schemes:

- £484k Orthodontic waiting list Initiatives, to reduce the average waiting time to 5.5 years by 31st March 2019. This is an improvement in average waiting times of 2.7 years. It is important to note that improved access to Orthodontic services does not count as “access” under the Tier 1 target;
- £15k for General Dental Practices to provide engagement in the implementation of E-referrals, paediatric pathway, orthodontic lessons learnt from the review of referrals and the future management of the waiting list;
- £6k for course fees for Oral Health Promotion Training in Practice to prepare Practices for moving towards a prevention service and contract reform expansion going forward.

Unfortunately, Brynteg Dental Practice in Ammanford was unable to recruit a dentist to deliver the additional activity awarded through the tender process and subsequently returned the funding to the Health Board. The £151k recurrent investment has been reinvested as follows:

- Discretionary Contract uplifts over nine dental Contracts to a total value of £101k to maintain access to Primary Care NHS Dental Services providing dental access for approximately 1550 residents;

- £10k to increase the Associate Medical Director - Dental sessions from one to two days per week;
- £30k - Contract awarded to a Practice in South Pembrokeshire via a light touch tender process providing dental access for approximately 428 residents.

2018/19 Contract Underperformance

As part of the mid-year Contract reviews, five Practices, all part of a Corporate Provider, have identified issues in the delivery of their existing Contract due to recruitment issues. This will result in £588k of non-recurrent underspend at year end and reduced access to services for approximately 7,443 patients. Whilst this underperformance will result in a minimal improvement in the Tier 1 Target from April 2018 of 45.66% to 45.80% at March 2019, the overall effect will be to in effect negate the investment of £528k. The mid-year reviews were completed in December 2018 and therefore the opportunity to invest this slippage against the dental budget before 31st March 2019 is highly unlikely.

In order to deal with this annual underperformance issue, which has the effect of reducing access to GDS services, the Health Board will need to consider rebasing Provider Contracts under a mutual agreement, and on a recurrent basis thus releasing resources to procure additional GDS activity from another Provider in the next financial year

The rebasing of dental Contracts is not without risk however, as this could result in Contracts becoming unviable for the Provider and the Corporate Contractor then terminating their remaining Contract, which would have a more widespread impact on dental access in areas where geographically there may be limited Service Providers.

Forward look 2019/20

The Health Board was not granted any inflationary uplift to the ring fenced dental allocation in 2017/18 and 2018/19 in order to fund the inflationary uplift to the dental contract awarded nationally by the Doctors and Dentists Remuneration Body (DDRB) as a result of the ring-fenced dental allocation not being entirely spent on NHS dental services provision. This has resulted in a loss of £800k to the Health Board across the two year period. The Health Board is committed to working with the CDO to ensure that the Health Board receives this uplift in 2019/20. This does, however, remain a financial risk as the assumption has been made that it will have to be funded from non-recurrent slippage on existing Dental contracts which would have a consequential impact on access to NHS dental services.

The CDO has clarified WG expectations in relation to the ring-fenced Dental allocation (see Appendix 1). In the case of Hywel Dda this amounts to £2.3m of ring-fenced allocation being utilised by the Health Board for the delivery of other services.

If there is to be an investment in Primary Care Dental services next year in accordance with the agreement between the CDO and the CEO then investment priorities are set out below:

- Access to NHS General Dental Services in South Ceredigion. The Health Board has previously tendered twice for NHS Dental Services in this area and has not been successful in attracting any bids. The Dental Team will need to consider how it can deliver dental access in this area as part of the Phase 2 investment for 2019/20. Dental access in South Ceredigion is 0.4 units of dental activity per head population versus the Health Board average of 1.3 units of dental activity per head population;
- Commissioning of Out of Hours Dental Services and Urgent Access on a sessional basis rather than the Units of Dental Activity (UDA) rate to improve involvement of practices in

provision of the service, patient access and support winter pressures;
- Alignment of all General Dental Practices to a minimum of £25 per UDA in order to improve recruitment issues and align Hywel Dda with the rest of Wales;
- One off commissioning of further Orthodontic waiting list initiatives to reduce the 4.5 year waiting list and reduce risk of potential harm to patients.

Recurrent Funding to be used in 2019/20

It was agreed that the Dental Team would progress the commissioning of Orthodontic Services based on population need and funded by the £416k recurrent slippage carried forward to the 2019/20 financial plan. While investment at this level will ensure that the waiting times do not increase year on year, it will not address the inherent backlog of 4.5 years. There are patients within the current waiting list who have not received an assessment and who therefore will not be prioritised appropriately without commissioning an additional Service to assess and convert appropriate patients directly into treatment, thereby reducing the current waiting times.

The Health Board is currently out to tender as part of a formal procurement exercise to secure the ongoing provision of specialist Orthodontic Services in anticipation that this will secure one Contract for each County. However, based on previous experience there is a risk that the Health Board will not be able to secure a Contract that will enable the activity to be undertaken within the geographical area of Ceredigion.

Argymhelliad / Recommendation

The Board is requested to gain assurance:
- That investment has been made in ring fenced dental services even though this has been partially negated by underperformance in other areas;
- That the ongoing annual Contract underperformance issues with one Corporate Provider over several Practices are being managed in accordance with the Primary Care Dental Contract Regulations.

The Board is requested to note:
- The contents of the letter from the CDO regarding the ring fenced allocation (Appendix 1);
- The approach the CDO has adopted to funding ring fenced dental inflation;
- The planning priorities for 2019/20.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Datix Reference 702 - Orthodontic Service Issues 9 Inherent 9 Current 4 Target through mitigating actions
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 5. Timely Care 5.1 Timely Access
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	1. Starting and developing well 2. Living and working 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 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:	Hywel Dda Contract base, 2017 Welsh Index of Multi Deprivation and Local Needs Assessment.
Rhestr Termau: Glossary of Terms:	Contained within body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board Report 2016 Executive Team August 2017 PCAC November 2017 Executive Team November 2018

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Nil – finance agreed as per CEO/CDO 3 year investment plan of £2.8m in total.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues identified will be reported through the Quality Safety and Experience Assurance Committee.
Gweithlu: Workforce:	There are recruitment issues in General Dental Practices, particularly within corporate practices. This is a similar picture across rural areas of Wales.
Risg: Risk:	The risks are noted in the paper and relate to recruitment issues. The HB is working closely with practices to address issues as they arise and is actively promoting new ways of working through Dental Contract reform.
Cyfreithiol: Legal:	Potentially in relation to the length orthodontic waits to access routine care. Projected to be 5.5 years at the 31/03/19.

Enw Da: **Reputational:**	Dental Services are receiving a high level of complaints from Professional Bodies, AMs and patients. Mainly in relation to Orthodontic Services and Access to urgent dental care. Dental Services have also received several FOI requests in the last 2 months relating to how the HB discharges the Ring Fenced Allocation Dental Funds.
Gyfrinachedd: **Privacy:**	No
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken? No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? No

Y Gyfarwyddiaeth Gofal Sylfaenol ac Arloesi / Directorate of Primary Care and Innovation
Yr Is-adran Gofal Sylfaenol / Primary Care Division

Llywodraeth Cymru
Welsh Government

Directors of Finance of Health Boards
Directors of Primary, Community and
Mental Health Services of Health Boards

Ein Cyf/Our Ref: MA-(P)VG/0145/19

8 February 2019

Dear Colleague

HEALTH BOARD RING-FENCED DENTAL ALLOCATIONS

This letter informs you of the position agreed by the Minister for Health and Social Services regarding ring-fenced dental budgets between 2019-20 and 2021-22.

Arrangements for ring-fencing the dental budget will continue as follows for the next three years:

- for those health boards without two consecutively approved IMTPs the ring-fence will continue for 2019-20, 2020-2021 and 2021-22;
- for those health boards with two consecutively approved IMTPs the ring-fence is removed provided they continue to have their IMTP approved;
- to continue to ring-fence the Designed to Smile oral health improvement programme for all health boards between 2019-20 and 2021-22; and
- to also include a ring-fence of the Gwên Am Byth (A Lasting Smile) oral health programme budget for all health boards between 2019-20 and 2021-22.

Officials will continue to monitor closely health board primary care dental expenditure.

The oral health and dental services response to A Healthier Wales sets out a vision for dental reform using a ‘whole system approach’ which is focussed on health and well-being and on preventing illness. Timely access to prevention focussed NHS dental care is a priority.

Dental budget outturn figures indicate a number of health boards continue to support services not originally intended to be covered by the general dental services budget. They are either under-utilising the budget and/or using ring-fenced resources to support other activity which is impacting on the delivery of NHS primary care dental services. This is leading to continuing difficulties in accessing NHS dental services in some areas which remains a concern of the Minister for Health and Social Services. Where there are particular concerns the relevant health boards will be asked to agree a dental improvement plan with Welsh Government.

Should health boards be unable to fully spend their ring-fenced allocation on NHS primary care dentistry then investment in other areas of NHS dentistry should not be to the detriment of primary dental services or the need to see health boards shifting resources to primary care. This is particularly important where access to 'high street' and other primary care dental services remains difficult.

Yours sincerely

Andrew Powell-Chandler
Head of Dental Services, Primary Care Division

cc: Alan Brace, Director of Finance
Karin Phillips, Deputy Director for Primary Care
Colette Bridgman, Chief Dental Officer
Julie Broughton, Deputy Head of Financial Management (NHS Budgets)

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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, as follows:

- Mental Health Legislation Assurance Committee (MHLAC) held on 15th January 2019;
- University Partnership Board (UPB) held on 12th February 2019;
- Primary Care Applications Committee (PCAC) held on 21st February 2019;

Additionally, in respect of the In-Committee Board meeting held on 28th February 2019.

This report also provides an update to the Board in respect of recent Advisory Group meetings held including the following:

- Healthcare Professionals Forum held on 21st January 2019;
- Partnership Forum held on 4th February 2019;
- Stakeholder Reference Group held on 5th February 2019.

Cefndir / Background

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.

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 Strategy Committee

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:

There were no matters raised by the Mental Health Legislation Assurance Committee, University Partnership Board or Primary Care Applications Committee which require Board level consideration or approval.

There were no matters raised by the In-Committee Board which require Board level consideration or approval.

The Healthcare Professionals Forum requested that the following items be raised at Board level:

- The Forum recommends that a distinction is made between 'prolonging life' and 'prolonging healthy life' in terms of the impact on quality of the prolonged last stage of life. Sensitive discussions are required as to the added value that can be achieved of ploughing resources into keeping people alive at end of life stages and whether the organisation needs to pull back from this and shift resources into wellbeing and living well.
- IT solutions need to be given priority within transformation and new ways of integrated working. Current administration processes are inefficient resulting in a paperwork backlog. IT fluidity between software should be reviewed and strengthened.

The Stakeholder Reference Group requested that the following items be raised at Board level:

- Stakeholder Reference Group Terms of Reference for ratification.

There were no matters raised by the Partnership Forum which require Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

The Primary Care Applications Committee raised the following key risks and issues/matters of concern:

- Challenges within Health Board Managed Practices.
- Sustainability issues within GMS.

There were no key risks and issues or matters of concern raised by the Mental Health Legislation Assurance Committee or University Partnership Board.

There were no key risks and issues or matters of concern raised by the In-Committee Board.

The Healthcare Professionals Forum raised the following key risks and issues/matters of concern:

- There is a risk of clinical and professional advice being presented by the Forum to Board, without reference to paramedic opinion. In order to resolve this, the Forum agreed to invite Paramedics as 'Members in Attendance' (under the Forum's Terms of Reference).
- There is a risk that clinicians may associate the Population Health Vision with the Population Health Groups project (launched in 2013). Work will be required differentiating this is in order to avoid confusion and potential apathy from clinicians.
- There is a risk to the efficiency of integrated working, freeing up GPs through appropriate skills delegation, as some primary care referrals are not being progressed unless issued by a Doctor. Further work is required in this regard, with an increased value placed on the expertise of multi-disciplinary practice, in order to discontinue this inefficiency
- Integrated working will reduce silo working and professional isolation. However, professional identity with professional groups needs to be retained, as this promotes safety of professional practice, mitigating against risk of professional practice issues and risks with safety with care.

There were no key risks and issues or matters of concern raised by the Partnership Forum or 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 meeting;
- Receive the update report in respect of recent Advisory Group 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	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:	Chair, HDdUHB University Partnership Board Chair Health Strategy Committee Chair Primary Care Applications Committee Chair Healthcare Professionals Forum Chair Partnership Forum Chair

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

GIG CYMRU
NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Enw'r Pwyllgor / Name of Committee	Mental Health Legislation Assurance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty, Vice-Chair
Cyfnod Adrodd/ Reporting Period:	QTR 2 (1 July – 30 September 2018) Meeting date: 15th January 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- The Committee approved the minutes from the previous Mental Health Legislation Assurance Committee (MHLAC) meeting in September 2018.

- Members of the performance management team attended to provide a presentation of the MH&LD Dashboard illustrating the specific areas relative to the MH&LD directorate, including performance data, the Care and Treatment Planning audit and the Mental Health Measure.

- The Scrutiny Group chair presented a brief summary of the work to date since taking over as Chair. The paper detailed the specific actions arising from each of the meetings over the last year. The Chair also highlighted that membership and attendance has improved.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None

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:

- Annual Work plan to be updated to incorporate the frequency of Service User stories and update reports from the Scrutiny Group at each Committee.
- The Locked door policy is making progress through the Written Control Documentation Group and the finalised paper will be brought back to the next MHLAC in March 2019.
- Scrutiny Group chair to provide update reports on specific pieces of work to future Committee meetings and contact Occupational Therapy lead about representation on the Group.
- Liz Carroll to provide summary of outcome of Committee/Sub Committee connectivity meeting.
- Out of area placements/transition between services to the Scrutiny Group agenda.
- Scrutiny Chair and Joe Teape to discuss the presentation of the Business Continuity Dashboard at future Committees that is relevant for MHLAC.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

21st March 2019

Enw'r Pwyllgor / Name of Committee	University Partnership Board (UPB)
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon, Independent Member
Cyfnod Adrodd/ Reporting Period:	12th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **University Partnership Board Minutes and Matters Arising from the meeting held on 21st November 2018** – The Chair noted one development since the last meeting, that following the Health Board's recent advert for Deputy Director of Research and Innovation, an appointment had now been made. Mr Leighton Phillips has been appointed to this role under Dr Philip Kloer's leadership. This is an important appointment for the Health Board, particularly in terms of supporting the research agenda and the innovation agenda and how the UPB can capitalise on these with its University Partners.

- **Year 2 of the University Partnership Board Strategy – a means by which delivery on research, and delivery on innovative ways of providing services, care and supporting staff-to ultimately benefit patients** – Dr Kloer noted that Professor Ceri Phillips, in relation to the evaluation framework, had shared with him the evaluation and they are in broader discussions around this.

- **Rural Health And Care Wales Update –** Professor John Wyn-Owen asked the Chair if an update in respect of RHCW was available. The Chair noted that this is in fact due at the May 2019 meeting. Mrs Anna Prytherch gave a verbal update stating that the Health Boards would continue to fund RHCW for the first 12 months until the Alliance had been established. The Chair added that a formal update, as noted in the Table of Actions, is scheduled for the May 2019 meeting.

- **Opportunities Emerging from Partnerships with Spanish Health Systems** – An update on student placements was provided by Ms Sarah Jennings. She noted that there had been progress with UWTSD & Swansea University colleagues, with whom she had met in order to discuss their ability to accept Erasmus students. A follow-up discussion would be needed to ascertain who does this and entry routes for students; whether they would come through the Academy route or not. Ms Jennings advised that perhaps it would be best to take a pause due to ongoing Brexit discussions, which may affect EU student placements in the longer term.

- **Academic Developments – Universities Distinctive Portfolio for Health** – The Chair requested an update on Ms Jennings' meeting held on 29th January 2019 with Mr Richard Davies, Hub Administrator. Ms Jennings reported that this had been a very positive meeting and that she had invited Mr Davies to join the UPB and to attend future meetings. She noted that this would bring more synergy in connecting the work he is undertaking with the Universities, whilst also looking at future opportunities. The Committee formally agreed that Mr Davies be added as a UPB member, particularly in terms of the innovation agenda and linking with the Hub.

- **Collaborative Institute Sub-Committee Update Report & Terms of Reference** – Mrs Lisa Gostling informed the Committee that this report would be provided at a future meeting and that this will close down the Collaborative Institute, with an alternative way forward to be proposed.

- **Workshop – Delivering the Health Strategy – Working Together with University Partners** – Following on from the Committee meeting, attendees were given a brief presentation on the aims of the workshop, followed by facilitated group work. It provided colleagues with the opportunity to work together on the development of tangible and clear plans for the next three years to support and deliver elements of the 20 year Health Strategy which was recently approved.

  There were four topics for the group work session:
  - Education and Training
  - Research and Evaluation
  - Innovation/New Models of Care
  - Prevention and Population Health

  The session was broken down into two sections, the first section provided the group with an opportunity to consider the questions in the context of the group they were in (e.g. Education and Training; Research and Evaluation) and to summarise key points. The second session gave each group the opportunity to share their perspectives on the remaining three topics, based on the summaries developed in the previous session. Ms Jennings thanked all colleagues for their attendance at this dynamic workshop. She also noted her thanks to Committee Members for energising their colleagues and giving the UPB fresh faces and names for the workshop and for future work.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are eu cyfer/
Matters Requiring Board Level Consideration or Approval:**

None

**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 on actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

16th May 2019.

Enw'r Pwyllgor / Name of Committee	Primary Care Applications Committee (PCAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Judith Hardisty, HDdUHB Vice Chair
Cyfnod Adrodd/ Reporting Period:	Meeting held on 21st February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Managed Practice Update**

  Members were advised that a baseline assessment of Health Board Managed Practices has been developed, in discussion with other Health Boards. However, it was noted that there is a variance in the position with reporting across Wales. The dashboard will contain a number of measures as well as clinical activity. An initial review of the data has highlighted that there is an issue with staff turnover at the point of time when the Practices cease to become an Independent Contractor and staff TUPE to Health Board employment. The Practice baseline fails to take account of vacancies and therefore the established position is often one where there are already deficits in the staffing structure. It was noted that work is ongoing to develop Trading Accounts for each individual Managed Practice and that this will assist in the ongoing management and potential turnaround back into Independent Contractor status. It is anticipated that Trading Accounts will be available for all Managed Practices from 1st April 2019, with March being used as a test month. Members were advised that on termination of a GMS contract the outgoing Partners are not required to share their accounts with the Health Board which makes accurate budget setting a challenge. It was noted that currently the Health Board applies secondary care principles to managing budgets in Managed Practices, which does not allow for a comparison with Independent Contractor Practices.

  Members were also advised that an informal cap on locum costs has been applied across all Managed Practices, reducing the expenditure to £400 per session; this has aligned the costs attributed to locum GPs working in Managed Practices to other Health Board Managed Practices in Wales.

  Advice is currently being sought from Procurement colleagues to establish the principle for seeking Expressions of Interest in returning Managed Practices back to Independent Contractor status. An update paper will be considered at the April 2019 PCAC meeting.

  Members noted that Kidwelly continues to experience recruitment challenges; however work is ongoing to link recruitment to Ashgrove Surgery to hopefully improve the position with regard to increasing the availability of Salaried GPs. Members were advised that there is a regular locum commitment at the Practice alongside two Salaried GPs and that feedback from the locums on their experience of working in the Practice is positive.

  It was noted that data presented on the patient list sizes for Managed Practices shows a deteriorating position for four out of the five; Members were assured that this information was out of date and was in fact reflective of the point in time when the Practices came into Health Board management, which is normally reflective of some patient movement due to anticipated anxieties regarding service change.

Through the recently established Managed Practice Practice Managers Forum, a commitment has been given to developing a piece of work around patient satisfaction, which will be reported back to a future meeting of PCAC.

- **Goodwick Surgery**
  Members were advised that the Memorandum of Understanding previously put in place has supported the establishment of positive working relationships and has supported the transitional arrangements. It was noted that a date for the open evening has been circulated to celebrate the merger of Fishguard and Goodwick Surgeries, and for patients, key stakeholders etc., to visit the newly extended and refurbished premises.

- **Teifi Surgery**
  Members were advised that the patient list dispersal took place on 1st February 2019 following the cessation of the GMS contract. Five of the Practices taking substantial numbers of new patients have evoked the British Medical Association (BMA) Guidance on sustainability by temporarily suspending new patient registrations to allow them time to take stock and stabilise their service model. A reflective session with lessons learnt with all affected Practices and key stakeholders is planned for April 2019 to identify where changes could be made to the process for any future contract terminations and associated list dispersals. It was agreed that the outcome of the session would be brought back to a future PCAC meeting. It was noted that overall the feedback from Practice Managers has mainly been positive and members recognised the considerable work that they had undertaken in preparedness for the transitional arrangements. Members noted the considerable work undertaken by the team, acknowledging that there had been a lot of difficult conversations to have whilst maintaining resilience. Credit was given to the Primary Care Team in recognition of this work.

- **Ashleigh Surgery**
  It was noted that the transition arrangements are in train with members of the Primary Care Team at the Practice to assist in the final stages of winding down the business and ensuring the smooth transition of patient services. Members acknowledged that whilst this dispersal affected a smaller number of patients, in most instances they were being allocated to Practices that have already recently accepted new patients as part of the Teifi Practice dispersal. It was noted that there remains a small number of patients who remain dissatisfied with the Practices that they have been allocated to.

  Members noted that Cardigan Health Centre had been offered some additional space at Cardigan Hospital at the outset of the process due to building constraints ahead of the new Cardigan development being completed but that this offer had been declined. Members discussed the ability and potential concerns around Cardigan Health Centre dealing with the impact of new patient registrations. It was noted that here have been a number of meetings held with the Practice where they have offered the assurance of their ongoing sustainability; however it was felt that there will need to be the offer of ongoing support made to ensure that this remains the position. Members were advised that the new premises will offer much better provision for the population and that the Project Board are working hard to secure any additional space required for the Practice. It was acknowledged that Cardigan Health Centre operate very differently from Ashleigh Surgery and that appointment systems etc., could prove to be difficult for patients to accept initially on transition. Members acknowledged the need to support Cardigan Health Centre with any concerns raised in relation to this. The thanks extended to the Primary Care Team as part of the management of the Teifi Practice dispersal was reiterated in relation to Ashleigh Surgery.

- **Sustainability Update**
  Members noted the Practices that are currently considered as being of concern for a variety of reasons and it was agreed to bring back a number of the issues to a future meeting for further consideration.

- **Work Programme**
  It was noted that the PCAC work programme had concluded with this meeting and that a new one needs to be developed for the forthcoming 12 months.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- Challenges within Health Board Managed Practices
- Sustainability issues within GMS

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 on actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

9th April 2019

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Enw'r Pwyllgor / Name of Committee	In-Committee Board
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty
Cyfnod Adrodd/ Reporting Period:	Meeting held on 28th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Closer Working Opportunities for Out of Hours services -** a report was provided on this subject.
- **Brexit – Local Contingency Planning** – a summary of the UHB's approach to and progress on Brexit planning was presented.
- **Suspensions Report** – the In-Committee Board received the suspensions report.
- **In-Committee Audit & Risk Assurance Committee (ARAC)** – the In-Committee Board received an update report from ARAC.
- **In-Committee Quality, Safety & Experience Assurance Committee (QSEAC)** – the In-Committee Board received an update report from QSEAC.
- **Welsh Health Specialised Services Committee (WHSSC)** – the In-Committee Board received an update report from WHSSC.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None.

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:

To be confirmed.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

28th March 2019.

Enw'r Pwyllgor / Name of Committee	Health Care Professionals Forum (HPF)
Cadeirydd y Pwyllgor/ Chair of Committee:	Dr Kerry Donovan
Cyfnod Adrodd/ Reporting Period:	9th January 2019 – 12th March 2019. Meeting held on 21st January 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

The Forum met on 21st January 2019 and discussed three main topics:

1. Representation of Paramedics on HPF
2. Our Future generations and Living Well
3. Integrated Medium Term Plan (IMTP)

1. Representation of Paramedics on HPF

The forum noted that Paramedics are not currently employed by Hywel Dda University Health Board (HDdUHB), although there is a Service Level Agreement with Welsh Ambulance Services NHS Trust (WAST). In terms of professional reporting to Welsh Government, paramedics, as Health & Care Professions Council (HCPC) registered practitioners, come under 'Therapies.' It was agreed that it would not be practical to expect the Therapies representative on HPF to provide representation for paramedics, given that they do not fall within any of HDdUHB's operational and professional structures. The Forum noted the risks of clinical and professional advice being presented to Board, without direct reference to paramedic opinion. It was agreed that paramedics would be invited to attend as 'members in attendance' in line with the Forum's Terms of Reference, in order to ensure that this group is represented.

2. Our Future Generations Living Well

Mrs Ros Jervis (Director of Public Health) provided a presentation on the 'Our Future Generations Living Well' proposal that was to be reviewed by Public Board on 31st January 2019. Mrs Jervis explained that the long term ambition of the programme is to focus on population health, prevention and early intervention, prolonging healthy lifestyles, addressing health inequalities and improving health outcomes. The Forum noted that whereas the Transforming Clinical Services (TCS) focus is on the short and medium term transformation of services, the public health programme will focus on a longer term approach.

The forum noted that the main influence on health is the interaction of the individual with their environment. Therefore, a different relationship with the public is required to improve wellbeing and health outcomes, by working proactively with the public and partners. The use of the 5 Ways of Working (Well-being of Future Generations (Wales) Act 2015) will be required, starting with small scale initiatives which focus on wellness as opposed to illness. In line with this, the UHB has three new strategic goals: Starting and Developing Well;

Living and Working Well; Growing Older Well. These have a different emphasis from the UHB's previous 10 strategic goals, which were illness focussed rather than health focussed. Mrs Jervis discussed with the Forum the Wellbeing Lens which has been developed as a whole-system based improvement model with 6 key questions which will incorporate the Plan, Do, Study, Act (PDSA) cycle.

The Forum expressed its support for the social model of health, the preventative agenda and the promotion of health lifestyles. The Forum agreed that moving away from splitting diseases into different goals to an emphasis instead on the whole person, and what is needed at different stages in life, was a helpful way forward for the future. The Forum recommended that a distinction should be made between prolonging life and prolonging healthy life. Further consideration is needed as to what this means to the impact on quality of the prolonged last stage of life. Sensitive discussions are required as to the added value that can be achieved of ploughing resources into keeping people alive at end of life stages and whether the organisation needs to pull back from this and shift resources into wellbeing and living well. The Forum also noted that a challenge for the organisation in the future will be to consider more fully the environment and its own impact on this and its role in achieving improvement in this context.

The Forum supported the emphasis of working with clinicians on the ground in conjunction with partners and the public to facilitate proactive change, as clinicians often know what works and have solutions. However, Members highlighted that this will be a challenge for teams that are already compromised by operational pressures and that the value of additional communication about the vision should, therefore, be made clear. The Primary Care representative highlighted that GPs and practice nurses are already doing this on a daily basis. It was suggested that in terms of prevention, cluster networks would be an ideal opportunity to lead and expand on this; however, additional resource would need to be provided in order to enable the clusters to undertake this to their full potential. It was emphasised that Primary Care requires the resources to do more of what it already does well rather than being asked the question of 'how should it be delivered.'

Members cautioned that, in order to engage clinical teams with the Population Health Vision, it would need to be differentiated from the Population Health Groups (PHG) project that was launched in 2013. Clinicians would need to understand the difference in order to embrace this as a new vision and a new way of working. Preliminary work would therefore be needed, in order to avoid confusion.

The Forum raised the challenge going forward in terms of improving services around how to efficiently capture data and feedback from conversations with service users and how to effectively interpret data.

3. Integrated Medium Term Plan (IMTP) / Annual Plan

Mrs Karen Miles (Director of Planning, Performance & Commissioning) and Ms Jill Paterson (Director of Primary Care, Community and Long Term Care) provided a presentation on the IMTP to be considered by the Board and submitted to Welsh Government (WG) at the end of this month. It was explained that the plan centred on performance, finance, quality, service change and alignment of planning priorities, outlining the short and medium term actions that will deliver the greatest benefit. Six service plans have been developed and grouped by locality, additionally, MH&LD and Women and Children's services plans. Hospital plans are include within the county plans and focus on maintaining and improving performance. Preparatory work is still underway for a series of supporting/ enabling plans to facilitate this. The implementation of actions will be dependent on funding approval through the Transformation Grant.

It was noted that performance improvements are needed, particularly within unscheduled care. Solutions to consider will include developing the use of digital resources, avoiding unnecessary admissions, swift and safe return home, integrated health plans and pathways. Members of the Forum were reassured that the catchment areas for Bronglais General Hospital (BGH) were being considered, via the liaison of the relevant executive directors with the Mid Wales Partnership and that the clinical advisory group feeds into these discussions. This consideration is vital, to ensure that quality of care is equal throughout mid and west Wales. The Forum was pleased to note that, regardless of proposals for a new hospital, necessary improvement works are already underway to existing UHB sites; this will not be wasted, as good clinical space will always be needed and utilised.

Ms Paterson informed the Forum that the public have raised concerns regarding the strength and sustainability of primary and community care, as well as escalation of concerns around care homes. She informed Members that the five GP practices currently managed by the UHB will be placed back to individual contract, as priority. An infrastructure to support and engage with clusters is also required. Future emphasis needs to be on integrated services and what budgets would look like within this model as well as the professional governance and supervision systems for staff. Further work to develop pharmacy, dental and optometry services will also be required. Whilst Members welcomed the focus on the primary and community model, they questioned how the current status can be sustained under such pressure regardless of transformation and wanted to see more attention to investment. The Forum noted that this will be a significant challenge and will require strengthening pathways from secondary to community care and additional resources, including a shift in resources from secondary to primary care. Members welcomed this, whilst voicing concern that added pressures will be experienced if there is a shift in resources despite the hospitals continuing to be used in the same way. It was agreed that hospitals will need to be used differently by the public and this will need to be facilitated by the multi-disciplinary community care teams. Delegation, supervision and initiative programmes are also hoped to have a positive impact. The forum emphasised that there needs to be safe care ensuring professional lines of accountability.

The Forum welcomed news that a digitally focussed integrated community care system was being piloted to develop shared ways of working and noted that research has shown that between 15% and 20% of staff time can be freed up with digital improvements. The Community Optometrist representative highlighted that current administration processes are inefficient, resulting in a paperwork backlog e.g. patient contact of 40 minutes with 30 minutes paperwork. Representatives from community pharmacy confirmed that this was a common theme across Wales and placed a risk on community contracts. IT fluidity between software should be reviewed and strengthened. Members also identified another risk to smoother running of integrated working and freeing up GPs through appropriate skills delegation, in that some primary care referrals are not being progressed unless issued by a doctor. It was recommended that this needed to change and that further work is required in this regard, with an increased value placed on the expertise of multi-disciplinary practice.

The group acknowledged that with integrated working, professional isolation will reduce as professionals will be working together. However, professional identity with professional groups needs to be retained, as this promotes safety of professional practice and safety of care.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- The Forum recommends that a distinction is made between ‘prolonging life’ and ‘prolonging healthy life’ in terms of the impact on quality of the prolonged last stage of life. Sensitive discussions are required as to the added value that can be achieved of ploughing resources into keeping people alive at end of life stages and whether the organisation needs to pull back from this and shift resources into wellbeing and living well.
- IT solutions need to be given priority within transformation and new ways of integrated working. Current administration processes are inefficient resulting in a paperwork backlog. IT fluidity between software should be reviewed and strengthened.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- There is a risk of clinical and professional advice being presented by the Forum to Board, without reference to paramedic opinion. In order to resolve this, the Forum agreed to invite Paramedics as ‘Members in Attendance’ (under the Forum’s Terms of Reference).
- There is a risk that clinicians may associate the Population Health Vision with the Population Health Groups project (launched in 2013). Work will be required differentiating this is in order to avoid confusion and potential apathy from clinicians.
- There is a risk to the efficiency of integrated working, freeing up GPs through appropriate skills delegation, as some primary care referrals are not being progressed unless issued by a Doctor. Further work is required in this regard, with an increased value placed on the expertise of multi-disciplinary practice, in order to discontinue this inefficiency
- Integrated working will reduce silo working and professional isolation. However, professional identity with professional groups needs to be retained, as this promotes safety of professional practice, mitigating against risk of professional practice issues and risks with safety with care.

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

Adrodd yn y Dyfodol / Future Reporting:

Fragility of Services

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

9th April 2019

Enw'r Pwyllgor / Name of Committee	Partnership Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Joint Chairs - Lisa Gostling & Ann Taylor Griffiths
Cyfnod Adrodd/ Reporting Period:	Meeting held on 4th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

Transforming Clinical Services

Meinir Jones and Lisa Davies provided an update on Transforming Clinical Services (TCS). Members were reminded that TCS is following a 3D approach, Discover, Design and Deliver. At the November 2018 Public Board, Dr Philip Kloer had presented the HDdUHB Health and Care Strategy, emphasising that this is the first such strategy for the organisation and that it represents the culmination of 3 years' work, involving various parties. The Board approved the HDdUHB Health and Care Strategy and the underpinning updated Integrated Impact Assessment and also approved the 3 re-framed HDdUHB strategic goals to replace the existing 8 health-related strategic objectives. The 28th March 2019 Public Board will consider the finalised scope and governance of the portfolio of programmes, including key deliverables.

Retention and Attraction Strategy

Lisa Gostling provided an update on the Retention and Attraction Strategy. It was explained that this is a first draft which sets out the interventions to create organisational resilience and flexibility to enable HDdUHB to deliver our Health and Care Strategy "A Healthier Mid & West Wales".

Health and Safety Update

Tim Harrison, Head of Health, Safety & Security, provided an update on Health and Safety. Members were informed that in regards to the smoking enforcement all Health Boards should become Smoke Free premises in accordance with Welsh regulations by May 2019. This was as an Act of Parliament which had been in place since 2007. The impact on staff and patients would be that smoking would cease on premises, although there may be some exceptions in certain areas, and individuals could potentially be prosecuted. It was noted that such a requirement would present significant challenges in terms of enforcement.

Grow Your Own Nurses

Angie Oliver led a discussion on the 'Grow Your Own Nurses' initiative. It was noted that there are a number of programmes and routes currently available, including a part time nursing degree programme for 4 years and the return to Acute Care practice programme. In addition, Level 4 programmes have been developed which provide support from Generic Healthcare Support Worker (HCSW) through to a Clinical HCSW, Senior HCSW and ultimately to Assistant Practitioner.

Car Park Management Update

Gareth Skye, Transport and Sustainable Travel Manager, provided a further update on the proposed car parking proposals. It was confirmed that on 12th December 2018 the Executive Management Team had considered the revised proposals and provided final sign off to allow the implementation of Phase 2 to continue. Details were provided in the paper that had been circulated to members. It was noted that the following work was planned to ensure all infrastructure is in place prior to the launch of any enforcement:

- Installation of onsite signage (Planned for February / March)
- Installation of information posters highlighting the new car park management process (posters currently awaiting translation and finalisation of design)
- Finalisation of new, permanent permit application system
- Issuing of new staff permits
- Communications plan implementation

It was also noted that the launch date of the new car park management process is pending confirmation of the date for completion of the new permit application system. Once this has been completed the new car park management arrangements will be implemented 2 months later. The current aim is for full implementation and enforcement to take effect from May 2019, subject to finalisation of the new system.

Business Planning and Performance Assurance Committee
Paul Williams provided an update on the Business Planning and Performance Assurance Committee (BPPAC) and a copy of the BPPAC minutes from the meeting held on 18th December 2018 had been provided to members. Members were advised that an Annual Plan was due to be submitted to Welsh Government by 31st January 2019, followed by a 3 year plan at the end of March 2019. Members noted there would be a focus on community planning during 2019/20 and the planning cycle would be aided by a CEO planning review panel.

Finance/Turnaround Update
An update was provided on the Health Board's financial position by Huw Thomas. The performance in Month 7 represented an adverse variance against plan of £0.5m (year to date). Delivery of the Health Board's financial forecast had been assessed as 'High risk' and was dependent on the delivery of future savings schemes. Savings schemes are required to deliver at the same level for the remaining months of the year. It was noted that £2.4m of savings schemes were delivered in Month 9. The total forecast savings is £26.7m, which is a significant reduction from the Month 8 forecast of £29.7m. The total forecast savings has been reduced following a detailed review of the delivery trend of schemes, including only those schemes with high certainty of delivery in the remaining months of the financial year. It was stressed that managers and staff need to be looking at every opportunity to achieve the £35.5m deficit.

Nurse Staffing Levels (Wales) Act 2016
Mandy Rayani provided an update on the Nurse Staffing Levels Act. Members were advised that Mandy Rayani had been working in conjunction with the Heads of Nursing and that agreement had been reached that the Health Board would implement the Nurse Staffing Levels Act requirements on a phased basis.

Pay Award
Steve Morgan informed members that the Pay Progression Sub-Group had met on 25th January 2019. The group agreed to develop an Annex for Wales that reflected the Annex B of the pay agreement and suggested that as much commonality with England

as possible would be beneficial. It was confirmed that Trade Union colleagues felt that the English version of Annex 23 was generally acceptable for Wales, however they had some concerns in relation to the sections referencing capability and disciplinary matters and also the re-earnable points for band 8c and above.

Employment Policy Update

Matthew Evans presented the Counter Fraud Policy and Response Plan. This was approved after a slight amendment in relation to Trade Union support. Kim Warlow presented the following policies which were approved by members:

- Alcohol Drug Substance Misuse Policy
- Providing Employment References Policy
- Personal Employee Records Management Policy
- NHS Wales Menopause Policy

Staff Benefits Update

Kim Warlow provided an update on Staff Benefits. It was noted that Health Board staff would now be entitled to a free hearing test at the new Hearing Wales clinic in Narberth with 20% off the new Phonak Marvel Hearing Aid.

Locality Partnership Forums

Feedback was received from the Carmarthenshire Local Partnership Forum for information. Pembrokeshire and Ceredigion meetings had been cancelled.

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:

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:

Update on the regular agenda items included above.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

1st April 2019.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor/Name of Committee:	Stakeholder Reference Group (SRG)
Cadeirydd y Pwyllgor/ Chair of Committee:	Hilary Jones
Cyfnod Adrodd/ Reporting Period:	Meeting held on 5th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor/Key Decisions and Matters Considered by the Committee:

SRG Terms of Reference

Following the SRG meeting on 11th September 2018, the terms of reference have been amended to reflect new membership to include; Citizens Advice and Health Boards Equality Group. The amended terms of reference will be submitted to the March 2019 Board meeting for ratification.

Transforming Mental Health Services

SRG members were provided with an opportunity to comment and ask questions on the Transforming Mental Health update paper. The SRG is very supportive of the implementation of transforming mental health services and are pleased to note that service users are involved in the co-design of the service. The SRG requested that it be updated on a regular basis on developments within Mental Health.

Transformation Bid

SRG members were advised that in June 2018 Welsh Government announced a £100 million transformation fund being made available to develop new models of health and social care. As part of this, the Hywel Dda region submitted a £18.2 million bid to Welsh Government. Initial feedback from Welsh Government was pleasing, and a significant amount of the bid has been approved. Plans have been drawn up to resubmit to Welsh Government for the remaining funding that has not been approved. A number of concerns were raised by SRG members:

- This is a very ambitious project to turn around in 2 years
- There will be a significant amount of money made available. How will it be ensured the money will be spent wisely and not used to clear the Health Boards deficit?
- How will the partnership measure the benefit to the individual?
- How will the data be collected and reported?
- There is a need to recognise that each community is different and will need different support. How will this be achieved and services made equitable to all?

The SRG were provided with assurance that the projects would be co-produced with the public, making collective decisions to design services which reflect what people want in their area and eliminating 'post code lottery'. The funding received will be ring fenced and monitored separately. There will be robust quarterly reporting and evaluation of the project.

Members were encouraged by the direction of joint partnership working to improve health outcomes within the region, whilst stipulating that the key to success was through good project management.

Hywel Dda Community Health Council (CHC) and Hywel Dda University Health Board Framework for Continuous Engagement and Consultation

Members were informed that an Engagement Framework for continuous engagement and, where necessary, formal engagement and consultation has been developed. The framework will ensure a consistent approach towards co-production and service change which takes into account the duties of both the CHC and the Health Board.

Regional Engagement

SRG members were informed of the newly formed Regional Engagement Partnership Group. The initial meeting was to start conversations to explore how those involved could deliver engagement and seamless services in partnership. This is a key opportunity for the partners to design, develop and deliver citizen engagement differently in the future.

A Regional Engagement Workshop will be held in March 2019 which will be facilitated by the Consultation Institute. The workshop will bring partners together to look at agreeing an ambition around citizen engagement, set collaborative objectives and explore options around digital platforms across the 3 counties.

SRG members were pleased at this development and are encouraged that partners are working together to look at innovative solutions for future engagement. The SRG would like to be kept informed of developments.

Patient Experience

The SRG were provided with an update on patient experience within the Health Board. Members were advised that patients are able to provide feedback easily in a format of their choice; conversations with staff, Friends and Family feedback tool, by telephone and the Patient Experience team visit wards to gather feedback. Feedback is captured in real time which will inform trends, what is going well and what is not. This supports a proactive approach, where action can be taken immediately to improve services rather than wait for a formal complaint or a complaint from the Ombudsman.

SRG members were happy to hear that the tried and tested method of talking to people was still being employed. It was emphasised, however, that the Health Board needs to be mindful that not everyone uses modern technology such as mobile phones or computers. The organisation must provide the patient with a choice of feedback mechanisms.

A Healthier Mid and West Wales

A brief update was provided to the SRG on Transforming Clinical Services. The SRG were informed that the Health and Care Strategy “A Healthier Mid and West Wales” was approved by Board in November 2018. This strategy follows on from the consultation “Our Big NHS Change” and builds on what the Health Board heard from the public, staff and stakeholders during the consultation.

Some SRG members raised concern that the strategy depends heavily on input from social care and carers to deliver services. A debate ensued regarding unpaid carers and the disparity of numbers of carers within the census and why carers were not being identified, particularly young carers. Members were informed that perhaps the disparity is not as large as it appears as some individuals will not see themselves as carers even though they fit the definition. The census will only take into account one individual carer, even if there are a number of individuals caring. Some young carers do not wish to be identified, for various reasons, or may not want help.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer/Matters Requiring Board Level Consideration or Approval:

SRG 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:

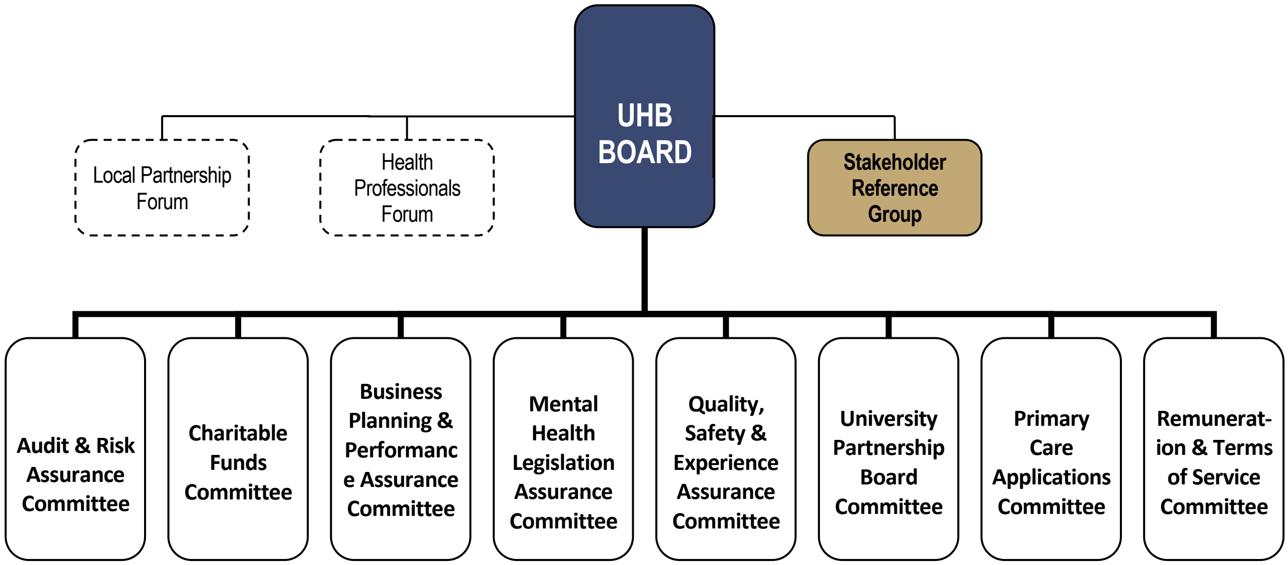
Adrodd yn y Dyfodol/Future Reporting:

- A Healthier Mid and West Wales
- Transformation Bid
- Regional Partnership Engagement
- Patient Experience
- Young Carers

Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:

4th April 2019

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board


UHB BOARD

Local Partnership Forum

Health Professionals Forum

Stakeholder Reference Group

Audit & Risk Assurance Committee

Charitable Funds Committee

Business Planning & Performance Assurance Committee

Mental Health Legislation Assurance Committee

Quality, Safety & Experience Assurance Committee

University Partnership Board Committee

Primary Care Applications Committee

Remuneration & Terms of Service Committee

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

Amended 5 February 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 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 a 6 monthly 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 Governance, Communication and Engagement) at least **four 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 Governance, Communications and Engagement, supported by the HB's Board Secretary, on behalf of the Chair, 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 Governance, Communications and Engagement.

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.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 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)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- 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 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 Abertawe Bro Morgannwg 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 22nd January 2019.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Confirmed minutes of the meeting held on 17th January 2019.

Joint Regional Planning and Delivery Committee (JRPDC)

- Update Report from meeting held on 20th February 2019.

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

Emergency Ambulance Services Committee (EASC) – Confirmed minutes of the meeting held on 18th November 2018 and confirmed minutes of the meeting held on 5th February 2019 are unavailable, the subsequent meeting was held on 12th March 2019.

NHS Wales Collaborative Leadership Forum (CLF) - Confirmed minutes of the meeting held on 6th December 2018, the subsequent meeting was held on 19th March 2019.

Mid Wales Joint Committee for Health and Social Care (MWJC) – No update available.

Argymhelliad / Recommendation

The Board is asked to receive for information the minutes and update in respect of recent WHSSC, NWSSP and JRPDC meetings.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Risk Register Reference:	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
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the ‘5 Ways of Working’ will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work? Not Applicable
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health? Not Applicable
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners? Not Applicable
	Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work? Not Applicable
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? 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 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:	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 – JANUARY 2019

The Welsh Health Specialised Services Committee held its latest public meeting on 22 January 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/2018-19-whssc-joint-committee

Integrated Commissioning Plan 2019-22 (ICP)

The Joint Committee received a presentation that outlined the latest developments with the ICP.

After carefully considering (1) the latest financial reconciliation with a £2.924m funding gap and the positions of individual health boards in this regard; (2) the recent savings and assumptions underpinning the reduction in the funding gap; and (3) the risks associated with the CIAG and strategic priorities, all voting members present agreed to approve this latest version of the ICP, meaning that all seven health boards would commit to the identified funding levels eliminating the £2.924m funding gap.

Adult Thoracic Surgery for South Wales

The Joint Committee received a paper that (1) informed members of health boards' decisions with regard to the outcome of the public consultation and the WHSSC recommendations for the future thoracic surgery service model; (2) proposed the governance arrangements for taking forward the development of the commissioning and implementation plans; (3) confirmed the expectation previously discussed by members regarding the framework for ensuring value for money from the new service model; (4) confirmed the expectation that there will be transition costs associated with the implementation of the new service model; and (5) confirmed that a meeting is being arranged to identify lessons learned from the experience of undertaking the public consultation and that a report will be submitted to Joint Committee in May 2019.

Members:

- Noted the decisions of the six affected health boards to support the recommendations for the future thoracic surgery service model;
- Noted that support for the recommendations was subject to a number of conditions, including the requirement that a workforce plan to provide thoracic surgical cover to the MTC will be agreed within 6 months;
- Supported the proposed governance arrangements for taking forward the commissioning and implementation plans;
- Noted the previously agreed approach for ensuring that the new service model will provide value for money to commissioners;
- Noted there are anticipated costs of transition that include project management, staff training and costs related to the period of transition as the new service is ramped up and that the scale of these costs will be identified through the implementation project; and
- Noted a report detailing lessons learned from the experience of undertaking the public consultation will be brought to Joint Committee in May 2019.

Fetal Medicine
The Joint Committee received a paper that sought support for the release of funding to increase capacity within the fetal medicine service provided by CVUHB in order to mitigate the current clinical risk to patients in the short term.

Members approved the release of funding to increase fetal medicine capacity in the short term.

Action log & matters arising
Members noted the action log.

GIG CYMRU NHS WALES
Tîm Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Team

PARCH - RESPECT

PARTNERIAETH - PARTNERSHIP

GWELLA AC ARLOESI - IMPROVEMENT & INNOVATION

MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

THURSDAY 17TH JANUARY 2019

10:00 – 13:00

NWSSP HQ, BOARDROOM

Present:

Attendance	Designation	Health Board / Trust
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Hazel Robinson (HR)	Director of Workforce and OD	ABMUHB
Chris Lewis (CL)	Acting Director of Finance	Cardiff & Vale UHB
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Phil Bushby (PB)	Director of People & OD	PHW
Eifion Williams (EW)	Director of Finance	PTHB
Huw Thomas (HT)	Director of Finance	Hywel Dda
Geraint Evans (GE)	Director of Workforce & OD	ABUHB
Gareth Hardacre (GH)	Director of Workforce & OD	NWSSP
Joanna Davies (JD)	Director of Workforce & OD	CTUHB
Other Attendees		
Dafydd Bebb (DB)	Board Secretary	HEIW
Denise Roberts (DR)	Financial Accountant (VC)	BCUHB
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Iain Hardcastle (IH)	Head of Planning (IMTP) (Item 4.1 only)	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance (Item 6.2 only)	NWSSP
Neil Davies (ND)	Director of Specialist Estates (for SES Deep Dive only)	NWSSP
Clive Ball (CB)	SES (for SES Deep Dive only)	NWSSP

Ian Warby (IW)	SES (for SES Deep Dive only)	NWSSP
Martin Cooper (MC)	SES (for SES Deep Dive only)	NWSSP
Stuart Douglas (SD)	SES (for SES Deep Dive only)	NWSSP

1. PRELIMINARY MATTERS		
WELCOME AND INTRODUCTIONS		
No.	**Minute**	**Action**
1.1	The Chair welcomed everyone to the January 2019 Shared Services Partnership Committee (SSPC) meeting.	
APOLOGIES FOR ABSENCE		
1.2	Apologies of absence were **received** from the following: Steve Ham – CEO Velindre University NHS Trust Chris Turley - Interim Director of Finance – WAST Steve Elliott - Deputy Director of Finance – Welsh Government Danielle Neale – Director of Finance – HEIW Robert Williams – Committee Governance Support	
DECLARATIONS OF INTEREST		
1.3	There were no additional declarations of interest to those already declared.	
UNCONFIRMED MINUTES OF THE MEETING HELD ON 15th NOVEMBER 2018		
1.4	The unconfirmed minutes of the meeting held on 15th November 2018 were agreed as a true and accurate record of the meeting.	
ACTION LOG		
1.5	Members **NOTED** the updates provided and **ENDORSED** the Action Log. All actions were either complete or were on the agenda.	
MATTERS ARISING		
1.6	No further matters were raised.	
2. SERVICE REVIEW		
Deep Dive		
2.1	**Specialist Estates Services** ND and his team gave a comprehensive review on the work of Specialist Estate Services, and the range of services they undertake and can provide to NHS Wales	

	organisations and other bodies. The presentation was well received and the team were congratulated on the quality of their services.	
3. CHAIR AND MANAGING DIRECTOR'S REPORT		
3.1	**Chairman's Report** MF advised that due to her continuing recovery from injury that she had not been able to attend many meetings and therefore the Managing Director had attended a number of Boards meetings since the previous Committee meeting. The Committee **RESOLVED** to: **NOTE** the update	
3.2	**Managing Director's Report** NF presented his report and noted that: **BREXIT** NWSSP continue to work with Welsh Government around BREXIT. The amount of work required "around no deal preparations" is now proving a major distraction for frontline teams and is starting to impact on taking forward other areas of work. In particular, WG have asked NWSSP to look at storage options with regard to medical consumables and devices. NF advised that NWSSP have looked at a number of warehouses but unfortunately, options are very limited as there is not much available at this moment in time within the current market place. However, one potential site has been identified, which will meet the basic requirements and possibly give a flexible approach going forward. All options are being explored including the NHS England planned approach and discussions continue on this. An exercise has been undertaken to match NHS Wales's stock lines to NHS England and there is current only a 50% match. Therefore, if we were to be supplied by NHS England there are likely to be issues for end users in that many of their preferred stock lines may not be available. The Procurement team had input into a briefing setting out the options being prepared by Government officials and we were awaiting a decision. It was emphasised that the situation is now becoming a major distraction and time is running out to put in place an appropriate solution. EW asked that we communicate with HBs as to what they should or should not do with regards to plans for Brexit,	

as they are not getting any information from WG. NF stated that he was surprised, as he had seen correspondence from Andrew Goodall to all HBs CEOs telling them not to stockpile resources; however, they needed to make sure that their own contingency plans were in place.

The NHS Confederation are holding the reins on the communications of the project and each SRO meets on a fortnightly basis to discuss plans, so there should be some form of communication being sent to all Health Boards and Trusts.

Procurement are currently establishing a call centre (NSDR) based on the NHSE model, so if there are shortages then there will be a central point of contact.

NF further explained that the teams were working through the contracts that we hold at present to decide if they felt there were any risks with supply and looking at all options to maintain supplier buy in which could include looking at the possibility of whether we can roll over any these contracts or put in short extensions if they were due to expire shortly. This is particularly an issue in respect of some food contracts and a separate paper is being prepared to be discussed at the Audit Committee on this.

GP Indemnity

It was noted that NWSSP had been identified as the preferred partner to take this forward and as a result, the NWSSP legal team had been working with WG colleagues on putting together a firm proposal on how the scheme could work within Wales. As it currently stands there were still a number of issues that needed to be worked through and NWSSP were not at this stage involved in a number of the ongoing discussions that WG were having. NF was hopeful that NWSSP would be confirmed as the provider of the service going forward but we needed to wait for the Minister to make the final decision. NF further pointed out that we were only working on the future liability scheme. Dr Lewis had been seconded from HEIW to help take this work forward and he was having positive conversations with relevant stakeholders. Once a final decision had been made on the scheme provider then a number of papers and protocols outlining the service offering would be brought to the NWSSP Committee and Welsh Risk Pool for approval and endorsement.

Laundry Outline Business Case - The Laundry OBC was discussed at the last Committee meeting. While the Committee endorsed and approved a three-site option within the OBC, it requested further work on management arrangements. As a result, a workshop has been arranged for 30 January to facilitate this. The workshop is to be chaired by Jan Williams OBE, Chair, Public Health Wales. In the meantime, to ensure that momentum is not lost, the OBC has been submitted to Welsh Government for consideration but with the explicit message that any comments on management arrangements need to be deferred to await the outcome of the workshop.

The Committee **RESOLVED** to:

NOTE the update

4. ITEMS FOR APPROVAL/ENDORSEMENT

4.1

IMTP

IH presented an update on the Final Draft of the IMTP.

It was noted that the previous version of the IMTP had been refreshed to include any new priorities and objectives. All feedback received from discussions with health bodies and Committee members had now been taken into account and incorporated into the plan. IH thanked members for their contribution and explained that hopefully it now covered what our partners wanted within the plan. Feedback had been also incorporated from the regular update meetings that had been held with WG officials as part of this year's process.

Members of the Committee reviewed the potential risks and enablers to delivering the plan and also the potential impact of Brexit.

IH further explained that the six key themes/priorities had been highlighted and brought together from the feedback that had been received. All high level divisional plans were included as part of the plan.

Given the size of the document, it had been decided that the IMTP document had also been designed to be used interactively in an on-line format, which would help reduce the need to print the document and make it more accessible.

AB stated that it is an ambitious plan, Welsh Government asked us to be bolder in our plan, which we have tried to do. We have a draft budget, it is hoped that will generate a surplus of £750k to be distributed back to the Health Organisations. There are a number of areas that will require investment, which we will redirect from monies

	saved from our efficiencies and divisional plans. There would continue to be a strong focus on continuous quality / efficiency improvement within current services as well as investment in project areas such Legal & Risk - GP Indemnity, Laundry, TRAMS and workforce areas such as nurse banks etc. NF stated that one of the main costs this year will be on the new NHAIS system. Early indications are that NWIS will not be able to support the system, but Northern Ireland have said that they will do this. The potential cost of the Northern Ireland solution had not yet been received and will need to be incorporated into the business case. WRP – level of provision is exceeding £1bn due to the change in the personal injury discount rate. It is estimated for 2019/20 that expenditure on settled cases will exceed the annual budget of £105million by £3.2m. IH then gave a demonstration on the interactive version of the IMTP that is on the website and this was very well received. The progress of the IMTP will be reviewed on a quarterly basis and the case studies can be updated as and when required. Following further discussion and consideration the Committee **RESOLVED** to: **APPROVE** the 2019/2022 NWSSP IMTP	
4.2	**Review of Standing Orders** PS introduced the report on the Review of Standing Orders. The report sets out what the amendments are and reflects on the establishment of HEIW and the changes required by the letter from the Cabinet Secretary in November 2018 on voting rights. There were also some minor changes to the Schedule of Delegation. The Committee **RESOLVED** to: **APPROVE** the update	
4.3	**Updated Service Level Agreements** PS introduced the report on the Review of Updated Service Level Agreements. The SLAs have been updated for GDPR purposes and recognises HEIW where relevant. There has also been	

	amendments in the Legal & Risk fees. It was noted that going forward the format of the directorate appendices needs to be standardised. The Committee **RESOLVED** to: **APPROVE** the update	
5. PROJECT UPDATES		
5.1	**PMO Highlight Report** AB introduced the PMO Highlight Report. It was noted that we set up the PMO office a few years ago and they now run the large projects within NWSSP. At present, there are 21 projects running, within the report, most of the areas are green or amber and actions have been taken in respect of the reds to bring them back on track shortly. It was requested that this information is brought to all SSPC meetings going forward. PS to include on the agenda. The Committee **RESOLVED** to: **NOTE** the update	
5.2	**Medical Examiner Service** GH tabled and introduced the papers on the Medical Examiner Service. GH apologised for the lateness of the papers but these were only completed yesterday following a meeting with Welsh Government. The service is scheduled to start at the beginning of April 2019 and therefore it was important for the Committee to be aware of this service now. NWSSP has been requested to support the establishment of the Medical Examiner Service, which includes undertaking to host the new service. The lack of time between now and the 1st of April means that the service will not be fully up and running immediately but we need to have something in place. Medical Examiners will be appointed within the NHS in both England and Wales. There are various options for the service with the most extreme requiring the appointment of 150 examiners for Wales and the ME-lite version requiring only 10. Each examiner will need to complete 26 e-learning packages before they can start work. There is a conference in Birmingham on the 30th January, where more details on the service should be forthcoming.	

	Welsh Government has established an implementation group; however, there is need to drive the project forward at pace. The system will probably be statutory from 2021. The initial focus will be in secondary care with an intention to roll out in primary care before it goes to the statutory basis. The Committee **RESOLVED** to: **NOTE** the update and **ENDORSED** the proposal for NWSSP to take this service forward	
5.3	**Transforming Access to Medicines** NF presented the update report. It was noted that Andrew Evans Chief Pharmacy Officer in WG had taken an update on the project to a recent WG Efficiency Board. The feedback from that meeting had been very supportive and they wanted to see progress being made as soon as possible as the potential benefits outlined were encouraging. The outline programme business case should be ready in a few weeks. NF advised that Health Boards have been linked in to the process via their Chief Pharmacists and Andrew Evans has written to Health Boards to keep them updated. The Committee **RESOLVED** to: **NOTE** the update and **AGREED** to support the TRAMS project as first call on any surplus generated by NWSSP.	
6. GOVERNANCE, PERFORMANCE AND ASSURANCE		
6.1	**Finance Report** AB introduced the Finance report to the Committee. It sets out the position at month 8. NWSSP is scheduled to breakeven even with a dividend of £2m, which will be distributed as stated on page 4. KPIs are generally green at the end of November, with one red KPI regarding time taken to shortlist by managers. AB highlighted that the regular quarterly performance reports would be issued to Health Boards shortly The Committee **RESOLVED** to: **NOTE** the update **Workforce Report** GH introduced the Workforce report to the Committee. Sickness levels are improving but still above our set target.	

	Statutory and mandatory compliance is good at present. Reporting of absence within 7 days remains an issue. The headcount decreased in October due to the transfer of staff to HEIW. MF stated that the transfers should not be included in the turnover as they transferred to another service. GH will look at amending the figures to reflect this. It was highlighted that by JD that the biggest reason for leaving NWSSP is "not known", JD advised that Cwm Taf has taken this off the response form so that staff must give a specific reason. GH will looking to the same process here in NWSSP. The Committee **RESOLVED** to: **NOTE** the update	
6.2	**Internal Audit Strategy** SC advised the Committee that the Strategy document is now in draft. The key themes within the strategy centre around people/skills, technology driven audit, maximising the benefits of the all-Wales service, and future development/markets are all progressing and underpin A&A's IMTP submission – which is a part of the IMTP that has been presented to you today. There is some further work around methodology to work through with Board secretaries, such as whether the focus on the 'domain' approach will be right for the future. The Committee **RESOLVED** to: **NOTE** the update	
6.3	**Corporate Risk Register** There are currently two red risks on the register which have already been discussed (NHAIS and Brexit), and four risks now have reduced scores following investigation work. The Committee **RESOLVED** to: **NOTE** the update	
7. ITEMS FOR INFORMATION		
Any Other Urgent Business		
7.1	**Primary Care Workforce Tool**	

	NF updated the Committee on the work that had been underway with regard to purchasing a workforce tool from NHS Digital, which would help provide workforce information at a practice level. Further updates would be provided at the next meeting. The Committee **RESOLVED** to: **NOTE** the update	
8. OTHER MATTERS		
8.1 **8.2**	**Date of Next Meeting:** March 14, 2019 The unconfirmed minutes of the Part B Meeting held on 15th November 2018 were agreed as a true and accurate record of the meeting.	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Enw'r Pwyllgor / Name of Committee	Joint Regional Planning & Delivery Committee (JRPDC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Tracy Myhill, Chief Executive – Abertawe Bro Morgannwg University Health Board
Cyfnod Adrodd/ Reporting Period:	Meeting held on 20th February 2019

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor /
Key Decisions and Matters Considered by the Committee:

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 Abertawe Bro Morgannwg University Health Board (ABMUHB) 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.

This paper is an update of the meeting held on 20th February 2019.

Orthopaedics Update

A report setting out the regional position as regards demand and capacity which referenced a workshop in June 2019 was received by the Committee. The main points arising from the work are as follows:

- ABMUHB is forecasting around 1,048 patients by 31st March 2019, reducing to around 690 by 31st March 2020 whilst HDdUHB is predicting there would be no patients waiting more than 36 weeks as of 31st March 2019;
- At present it was not felt that there was a need to develop a regional facility to increase baseline capacity as both Health Boards were able to identify plans to deliver a sustainable 36 week orthopaedics waiting times by March 2020;
- Both Health Boards were considering the future capacity requirements to progress towards 26 week compliance although it was likely that ABMUHB's position would be approximately 12-18 months behind HDdUHB;
- Further work was being progressed to assess the total capacity available to support this from 2020/21 onwards;
- There was a need to review the pathway to understand how hospital sites could be used differently to support the overall aim to reduce waiting times.

The JRPDC was asked to:

- Note the modelled demand and capacity position for the region
- Note that the move to sustainability in both UHBs negates the need for additional capacity to be commissioned jointly in the short term
- Note that the final delivery points remain draft whilst both UHBs work through their demand, capacity and financial modelling with the All Wales Delivery Unit and Welsh Government
- Note that a workshop will be established in early June 2019, details of which will be shared with a future JRPDC

The JRPDC acknowledged the good work completed to date and requested a further report to the June 2019 meeting to confirm the year-end position.

Cardiac Catheter Laboratory Update

A report describing the 3-5 year timeline for the development of cardiac catheter laboratories in south west Wales was received. This built on the paper shared with the Committee in December 2018. The paper focused specifically on a phased proposed plan to develop capacity as outlined below:

Step 1	Implement the approved expansion of tertiary cardiac catheter laboratories pathways (2019/20)
Step 2	Commission demountable Cardiac Cather Laboratory in HDdUHB
Step 3	Repatriate all HDdUHB diagnostic angiography and simple pacing work from ABMUHB to HDdUHB (2020/21)
Step 3b	commence local recruitment of staff to support year 2 of the HDdUHB Cardiac Catheter Laboratory (2020/21)
Step 4	Replace third cardiac catheter laboratory in Morriston Hospital (2021/22)
Step 5	plan for 5 year growth requirements for cardiac catheter laboratory requirements (2022/23 and 2023/24)

The JRPDC was asked to note the high level 5 year plan for cardiac catheter laboratories within the south west Wales region.

The Committee was also informed of the following:

- Significant progress has been made in the last two months to reduce waiting times for patients. A Treat and Repatriate service has been introduced for patients on the ACS pathway and has reduced waiting times from in excess of 7 days to 1-2 days, which is well within the 72 hour target;
- An ARCH regional workshop on cardiology is due to take place in early March 2019
- ABMUHB is in the process of appointing three Cardiologists.

The JRPDC also noted that verbal confirmation had been received from WHSSC that Trans-Catheter Aortic Valve Implantation (TAVI) funding had been accounted for within their 2019/20 financial plan although this had yet to be confirmed in writing

The JRPDC asked for an update on stages two and three of the plan be prepared for the June 2018 meeting, as well as confirmation of the TAVI service funding for 2019/20.

Endoscopy Update

Following submission to the JRPDC at its December 2018 meeting, the Committee received the paper which highlighted the following key points:

- Fortnightly meetings are in place under Karen Miles, Director of Planning, Performance & Commissioning, HDdUHB, with the two Health Boards identifying key issues with particular respect to initial examination of local issues to determine the baseline for regional work to include demand and capacity gaps, workforce issues and unfunded sessions;
- A workshop is planned for 19th March 2019 with clinical and service leads across both health boards to develop and take forward a regional work programme;
- The endoscopy capacity and demand analysis tool had supported the development of a capacity and demand plan for 2019/20 for Swansea and Neath Port Talbot. The plan sought to move towards a more sustainable solution in relation to endoscopy capacity with proposed staff appointments with the aim of combining efficiency gains, increased productivity with increased workforce to allow the service to reduce the capacity gap and better manage demand;
- There is a need to move towards delivery of a six-week waiting time target for endoscopy mirroring the English NHS standard;
- FIT criteria were at the higher-end of the threshold whereas requirements were set at a more challenging level in both the English and Scottish NHS. Therefore Wales needed to seek to move to that level within a five-year period;
- There was a need to closely monitor the deliverables of reducing waiting times and better patient outcomes and it was hoped that the workshop would provide clarity in this respect.

The JRPDC noted the progress highlighted and asked that an updated report be prepared for the next meeting.

Vascular Update

The JRPDC received an update, which provided key progress points against the regional vascular work plan which is overseen by the Vascular Surgery Steering Group (VSSG), and main areas of work for noting were:

- **Joint Middle Grade Surgical Doctor -** One candidate has been interviewed and subject to achievement of the English test, has accepted the post.
  Consultant Post – funding has been approved for a ninth post and interviews are planned for the end of March 2019.
- **Joint Regional Planning of a Hybrid Theatre** – A hybrid theatre featured in previous ABMUHB IMTPs and the original ABMUHB business case is being reviewed. As a tertiary centre, Morriston is now an outlier in not having a hybrid theatre and this could impact adversely on medical recruitment. Both Health Boards have agreed the need for a hybrid theatre and it is included as an intention in ABMUHB's Annual Plan.
- **Implementation of the Limb at Risk Pathway -** *Pathway start date* - The Limb at Risk Pathway and Charcot pathway have been agreed and the proposed start date for the limb at risk pathway is April 2019. *Value-based healthcare project -* The Clinical Leads of the podiatry departments within both Health Boards have identified areas where there are low value activities undertaken that may release

resources to be redirected into higher value activities.

- **Vascular laboratory** – This service is very fragile and discussions are ongoing to identify how it can become a sustainable service. A proposal is going to the VSSG that a working group is established to take this forward.
- An external provider has been working with the vascular service for 10 weeks undertaking a review of discharges and bed management and the service is currently working through implementing the recommendations of the review.

The JRPDC noted the paper and asked that an update on progress be prepared for the June 2019 meeting setting out what had been achieved to date and the next steps.

Pathology Update

A report setting out actions underway to complete the draft strategic outline case (SOC) for the development of a mid and south west Wales regional centre, regional diagnostic immunology laboratory and microbiology facility at Morriston Hospital was received.

Key actions that have been completed since the last update in December 2018 include:

- The Draft Strategic Outline Case was reported to the Hywel Dda Executive Team in November 2018 and the ABMUHB Executive Team in December 2018. These meetings approved the scope of the Business Case.
- A scoping meeting was held with Welsh Government officers and representatives of the two Health boards on 5th December 2018.
- A Project Group meeting took place on 16th January 2019 which reviewed the further information requests and set out the tasks to complete the SOC.

The next steps reported key milestones, included formal sign off of the draft SOC by both Health Boards and submission to WG in March 2019. Scrutiny questions are expected in April/May 2019. It is envisaged that the SOC will go to the Infrastructure and Investment Board in May/June 2019 for decisions and transition to Outline Business Case.

The JRPDC were also advised that Public Health Wales (PHW) would like microbiology services to be included back in the scope and they were in the process of submitting a statement of intent to both Health Boards' Chief Executives which would enable accommodation requirements to be included. The financial implications of this were discussed by the committee.

The JRPDC were updated on the overall timescale for the proposed regional centre which is circa 2025 and that until the new facilities were in place, there were considerable risks within the existing service. Consideration was being given t the arrangements that would be required to support it in the interim and the JRPDC agreed that there was a need for further urgent discussions between Health Boards, outside of the meeting, to look at a collective approach to ease the current service pressures.

An update would be prepared for the next JRPDC meeting confirming the proposed plans.

Dermatology
A report setting out national and local workforce challenges was received which proposed the establishment of a Joint Planning Group for dermatology services to develop a joint dermatology plan and collaborative workforce model for the region. Key issues included:

- the current workforce challenges faced within Dermatology services nationally and locally within south west Wales;
- the establishment of a Joint Planning Group for Dermatology Services in March 2019;
- agreement that the Joint Planning Group pursue a joint dermatology plan and collaborative workforce model for the region;
- a regional workshop is being set up supported by ARCH.

The JRPDC noted that a transformative approach is required to consider how the current service could be provided differently. There were various digital opportunities which may help resolve current challenges and GPs had also indicated they were keen to become part of the solution. The interface with plastic surgery was being discussed with WHSSC, with a view to avoid any unnecessary involvement. There was a need to review the patient pathway.

The JRPDC requested an update be prepared for the next meeting, confirming options and proposed timescales.

Integrated Medium Term Plan (IMTP) 2019/22
A report setting out the final jointly prepared narrative included within the ABMUHB Annual Plan submitted to Welsh Government on 31st January 2019 (and due to be submitted with HDdUHB's Annual Plan at 31st March 2019) was presented to the Committee. An update on progress against both JRPDC and ARCH deliverables was received and noted.

Any Other Business
1. **ARCH**
   The JRPDC noted that there would be benefit in issues coming to the JRPDC for discussion such as HASU and Neurology where there are delivery and implementation plans to be considered. An ARCH workshop is scheduled for 26th March 2019 looking at the next steps and the opportunities for moving forward at pace.
2. **Swansea University**
   It was noted that there were significant changes taking place at Swansea University and this presented an opportunity to refresh relationships.
3. **Farewell**
   The JRPDC recorded their thanks to Bernadine Rees, out-going Chair of Hywel Dda University Health Board for her engagement and contributions made.
4. **Engagement**
   It was noted that both ABMUHB and HDdUHB Community Health Councils (CHCs) are attending the ARCH Service Transformation Programme Board in February 2019 to receive an update on key services within the ARCH portfolio.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

To note the current joint working that is being progressed including:

- the significant progress made in the last two months to reduce waiting times for patients on the ACS pathway
- the key regional appointments that have been made in Vascular services
- Pathology SOC

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- Fragility within the vascular laboratory service with a proposal for the establishment of a working group to identify how it can become more sustainable.
- Risks within current pathology services until the proposed regional pathology centre is in place in circa 2015, to be addressed via urgent discussions between the two health boards to consider a collective approach to ease current pressures.
- National and local workforce challenges within dermatology services to be addressed via a transformative approach to determine how current services could be provided differently, to include a review of the patient pathway, consideration of digital opportunities and GP interface workforce resolutions.

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

Adrodd yn y Dyfodol / Future Reporting:

Workforce issues to be considered at the next JRDPC meeting.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

10th April 2019

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Update from Public Services Boards
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird, Head of Strategic Partnership Development

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire. 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.

Cefndir / Background

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.

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.

Asesiad / Assessment

This report provides an update on the individual progress of each PSB, together with a link to the agenda, papers and minutes of the most recently held meetings.

Carmarthenshire Public Services Board (PSB)
The PSB has not met since the last Board update report was presented on 31st January 2019. A link to the Carmarthenshire PSB website is provided below where copies of previous agenda and meeting papers are available to review.
http://www.thecarmarthenshirewewant.wales/meetings/

Ceredigion Public Services Board (PSB)
Ceredigion PSB last met on 11th February 2019 in the University of Wales, Lampeter Campus. During the meeting the Director of Partnerships and Corporate Services and Director of Public Health gave a presentation on the Health Board's 20-year strategy, the recently approved Wellbeing Framework together with updates on local community service

initiatives. The Council's Chief Executive shared his support for the Health Board's strategy and direction of travel. Updates were also received on the work of the delivery groups, together with a presentation on the Wales Audit Office report on Local Government Services to Rural Committees.

A late paper was submitted to the PSB by the Ceredigion Refugee Resettlement Group, chaired by the Council Leader, highlighting concerns relating to access to mental health services for families in Ceredigion who have been resettled as part of the Syrian Refugee Resettlement Programme. The Director of Partnerships and Corporate Services agreed to work with operational colleagues and partners to prioritise action to respond to these concerns. Access to interpretation services and dental services has also been highlighted as continuing challenges.

A link to the agenda and papers of Ceredigion PSB is provided below:
https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/public-services-board-meetings/

Pembrokeshire Public Services Board (PSB)
The PSB met on 19th February 2019 at Haverfordwest Fire Station. A presentation was received from representatives of the Pembrokeshire Youth Council on a recent survey which had been undertaken; this was not a scheduled agenda item, however members felt that it had been extremely useful as it highlighted the issues and concerns of young people. The PSB agreed to continue to work closely with the Youth Council to maintain close links and ensure that the voice of children and young people is informing and influencing their work.

The Health Board, through the County Director for Pembrokeshire, provided an update on work to discuss the development of Community Integrated Networks across Pembrokeshire. This work is being taken forward as part of the PSB Well-being Plan Project 4 – Doing things Differently. Updates from the other PSB workstream leads were also provided and the PSB confirmed its support to establishing a regional approach to Project 5: Celebrating the Great Outdoors to link with other social and green prescribing work streams which are being led by the Director of Public Health.

The Council presented a paper on Foster Friendly Employers and highlighted work that they are progressing to encourage applications for local authority Foster Carers to address the shortage and current reliance of employment of independent foster care services. The Council is considering amending their special leave policies to allow additional time off for staff who are applying to be a foster carer (to enable them to attend meetings etc as part of the preparation process), or for approved foster carers to undertake annual training. PSB partners were asked to consider what opportunities might exist for similar arrangements to be offered to staff, which might support the initiative to increase local authority foster carers.

A link to the agenda and papers of Pembrokeshire PSB is provided below:
https://www.pembrokeshire.gov.uk/public-services-board/psb-agendas-and-minutes

Collaborative working between PSBs
A small regional grant has been made available to the PSBs across Carmarthenshire, Ceredigion and Pembrokeshire and a bid for the development of a digital information sharing platform has been developed which each PSB has confirmed support for. This would enable the sharing of high level data to better inform future planning and assessments of local wellbeing. There is a strong link between this work and the digital element of the Transformation Bid and this has provided an opportunity for further discussions between the PSB Co-ordinators and the Regional Partnership Board's (RPB) Head of Regional Collaboration.

A number of meetings have taken place over recent months to strengthen PSB and RPB links, and identify synergy between population well-being actions and client-specific actions which are being led via the RPB. This includes opportunities to align work streams and reduce duplication; for example in relation to green health and social prescribing, the UHB Director of Public Health has secured PSB and RPB support to establish a single overarching regional group to draw this work, and all the partners involved, together.

Carmarthenshire PSB will be hosting a regional meeting of PSBs which is scheduled to take place on 7th June 2019, and arrangements for this are ongoing. This builds on an inaugural regional event which took place in June 2018, and Powys PSB has also been invited to attend reflecting the wider regional working arrangements in mid-Wales.

Argymhelliad / Recommendation

This report is for information and the Board is asked to:

- Note the links to the PSB websites where the agenda, papers and minutes of recent PSB meetings held in Carmarthenshire, Ceredigion and Pembrokeshire can be accessed.
- Note the progress updates for each PSB, and the key areas of discussion highlighted in the report.

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
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
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:	N/A

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.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving the well-being of the population is at the forefront of this legislation.
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.
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 need to be understood.
Cyfreithiol: Legal:	It is a statutory duty for each PSB to produce a Well-being Plan and for the Health Board as named statutory partners to work with the PSBs 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.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	The focus of equality runs throughout the work of the PSBs aligned to the Well-being goal: A More Equal Wales.

GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

HYWEL DDA UNIVERSITY HEALTH BOARD – WORK PLAN MARCH 2018 – MARCH 2019

The Board meets in public bi-monthly. The following table sets out the Board's business for 2018/19, 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	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
GOVERNANCE													
Public Forum Questions*	**BR**	**JW**	✓			✓		✓		✓	✓	✓	✓
Patient/Staff Story/Presentation*	**MR**	**LO'C**				✓		✓				✓	✓
Apologies*	**BR**	**CM**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests*	**BR**	**All**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	**BR**	**CM**	✓			✓		✓		✓	✓	✓	✓
Matters Arising & Table of Actions*	**BR**	**CM**	✓			✓		✓		✓	✓	✓	✓
Report of the Chair*	**BR**	**JW**	✓			✓		✓		✓	✓	✓	✓
• Chair's Action						✓							
• Parliamentary Review of Health & Social Care			✓										
• Our Big NHS Change						✓							
• NHS70						✓							
• Revised BPPAC TORs										✓			
• Finance Committee TORs										✓			
Report of the Chief Executive*	**SM**	**SMJ**	✓			✓		✓		✓	✓	✓	✓
• Register of Sealings			✓			✓				✓	✓	✓	✓
• Consultations Update			✓			✓		✓			✓	✓	✓
• WHC's													
• Zero Based Review			✓										
• TCS Update						✓		✓					
• Gender Pay Comparison								✓					
• Annual Report from Healthcare Inspectorate Wales (HIW) 2017/18										✓			

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
• NHS Staff Survey Results											✓		
• Learning from the PAC											✓		
• Llanelli Wellness Village												✓	
• Brexit													✓
• Apprenticeship Update													✓
Committee Annual Reports • 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	**Chairs**	**Lead Execs JW**			✓								
Governance, Leadership & Accountability Standard	**SM**	**JW**			✓								
Annual Governance Statement	**SM**	**JW**			✓								
Accountability Report	**SM**	**JW**			✓								
Final Accounts for 2017/18	**SF**	**SF**			✓								
Letter of Representation	**SF**	**DE**			✓								
Wales Audit Office ISA 260	**WAO**	**SF**			✓								
Approval of Charitable Funds Annual Report & Accounts	**SJ**	**NLI**			✓								
Health & Care Standards Fundamentals of Care Audit 2017	**MR**	**CH**				✓							
HDdUHB Annual Report 2017/18	**Chair**	**SJ**						✓					

AGENDA ITEM/ ISSUE	**LEAD**	**OFFICER**	**29 Mar 2018**	**19 Apr 2018**	**30 May 2018**	**31 May 2018**	**28 Jun 2018**	**26 Jul 2018**	**26 Sep 2018**	**27 Sep 2018**	**29 Nov 2018**	**31 Jan 2019**	**28 Mar 2019**
HDdUHB Annual Quality Statement	**MR**	**SM**						✓					
HDdUHB Annual General Meeting	**BR**	**JW**						✓					
CHC Annual Report	**CHC**									✓			
Scheme of Delegation	**PN**										✓		
Organ Donation Annual Report	**JT**										✓		
WAO Annual Audit Report	**WAO**	**JW**										✓	
WAO Structured Assessment	**WAO**	**JW**										✓	
Standing Orders/Standing Financial Instructions/Committee Terms of Reference	**SM**	**JW**	✓			✓ PCAC		✓ RTSC		✓ BPPAC Fin C			✓ ARAC BPPAC QSEAC SRG
QUALITY, SAFETY & PERFORMANCE													
Focus on Hospital & Community Services*	**JT**	**County Director**	✓ Cere			✓ Carms		✓ Pembs		✓ Cere	✓ Carms	✓ Pembs	✓ Cere
Integrated Performance Assurance Report (to include)* • 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	**SF/ HT AC**		✓			✓		✓		✓	✓	✓	✓
Update on Nurse Staffing Levels	**MR**		✓			✓		✓			✓		

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
(Wales) Act													
Dementia Diagnostic Rate	**AS**		✓										
Allocation and Performance Profile in Relation to the RTT, Diagnostics and Therapy Waits	**JT**							✓					
Therapies Update Report	**AS**							✓					
Quality Improvement Framework	**MR**							✓					
Bi-Annual Improving Experience Report • PSOW Section 16 Report (Case 201607619)	**MR**	**LO'C**						✓ ✓				✓	
Safeguarding in Hospitals	**MR**	**SP**						✓					
Medical Revalidation and Appraisal Annual Report 2017/18	**PK**	**HW**								✓			
HDdUHB Primary Care Annual Report 2017/18	**JP**	**EL**									✓		
Mid Year Review of Annual Plan	**KM**	**PW**									✓		
Tenby Walk-in Centre Evaluation	**JP**	**EL**									✓		
Dental Plan Progress Update	**JP**												✓
Ombudsman Reports**	**MR**	**LO'C**											
STRATEGIC ISSUES/FOR DECISION													
Well-being Statement & Objectives	**SJ**	**AB**				✓							
Ceredigion Community Equipment Services: Section 33 Agreement	**SJ**	**SMJ**	✓										
Annual & Financial Plan 2018/19	**KM**		✓			✓							
Annual & Financial Plan 2019/20	**KM**					✓							✓
Financial Plan & Budget Strategy	**SF**			✓									
Thoracic Surgery Consultation	**SM**						✓				✓		
Transforming Clinical Services	**PK**	**LRD**		✓				✓	✓	✓	✓	✓	✓
Future Health & Care Strategy: A Healthier Mid and West Wales	**PK**	**LRD**									✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
Our Health and Wellbeing Framework	**RJ**											✓	
Transforming Mental Health Services Programme	**JT**	**LC**								✓			
Continuous Engagement and Consultation Framework and CHC/UHB Service Change Protocol	**SJ**											✓	
Pooled Budgets/Funding Arrangements	**JP/SJ**		✓										
Public Services Boards Well-being Plans	**SJ**	**AB**	✓										
Strategic Equality Plan Annual Report 2016/17	**SJ**	**JH**	✓										
Endorsement of Strategic Partnership Plans	**SJ**		✓										
West Wales Regional Partnership Board Area Plan	**JP**		✓										
HDdUHB Major Incident Plan	**RJ**	**SH**								✓			
HDdUHB Seasonal Influenza Plan 2018/19	**RJ**									✓			
Performance Management Assurance Framework	**KM**					✓							
Winter Planning 2018/19	**JT**							✓		✓	✓		
Board Assurance Framework, Corporate Risk Register and Risk Appetite	**JW**									✓			
Strategic Equality Plan Annual Report 2017/18	**SJ**	**JH**									✓		
Laundry Business Case	**HT**											✓	
Procurement of Laboratory Information Network Cymru												✓	

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
(LINC)													
Major Trauma	**SM**		✓									✓	
Transforming Cancer Services	**KM**		✓										
Funded Nursing Care	**JP**		✓									✓	
Strengthening Regional Partnership Board Governance	**SJ**												✓
Pathology Strategic Outline Case	**KM**												✓
Implementing the Welsh Language Standards	**SJ**												✓
COMMITTEE UPDATE REPORTS													
HDdUHB Board Level Committees Update Report (to include)* • 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	**Chairs**	**JW**	✓	✓		✓		✓		✓	✓	✓	✓
In-Committee Board Update Report	**Chair**	**JW**									✓	✓	✓
HDdUHB Advisory Groups Update Reports (to include)* • Stakeholder Reference Group • Healthcare Professionals	**Chairs**	**JW**	✓	✓		✓		✓		✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
Forum • Local Partnership Forum													
HDdUHB Joint Committees & Collaboratives Update Report (to include)* • EASC • NWSSP • WHSSC • JRPDC • MWJC • Collaborative Leadership Forum	**Chairs**	**RF**	✓	✓		✓		✓		✓	✓	✓	✓
Update Report from Public Services Boards	**SJ**	**AB**		✓		✓		✓			✓	✓	✓
FOR INFORMATION													
Board Annual Workplan	**JW**	**CM**	✓	✓		✓		✓		✓	✓	✓	✓
Ombudsman Annual Letter	**MR**	**LO'C**										✓	

Initials

AB – Anna Bird
AC – Andrew Carruthers
AG – Alison Gittins
AS – Alison Shakeshaft
BR – Bernardine Rees
CH – Chris Hayes
CHC – Community Health Council
CM – Clare Moorcroft
DE – David Eve
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
NLl – Nicola Llewellyn
NW – Nia Williams
PS – Peter Skitt
PW – Paul Williams
RE – Rob Elliott
RF – Rosie Frewin
RJ – Ros Jervis
SF – Steven Forster
SH – Sam Hussell
SJ – Sarah Jennings
SM – Steve Moore
SMJ – Sian-Marie James
SP – Sian Passey
WAO – Wales Audit Office

Bwrdd Iechyd
Hywel Dda
Health Board

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/Presentation*	**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* • Chair’s Action	**Chair**	**JW**	✓		✓	✓	✓	✓	✓	✓
Report of the Chief Executive*	**SM**	**SMJ**	✓		✓	✓	✓	✓	✓	✓
• Register of Sealings			✓							
• Consultations Update			✓							
• Brexit			✓							
• Apprenticeship Update			✓							
• Annual Report from Healthcare Inspectorate Wales (HIW) 2017/18						✓				
Committee Annual Reports • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee	**Chairs**	**Lead Execs 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
• 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**		✓						
Health & Care Standards Fundamentals of Care Audit 2018	**MR**	**CH**			✓					
HDdUHB Annual Quality Statement	**MR**	**SM**			✓					
HDdUHB Annual Report 2018/19	**Chair**	**SJ**				✓				
HDdUHB Annual General Meeting	**Chair**	**JW**				✓				
CHC Annual Report	**CHC**						✓			
Organ Donation Annual Report	**JT**							✓		
WAO Annual Audit Report	**WAO**	**JW**							✓	
WAO Structured Assessment	**WAO**	**JW**							✓	
Standing Orders/Standing Financial Instructions/Committee Terms of Reference	**SM**	**JW**	✓ ARAC BPPAC QSEAC SRG		✓					

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 ISSUES/FOR DECISION										
Ceredigion Community Equipment Services: Section 33 Agreement	**SJ**	**SMJ**			✓					
Annual & Financial Plan 2019/20	**KM**		✓		✓					✓
Transforming Mental Health Services Programme	**JT**	**LC**								
Transforming Clinical Services/ Future Health & Care Strategy: A Healthier Mid and West Wales	**PK/RJ**	**PK/RJ**	✓		✓	✓	✓	✓	✓	✓
Strengethening Regional Partnership Board Governance	**SJ**		✓							
Pathology Strategic Outline Case	**KM**		✓							
Implementing the Welsh Language Standards	**SJ**		✓							
Thoracic Surgery Consultation	**SM**				✓					
Attraction and Retention Strategy	**LG**				✓					
Sexual Assault Referral Centre (SARC)	**SM**				✓					
Pooled Budgets/Funding Arrangements	**JP/SJ**				✓					
Well-being Objectives Annual Report 2018/19	**SJ**	**AB**			✓					
Performance Management Assurance Framework	**KM**					✓				
Winter Planning 2019/20	**JT**					✓	✓	✓		
HDdUHB Major Incident Plan	**RJ**	**SH**					✓			
HDdUHB Seasonal Influenza Plan 2019/20	**RJ**						✓			
Strategic Equality Plan Annual Report 2018/19	**SJ**	**JH**						✓		

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
QUALITY, SAFETY & PERFORMANCE										
Focus on Hospital & Community Services*	**JT**	**County Director**	✓ Cere		✓ Carms	✓ Pembs	✓ Cere	✓ Carms	✓ Pembs	✓ Cere
Integrated Performance Assurance Report (to include)* • 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**				✓			✓		
Paediatric Care Task & Finish Group – Progress Update	**JT**				✓					
Winter Planning 2018/19 – Evaluation	**JT**				✓					
Learning Disability Services	**JT**				✓					
Staff Survey	**LG**					✓				
Bi-Annual Improving Experience Report	**MR**	**LO'C**				✓			✓	
Medical Revalidation and Appraisal Annual Report 2018/19	**PK**	**HW**				✓				
HDdUHB Primary Care Annual Report 2018/19	**JP**	**EL**				✓				
Quality Improvement Framework	**MR**					✓				

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**
HDdUHB Director of Public Health Annual Report	**RJ**						✓			
Mid Year Review of Annual Plan	**KM**	**PW**					✓			
International Health Governance Framework	**RJ**	**RF**						✓		
Ombudsman Reports**	**MR**	**LO'C**								
COMMITTEE UPDATE REPORTS										
HDdUHB Board Level Committees Update Report (to include)* • 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	**Chairs**	**JW**	✓		✓	✓	✓	✓	✓	✓
In-Committee Board Update Report	**Chair**	**JW**	✓		✓	✓	✓	✓	✓	✓
HDdUHB Advisory Groups Update Reports (to include)* • Stakeholder Reference Group • Healthcare Professionals Forum • Local Partnership Forum ○ New Ways of Working	**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
HDdUHB Joint Committees & Collaboratives Update Report (to include)* • EASC • NWSSP • WHSSC • JRPDC • MWJC • Collaborative Leadership Forum	**Chairs**	**RF**	✓		✓	✓	✓	✓	✓	✓
Update Report from Public Services Boards	**SJ**	**AB**	✓		✓	✓	✓	✓	✓	✓
FOR INFORMATION										
Board Annual Workplan	**JW**	**CM**	✓		✓	✓	✓	✓	✓	✓
Ombudsman Annual Letter	**MR**	**LO'C**								

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

NLl – 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